



UNITED INDIA INSURANCE COMPANY LIMITED
CIN: U93090TN1938GOI000108

CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about Honey Bee Insurance. Please refer to the policy wordings for detailed terms and conditions.

SL.NO	TITLE	DESCRIPTION	POLICY / CLAUSE NUMBER						
1	Product Name	HONEY BEE INSURANCE							
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN545RP0019V01199900							
3	Structure	Indemnity Policy							
4	Interests insured	Hives and or Bee Colony belonging to Co-operative Societies or individuals.							
5	Sum Insured / Scope	Value for (a) Cost of Hive and (b) Cost of Bee Colony should be as given by the respective State KVIC Board or KVIC controlled by Central Government							
6	Policy Coverage (What the policy covers)	Loss or Damage due to any Accident or Disease (<i>subject to the terms, conditions and exclusions contained herein.</i>)	I						
7	Add-on-Cover	Theft Cover							
8	Loss Participation	The Company will bear 80% of the claim amount and Insured should bear remaining 20%.							
9	Exclusions (What the policy does not covers)	1. Malicious or wilful act or neglect or improper management. 2. Intentional destruction 3. Theft and Clandestine sale 4. Loss of Production.	II. 1 II. 2 II. 3 II. 4						
10	Special Conditions and Warranties (if any)	The Insured shall permit insurer's representatives to inspect hives, bees, and premises at any time, provide requested information, and comply with insurer's regulations.	III. 5						
11	Admissibility of Claim	🚩 All reasonable care should be taken by the Insured to maintain the hives and bees properly as though they are uninsured. 🚩 On occurrence of any accident or disease immediate notice should be given to the Company. The duly completed claim form should be submitted with the required certificate from the authorised Officer to substantiate the claim.	III. 4 III. 7						
12	Policy Servicing – Claim Intimation and Processing	Please contact your Policy issuing office, details of which are mentioned in your Policy Document. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Turn Around Time (TAT) for claims settlement</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Appointment of surveyor</td> <td>Within 24 hours from the time of intimation of claim to Insurance Company.</td> </tr> <tr> <td>Obtaining survey report by insurance company</td> <td>Within 15 days of allocation</td> </tr> </tbody> </table>	Turn Around Time (TAT) for claims settlement		Appointment of surveyor	Within 24 hours from the time of intimation of claim to Insurance Company.	Obtaining survey report by insurance company	Within 15 days of allocation	
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		Communicating acceptance or rejection of the claim	Within 7 days from the submission of the survey report or receipt of the last document related to the claim, whichever is later.	
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.</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.