



**UNITED INDIA INSURANCE COMPANY LIMITED**

CIN: U93090TN1938GOI000108

## CUSTOMER INFORMATION SHEET (CIS)

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

SL.NO	TITLE	DESCRIPTION	POLICY / CLAUSE NUMBER
1	<b>Product Name</b>	<b>SALT WORKS INSURANCE</b>	NA
2	<b>Unique Identification Number (UIN) allotted by IRDAI</b>	IRDAN545RP0036V01199900	NA
3	<b>Structure</b>	Indemnity	
4	<b>Interests insured</b>	Salt works (salt production facilities)	
5	<b>Sum Insured / Scope</b>	The sum proposed for insurance shall represent the actual cost of construction and indemnity herein is limited to the cost of repair and / or reconstruction.  Salt stored on platforms, shall be declared for insurance at actual cost of production excluding anticipated or prospective profit.	<b>SUM INSURED:</b>
6	<b>Policy Coverage (What the policy covers)</b>	The policy covers: -  a) Earth works / mud-works and salt stored on platforms excluding Salt brine and salt in the process of production  b) Storm, cyclone, flood and allied perils  c) Unseasonal rainfall (as declared by the Meteorological Department)  Warranted that the Insured shall maintain records and account books showing the value and quantity of stocks at the beginning of the year, and the value and quantity of stocks at the end of the year.	Conditions – a) to c)
7	<b>Add-on-Cover</b>	Nil	
8	<b>Loss Participation</b>	Deductible in respect of each claim arising out of an event:  <b>Earth work / Mud work:</b> 30% of the Sum Insured on the property affected  <b>Salt stored on platform:</b> 30% of the Sum Insured on the each platform affected	<b>EXCESS:</b>
9	<b>Exclusions (What the policy does not covers)</b>	The Company is not liable for:  i. Loss/damage from war, invasion, civil unrest, government actions, natural disasters.	<b>EXCEPTIONS i) to v)</b>

		<ul style="list-style-type: none"> <li>ii. Damage from overloading or strain.</li> <li>iii. Consequential loss, depreciation, wear and tear, or mechanical breakdown.</li> <li>iv. Loss/damage during racing or pace-making.</li> <li>v. Loss/damage from nuclear events or ionizing radiation.</li> </ul>	
10	<b>Special Conditions and Warranties (if any)</b>	The Insured shall take all reasonable steps to safeguard the property insured against accident, loss or damage.	REASONABLE CARE:
11	<b>Admissibility of Claim</b>	<p>The insured has to</p> <ul style="list-style-type: none"> <li>✚ Notify the Company immediately of any event likely to result in a claim.</li> <li>✚ Within 14 days, provide detailed particulars of loss/damage and substantiating evidence at his/her own expense.</li> </ul>	CLAIMS PROCEDURE:
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> <ul style="list-style-type: none"> <li>a. Website: <a href="http://www.uiic.co.in">www.uiic.co.in</a></li> <li>b. Toll Free Number: 1800 425 333 33</li> <li>c. E-Mail: <a href="mailto:customercare@uiic.co.in">customercare@uiic.co.in</a></li> </ul> <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>	NA
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.</p> <p>In case of any change /modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately.</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.