

# RAJARAJESWARI MAHILA KALYAN BIMA YOJANA (INDIVIDUAL)



**UNITED INDIA INSURANCE COMPANY LIMITED**

CIN: U93090TN1938GOI000108

## CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about Rajarajeshwari Mahila Kalyan Bima Yojna Insurance. Please refer to the policy wordings for detailed terms and conditions.

SL.NO	TITLE	DESCRIPTION	POLICY / CLAUSE NUMBER
1	<b>Product Name</b>	Rajarajeshwari Mahila Kalyan Bima Yojana	
2	<b>Unique Identification Number (UIN) allotted by IRDAI</b>	IRDAN545RP0336V01200708	
3	<b>Structure</b>	Benefit Policy	
4	<b>Interests insured</b>	All Sections of Women in the age group 10-75 years	
5	<b>Sum Insured / Scope</b>	Rs.25,000/- (Fixed)	
6	<b>Policy Coverage (What the policy covers)</b>	<p>a) Permanent Total Disablement due to accident to the Insured: <b>Rs.25,000/-</b></p> <p>b) Loss of one limb and one eye or loss of both eyes and/or loss of both limbs due to accident: <b>Rs. 25,000/-</b></p> <p>c) Loss of one limb/sight of one eye due to accident: <b>Rs.12,500/-</b></p> <p>d) Death Benefits:</p> <ul style="list-style-type: none"> <li>• <b>Rs. 25,000</b> payable to nominee or legal heir for accidental death of <b>Unmarried Woman</b>.</li> <li>• In the case of <b>Married Woman</b>: <b>Rs. 25,000</b> payable only to wife for accidental death of her husband. No compensation if the wife dies before or simultaneously with the husband.</li> </ul> <p>It also covers death or permanent total disablement due to surgical operations (e.g., sterilization, caesarean, hysterectomy) if they occur during the operation or within seven days post-surgery in a hospital/nursing home.</p>	<p>II. a)</p> <p>II. b)</p> <p>II. c)</p> <p>II. d)</p>
7	<b>Add-on-Cover</b>	<ul style="list-style-type: none"> <li>• Temporary total disablement - @ Rs.500/- per month subject to maximum of Rs.1500 during policy period.</li> <li>• Legal Divorce: Actual not exceeding Rs.2,000/- (reimbursed only on obtaining divorce decree)</li> <li>• Loss of household goods /personal effects while contained in house arising out of fire, lightning, riots, terrorism, storm, typhoon, Flood, cyclone and earthquake: Up to Rs.2000/-</li> </ul>	
8	<b>Loss Participation</b>	Nil	
9	<b>Exclusions (What the policy does not covers)</b>	<ol style="list-style-type: none"> <li>1. Compensation under more than one of the sub clauses (a), (b), (c) and (d) above in respect of disablement and/or death.</li> <li>2. Payment in respect of any disability already existing on the date of commencement of this policy.</li> <li>3. Death, injury or disablements arising from or traceable to: <ol style="list-style-type: none"> <li>a) Intentional self-injury, suicide or attempted suicide</li> <li>b) Whilst under the influence of intoxicating liquor or drugs.</li> <li>c) Directly or indirectly caused by insanity.</li> <li>d) Arising or resulting from insured committing any breach of law with criminal intent.</li> </ol> </li> <li>4. Death, injury or disablements and loss or damage to property due to ionising radiation or contamination by radioactivity from any source whatsoever.</li> <li>5. Death, injury or disablements and loss or damage to property caused by nuclear weapons material.</li> <li>6. Death, injury or disablements and loss or damage to property caused by <ol style="list-style-type: none"> <li>a) War, invasion, or Civil war.</li> <li>b) Mutiny, civil commotion, rebellion, or military actions.</li> </ol> </li> <li>7. Loss or damage to property occasioned by its own fermentation, natural heating or spontaneous combustion or by its undergoing any heating or drying process.</li> </ol>	<p>V. 1</p> <p>V. 2</p> <p>V. 3</p> <p>V. 4</p> <p>V. 5</p> <p>V. 6</p> <p>V. 7</p>

		<p>8. Loss damage to property occasioned by or through or in consequence of</p> <p>a) Burning of property by order of any public authority.</p> <p>b) Subterranean fire.</p> <p>c) Volcanic eruption or other convulsions of nature.</p> <p>9. Loss or damage to property such as</p> <p>a) Goods held in trust or on commission</p> <p>b) bullion or unset precious stones</p> <p>c) Any curios or work of art</p> <p>d) Manuscript, plans, drawings or designs, patterns, models or moulds</p> <p>e) Securities, obligation or documents of any kind, stamps, coins or paper money, cheques, books of accounts or other business books, computer system records</p> <p>f) Explosives</p> <p>10. Any payment in excess of sum insured under this policy during any one year of insurance, for any one insured person.</p>	<p>V. 8</p> <p>V. 9</p> <p>V. 10</p>								
10	<b>Special Conditions and Warranties (if any)</b>	Nil									
11	<b>Admissibility of Claim</b>	<p>✚ Immediate claim intimation to be given to the Insurer and submit all supporting documents for processing the claim.</p> <p>✚ <b>Claims procedure:</b></p> <ul style="list-style-type: none"> <li>The insured must provide satisfactory proof for all claims.</li> <li>Company medical/other agents may examine the insured for any alleged injury or disablement as needed.</li> <li>In cases of death, a post-mortem examination may be conducted.</li> <li>Required documents must be submitted within fourteen days of a written request.</li> <li>For claims related to loss of sight, the insured must undergo any necessary operation or treatment at the Company's expense.</li> </ul> <p>✚ The company will not pay any claims that are fraudulent or supported by fraudulent statements.</p>	<p>VI. 1</p> <p>VI. 2</p> <p>VI. 4</p>								
12	<b>Policy Servicing – Claim Intimation and Processing</b>	<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	<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> <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.</p> <p>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.</p>									
14	<b>Obligations of the Policyholder</b>	<ul style="list-style-type: none"> <li>To disclose all Information correctly sought by the insurer at the time of filling the proposal form.</li> <li>In case of any change /modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately</li> <li>Non-disclosure of material information may affect the claim.</li> </ul>									

**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.