

PEDAL CYCLE INSURANCE



UNITED INDIA INSURANCE COMPANY LIMITED

CIN: U93090TN1938GOI000108

CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about Pedal Cycle insurance. Please refer to the policy wordings for detailed terms and conditions.

SL.NO	TITLE	DESCRIPTION	POLICY / CLAUSE NUMBER
1	Product Name	PEDAL CYCLE INSURANCE	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN545RP0027V01199900	NA
3	Structure	SECTION I- loss or damage to pedal cycles (Indemnity) SECTION II- Third Party Liability (Fixed Benefit)	
4	Interests insured	Pedal cycle(s) & Insured's legal liability in the event of accident caused by such Pedal Cycle	
5	Sum Insured / Scope	Pedal Cycle: Insured Declared Value Third Party Liability – Rs. 10000/-	
6	Policy Coverage (What the policy covers)	<p><u>SECTION I-LOSS OR DAMAGE</u></p> <p>Loss of or damage to the insured Pedal Cycle</p> <ol style="list-style-type: none"> I. Accidental External Means II. Fire, Lightning or External Explosion III. Burglary and/or house-breaking/ theft IV. Riot/strike or Malicious act V. Earth Quake, flood, cyclones, storm, tempest, and other similar convulsion of nature or atmospheric disturbances <p><u>SECTION II-PUBLIC LIABILITY:</u></p> <p>Insured's legal liability to pay compensation for</p> <ol style="list-style-type: none"> i. Accidental bodily injury to third parties caused by the use of a cycle rickshaw. ii. Accidental damage to property of third parties iii. Accident in connection with Pedal Cycle. <p>➤ If the company consents to defend legal proceedings, it will cover all related legal</p>	<p>Section - I i to v</p> <p>Section - II i to iii</p>

		expenses, up to a maximum of ₹10,000 for any single or series of accidents during the insurance period.	
7	Add-on-Cover	Nil	
8	Loss Participation	Franchise: Rs. 10/- of each and every loss in respect of each Pedal Cycle Payable	Policy Schedule- Franchise
9	Exclusions (What the policy does not covers)	<p>I. Loss or damage due to war, natural disasters, government confiscation, or civil disturbances.</p> <p>II. Damage caused by overloading or strain or mechanical breakdown.</p> <p>III. Loss or damage for stolen accessories unless the whole cycle is stolen.</p> <p>IV. Loss or liability when pedal cycle used for hire, reward, or outside India.</p> <p>V. Loss, damage or liability occurring whilst being used for racing or pace making.</p> <p>VI. Consequential loss, depreciation or wear and tear.</p> <p>VII. a) any legal liability of whatsoever nature. b) loss from radiation or nuclear materials.</p>	Exceptions - i) to vii)
10	Special Conditions and Warranties (if any)	Nil	
11	Admissibility of Claim	<p>✚ Immediate claim intimation to be given to the Insurer and submit all supporting documents for processing the claim.</p> <p>✚ In the event of theft, immediately lodge a police complaint and take steps to recover the lost property.</p> <p>✚ Insured not to give any offer, acceptance without the consent of Insurer.</p>	Claim procedure a) & b)
12	Policy Servicing – Claim Intimation and Processing	Policy issuing office details as mentioned in Policy Schedule	Policy Schedule
13	Grievance Redressal and Policyholders’ Protection	<p>In case of any grievance, you may contact UIIC through</p> <p>a. Website: www.uiic.co.in</p> <p>b. Toll Free Number: 1800 425 333 33</p> <p>c. E-Mail: customercare@uiic.co.in</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 (https://igms.irda.gov.in/) OR approach the Office</p>	NA

		of the Insurance Ombudsman in your respective Area/Region or lodge a complaint in Bima Bharosa Portal	
14	Obligations of the Policyholder	To disclose all Information correctly sought by the insurer at the time of filling the proposal form. Non-disclosure of material information may affect the claim.	

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.