

SERICULTURE INSURANCE



UNITED INDIA INSURANCE COMPANY LIMITED

CIN: U93090TN1938GOI000108

CUSTOMER INFORMATION SHEET (CIS)

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

SL.NO	TITLE	DESCRIPTION	POLICY / CLAUSE NUMBER
1	Product Name	SERICULTURE INSURANCE	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN545RP0035V01199900	
3	Structure	Indemnity Policy	
4	Interests insured	Silkworms from egg stage to cocoon stage are covered. <i>(Applicable only for rearing silk worms under a project approved by the Department of Sericulture or other Government Scheme.)</i>	
5	Sum Insured / Scope	The Sum Insured should be equivalent to the cost of inputs namely of chawkie volume, leaf, labour. Chemical etc. Valuation is on input value basis and not on the market value of cocoons.	
6	Policy Coverage (What the policy covers)	Loss or Damage due to any Accident or Disease arising out of the following risks: 1. Fire 2. Flood, Storm, Tempest and Inundation 3. Earth-quake, Fire and Shock and Landslide 4. Impact by Rail / Road/ Air and other Conveyances 5. Riot, Strike and Terrorism 6. Death due to diseases such as Grassorrie, Flacherie Mascaridine Pabrine and attack of Uzifhy.	I. 1 I. 2 I. 3 I. 4 I. 5 I. 6
7	Add-on-Cover	Nil	
8	Loss Participation	The company's liability is restricted to: • Egg stage- 20% • 4 th Stage M.V.C.B. & Bivoltine 75% of Sum Insured or corresponding stage-wise value. • 5 th Stage M.V. & C.B. 75% of Sum Insured or corresponding stage-wise value Bivoltine 85% of Sum Insured or corresponding stage-wise value <i>Claim will be paid up to the agreed sum insured for losses occurring at different stages</i>	VI
9	Exclusions (What the policy does not covers)	1. Malicious acts, neglect, or improper management by the insured, their relatives, or employees 2. Intentional crop destruction, unless advised by the sericulture department for disease or pests 3. Losses due to non-supply of suitable sufficient and quality mulberry leaves. 4. Theft, clandestine sale or disappearance of the worms. 5. War, invasion, civil unrest, or related events. 6. Damage or liability from nuclear materials 7. Loss due to Ants, Rodents, Lizard and the lime. 8. Any partial loss. Other Exclusions 1. Loss or damage from war, invasion, civil unrest, government order, natural disasters, or atmospheric disturbances. 2. Damage due to overloading or strain. 3. consequential loss, depreciation, wear and tear, or mechanical breakdown. 4. Loss or damage during racing or pace-making. 5. a) Loss or damage from ionizing radiation or radioactive contamination. b) Loss or damage from nuclear weapons material.	V. 1 V. 2 V. 3 V. 4 V. 5 V. 6 V. 7 V. 8 VIII. 1 VIII. 2 VIII. 3 VIII. 4 VIII. 5

10	Special Conditions and Warranties (if any)	<div><div><div>1. Notify the Company of any changes affecting the policy cover.</div><div>2. Use scientific and preventive measures to control disease and pests.</div><div>3. Act immediately to stop the spread of outbreaks.</div><div>4. Ensure supplied eggs are healthy and disease-free.</div><div>5. Indemnity based on a certificate from the Assistant Director of Sericulture.</div><div>6. Sell cocoons only at notified markets.</div><div>7. Declare all Multivoltine, Bivoltine, and Cross Breed Varieties for coverage.</div><div>8. The insurance cover ceases once the Cocoons leave the rearing premises.</div></div></div>	<div><div>IV. 2</div><div>IV. 3</div><div>IV. 4</div><div>IV. 5</div><div>IV. 6</div><div>IV. 7</div><div>IV. 8</div><div>IV. 9</div></div>
11	Admissibility of Claim	<div><div><div>1. On the occurrence of any accident or disease of pest the Insured should give immediate notice in writing to the company.</div><div>2. A duly completed claim form should be submitted along with requisite certificate from the Assistant Director of Sericulture, of the area.</div><div>3. Entries should be made in record of sericulturists and Insured about the accident or disease or pest incidental at any stage of crop.</div></div></div>	<div><div>VII. 1</div><div>VII. 2</div><div>VII. 3</div></div>
12	Policy Servicing – Claim Intimation and Processing	<div><div>Please contact your Policy issuing office, details of which are mentioned in your Policy Document.</div><div><div><div>Turn Around Time (TAT) for claims settlement</div><div><div><div>Settlement Offer</div><div>Upon receiving the final survey report and all necessary documents, a claim settlement offer will be made within 30 days to the insured/claimant.</div></div><div><div>Claim Rejection</div><div>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.</div></div><div><div>Claim Payment</div><div>Claims will be paid within 5 working days after receiving the discharge voucher from the insured/claimant.</div></div></div></div></div></div>	
13	Grievance Redressal and Policyholders' Protection	<div><div>In case of any grievance, you may contact UIIC through</div><div><div>a. Website: www.uiic.co.in</div><div>b. Toll Free Number: 1800 425 333 33</div><div>c. E-Mail: customercare@uiic.co.in</div></div><div><div>You may also approach the grievance cell at any of our branches with details of the grievance.</div><div>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.</div></div></div>	
14	Obligations of the Policyholder	<div><div><div>• To disclose all Information correctly sought by the insurer at the time of filling the proposal form.</div><div>• In case of any change /modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately.</div><div>• Non-disclosure of material information may affect the claim.</div></div></div>	

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.