



# UNITED INDIA INSURANCE COMPANY LIMITED

**MICRO-INSURANCE PRODUCT-GRAMIN ACCIDENT POLICY-GROUP**  
**UIN NO.IRDAI/HLT/UII/P-P/V.I/17/2015-16**  
**POLICY NO:**

<p><b>PERIOD OF INSURANCE</b> From Hrs of To Midnight of</p>
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*Insured*

Agent Name :  
Agent Code :  
Mobile/Landline :  
Number/Email :



**MICRO-INSURANCE PRODUCT- GRAMIN ACCIDENT POLICY-GROUP SCHEDULE  
UIN NO.IRDAI/HLT/UII/P-P/V.I/17/2015-16**

Policy No.				Prev. Pol. No.			
Name Of Insured / ID							
Tel.(O)		Fax		Tel.(R)		Mobile	
Business/Occupation				Email			
Period of Insurance	From		Hours of		To	Midnight of	

PREMIUM:

**Type of Cover:**

Policy Period:		Total No of Person :		<b>Total Sum Insured:</b>	
Special Condition:					

Net Premium:	
Service Tax:	
Swachh Bharat Cess:	
Krishi Kalyan Cess:	
Stamp Duty:	
Total:	
Receipt No:	
Receipt Date:	
Service Tax Regn. No:	AAACU5552CST001

Agency/Broker Code :	
Dev officer code :	

**Anti Money Laundering Clause:-**In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration:

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at on this day of .

**For and On behalf of  
United India Insurance Co. Ltd.**

Affix Policy  
Stamp here.

**Duly Constituted Attorney(s)  
Underwritten By -**

**MICRO-INSURANCE PRODUCT-GRAMIN ACCIDENT POLICY-GROUP (FOR AGE GROUP 10 -65 YEARS)**

Where as the insured named in the Schedule below has made or caused to be made to United India Insurance Co. Ltd (hereinafter called 'the Company') a written proposal as per Schedule hereto (warranting the truth of the statement's contained therein) which is the basis of this Contract and is deemed to be incorporated herein and has paid to the Company the premium for the insurance of the risks hereinafter specified occurring during the period stated in the Schedule.

NOW THIS POLICY WITNESSETH that subject to the terms exclusions definitions and conditions contained herein or endorsed or otherwise expressed hereon the Company will indemnify the insured as herein after mentioned.If the insured shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means, then the Company shall pay to the insured the sum of hereinafter set worth that is to say

1. If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of death of the Insured the capital sum insured stated in the schedule. The amount payable under this clause shall be paid to the Assignee shown on the reverse
2. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of both eyes, or total and irrecoverable loss of use of two feet, or use of two hands or one hand and one foot, or such loss of sight of one eye and such loss of hand or of one foot the capital sum insured stated in the Schedule hereto.
3. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye, or total and irrecoverable loss of use of a hand or a foot, fifty percent (50%) of the capital sum insured stated in Schedule here.
4. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of permanently totally and absolutely disabling the insured from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever the capital Sum Insured stated in the schedule.

The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any institution/organisation. The insured shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed. Unless otherwise expressly declared and agreed to be covered by the company all the insured persons covered within under this policy are free from any disability/defect which shall be the subject matter of liability under the policy

**Cancellation Clause:** The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rates provided no claim has occurred upto the date of cancellation.