BLOOD STOCK (RACE HORSE) INSURANCE



UNITED INDIA INSURANCE COMPANY LIMITED

CIN: U93090TN1938GOI000108

CUSTOMER INFORMATION SHEET (CIS)

This document provides only key information about Blood Stock (Race Horse) Insurance. Please refer to the policy wordings for detailed terms and conditions.

| SL.NO | TITLE | DESCRIPTION | POLICY / CLAUSE NUMBER |
|-------|--|---|---|
| 1 | Product Name | BLOOD STOCK (RACE HORSE) INSURANCE | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN545RP0277V01200708 | |
| 3 | Structure | Indemnity Policy | |
| 4 | Interests insured | Racing And Breeding Horses | |
| 5 | Sum Insured / Scope | Market Value of Animal (The valuation of the animal depending upon age, general ability Racing and Breeding, etc. to be certified by a Veterinary Surgeon.) | |
| 6 | Policy Coverage (What the policy covers) | Death Due to Accident and/or diseases | I. |
| 7 | Add-on-Cover | Nil | |
| 8 | Loss Participation | Nil | |
| 9 | Exclusions (What the policy does not covers) | Slaughter/mercy killing unless: The underwriters have agreed to it, or A qualified Veterinary Surgeon certifies that the animal's suffering is incurable and requires immediate humane destruction. In both cases, the underwriters must be given the opportunity to conduct a postmortem and autopsy if desired. Death caused by: Surgical operations unless done by a qualified Veterinary Surgeon due to accident, disease, or illness to save the animal. Medication unless administered by a qualified Veterinary Surgeon for preventive or necessary treatment due to accident, disease, or illness. Poison. Malicious or wilful injury i) Ionizing radiation or contamination from nuclear fuel. ii) Radioactive, toxic, or explosive properties of any nuclear assembly or component. Unfitness or incapacity of the animal for which the animal is kept or employed or loss of use Accidents, illness, or disease occurring outside India. Overloading, unskillful treatment, wilful neglect, wilful poisoning, firing. Transport except land transport for flat racers and gelding with proper care and supervision Use of the animal for purposes not stated in the Schedule without written consent, although flat racers can also be used for breeding. | II. 1 II. 2 II. 3 II. 4 II. 5 II. 6 II. 7 |
| | | a) Loss due to death from Equine Infectious Anaemia (EIA). However, coverage is provided if a negative Coggins certificate is submitted. b) Loss from death or depreciation due to osteoporosis or kumrie, if contracted before death from another cause. a) Losses related to nuclear incidents or b) Any legal liabilities. | II. 8 II. 9 |

| | | 10. Consequences of war, riots, or civil unrest. | II. 10 |
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| 10 | Special Conditions and Warranties (if | All insured animals must be sound, healthy, and injury-free at the Commencement of coverage. | III. 3. a) |
| | any) | Animals cannot be permanently moved or used for purposes not specified in the policy without written consent, except flat racers used for breeding. | III. 3. b) |
| | | The policy becomes void if any insured animal undergoes inoculation, casting, or surgery without the Insurance company's consent. | III. 3. c) |
| | | The policy is void in cases of misrepresentation, non-disclosure, or fraudulent claims. | III. 4 |
| 11 | Admissibility of Claim | Promptly notify the insurer of any animal health issues. Ensure adequate treatment and provide reports whenever required. Take precautions to Prevent loss and follow company's or its Veterinary Surgeons instructions. | III. 2 |
| | | Conditions precedent of liability: | |
| | | • Upon the death of any insured animal, the Insured must notify the Company immediately (within 12 hours) and allow inspection of the carcass before expiration of 24 hours of such notice. | III. 3. d) |
| | | The insured must arrange a post-mortem examination at his own cost. | III. 3. e) |
| | | The insured must provide proof of the animal's death and market value, along with Veterinary Certificates, within 21 days. | III. 3. f) |
| | | The insured shall dispose of the carcass, and the amount shall belong to the Company. | III. 3. f) |
| | | If the Insurance company disclaims liability, the insured must respond within sixty days; otherwise, the claim is considered abandoned. | III. 9 |
| 12 | Policy Servicing – Claim Intimation and | Please contact your Policy issuing office, details of which are mentioned in your Policy Document. | |
| | Processing | Turn Around Time (TAT) for claims settlement | |
| | | Settlement 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 Upon deciding to reject the claim, the reasons will be Rejection communicated in writing within 30 days of receiving the final survey report and/or necessary documents. | |
| | | Claim Claims will be paid within 5 working days after receiving the Payment discharge voucher from the insured/claimant. | |
| 13 | Grievance Redressal and Policyholders' Protection | In case of any grievance, you may contact UIIC through a. Website: www.uiic.co.in b. Toll Free Number: 1800 425 333 33 c. E-Mail: customercare@uiic.co.in | |
| | | 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 of the Insurance Ombudsman in your respective Area/Region. | |
| 14 | Obligations of the Policyholder | 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 det |
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Place:

Date: Signature of the Policyholder.