

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

Policy No: << >>

This document provides only key information about your policy. Please refer to the policy document for detail terms and conditions.

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SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Product Name	Brackish Water Prawn Insurance Policy	Not applicable
2	Unique Identification Number allotted by IRDAI	IRDAN134RP0002V01201112	Not applicable
3	Structure	Policy • Indemnity	Not applicable
4	Interests Insured	This product is designed to cater to the need of those engaged in Brackish water Prawn farming for the loss of Seedlings/Juveniles/Prawns of all species raised in Brackish waters after being transferred to the farms. The policy is applicable to P. Indicus and P. Mondon and mixed breed raised in brackish water only by the licenced Farms adopting Extensive/Modified Extensive/Semi-Intensive System	Not applicable
5	Sum Insured	Sum Insured as per Market Value - << As opted >>	Definition – Point no 11
6	Policy Coverage	We cover Indemnity against death of the prawns caused by one or more of the following events: (a)Summer kill (b) Pollution (c)Poisoning (d) Riot and Strike (e) Malicious acts of Third Parties (f)Earthquake (g) Explosion/Implosion (h)Storm, Tempest, Cyclone ,Typhoon, Hurricane, Tornado, Flood, Inundation, Volcanic eruption and/or other convulsions of	Coverages- What we Cover



		nature	
		Note: Flood, Inundation excludes Normal Tides	
		(i) Aircraft and other aerial devices or articles dropped therefrom, impact with any road vehicles and animals.	
7	Add-on Cover	The product also offers the choice of few Extensions and Clauses as below:	Endorsements and Clauses Wordings
		Extensions and Clauses	vvordings
		1. Coverage for Bunds/Sluice Gates	
		"In consideration of payment of additional premium as stated in the Schedule, it is hereby agreed and declared that notwithstanding anything contained contrary in the Policy, We shall indemnify You for any loss or damage to bunds/sluice gates arising out of natural perils as mentioned in 'What We Cover ' in the Policy subject to a maximum of 80% of Sum Insured or market value whichever is less. However, any loss or damage to the bunds/sluice gates due to natural erosion out of normal wave action of water in the brackish water is not indemnifiable under this extension"	
		2. Coverage for specified diseases ,other Viral form of epidemics and /or Parasitical attacks	
		"In consideration of payment of additional premium as stated in the Schedule, it is hereby agreed and declared that notwithstanding anything contained contrary in the Policy, We shall indemnify You for death of the prawns due to Shell disease, Vibriosis, Aeromanas and other form of epidemics and/or Parasitical attacks consequent upon which Sr No. (c) as mentioned in "What We Exclude" in the Policy stands deleted.	
		The above referred diseases are defined as under:	
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		Shell disease: A bacterial disease in origin and is manifested by black spots on the shells of prawns. Vibriosis: This is a bacterial disease which causes black or brown cuticular lesion ,muscle opacity and black lymphoid organ melanisation of appendage tips in the affected prawns. Aeromanas: This disease is bacterial in origin which results in small pinpoint hemorrhages at the base of the fins or skin and distuded abdomens in the infected prawns." Note: All the above covers are offered under this product. However, the cover offerings may differ and shall be applicable as opted under the policy	
8	Loss Participation	Excess/Deductible (As specified in policy schedule)	Definition: Point No: 8
9	Exclusions	We will not pay loss or damage attributable to: (a)Malicious or willful destruction of Prawns in Pond due to negligence, error and/or omission infidelity, improper management and /or rough handling by Insured or his family members and/or employees. (b)Losses due to natural mortality and/or undergrowth/over-crowding. (c) Diseases, other Viral form of epidemics and/or Parasitical attacks not specifically covered. (d)Production loss unless caused by any of the Perils covered by the Policy. (e) Any destruction in compliance with requirements of any Statute or any order of Govt./ Municipal or other Authority except where We have expressly agreed. (f)Losses caused by Predators, Competitors and/or Weed Fish. (g)Losses due to Chemical status of Soil and/or Physical and/or Chemical status of water and pH factor unless associated with Climatic change.	Coverages: What We Exclude



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		 (h)Theft, dacoity, looting, holding or clandlestine, sale or mysterious disappearance of Prawns from the brackishwater. (i)War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny tumult, military or usurped power or any consequences thereof or attempt thereat (j)Any accident, loss, destruction, damage or legal liability directly or indirectly caused by or contributed to by or arising from nuclear weapons. (k) First 20% of the assessed claim amount (for which You will be Your own Insurer). 	
10	Special Conditions and Warranties (if any)	As mentioned in the policy schedule	Not Applicable
11	Admissibility of Claim	coverages and the exclusions mentioned in the policy wordings	Coverages: What We Cover What We Exclude
		Sample Claim Calculation	
		 •Insured Sum (Policy Coverage): ₹10,00,000 •Stocking Density (Prawns per hectare): 50,000 prawns •Total Area: 2 hectares •Mortality Rate due to Insured Peril: 40% •Unit Value per Prawn (Market Value): ₹25 •Insured Perils: Diseases, natural calamities (as covered in the policy) •Deductible: 10% of the claim amount Step-by-Step Calculation: 1. Total Number of Prawns in the Farm: 50,000 prawns per hectare×2 hectares=1,00,000 prawns50,000 prawns per hectare×2 hectares=1,00,000 prawns 2. Number of Prawns Lost (40% Mortality): 1,00,000 prawns×40%=40,000 prawns lost1,00,000 prawns×40%=40,000 prawns lost 3. Total Value of Lost Stock: 40,000 prawns×₹25 per prawn=₹10,00,000 4. Claim Amount before Deductible: Since the total loss is ₹10,00,000 and this is within the 	



12	Policy Servicing - Claim Intimation and	insured sum, the claim amount would be ₹10,00,000. 5. Deductible (10%): 10% of ₹10,00,000=₹1,00,00010% of ₹10,00,000=₹1,00,000 6. Final Claim Amount: ₹10,00,000-₹1,00,000=₹9,00,000₹10,00,000-₹1,00,000=₹9,00,000 Final Insurance Claim: ₹9,00,000 • Toll Free Numbers: 1800 200 4030 / 1800 22 4030	
	Processing	Website - www.universalsompo.com Email - contactus@universalsompo.com; contactclaims@universalsompo.com	
		Claims Procedure: Claim Intimation In the event of any circumstances likely to give rise to a claim insured must follow the following. a. Reporting and Lodging of complaint with the local police immediately for the loss due to Terrorism /Burglary / Theft / involvement of any third party / injury or casualty/ malicious act. b. Take all reasonable steps within the insured's power to recover / minimize the extent of the loss or damage. c. Intimate us as soon as reasonably possible. Notice of claim and registration shall be done at our Toll-Free Number: 1800-22-4030/1800-200-4030. Alternatively, you can notify your claim by sending mail to <contactclaims@universalsompo.com>. d. While notifying your claim, please share your 1) policy number under which you prefer to lodge your claim, 2) date of loss, 3) place of loss, 4) cause of loss 5) estimate of your loss. 6) Details of contact person with mobile no. and e-mail ID. e. Preserve the damaged or defective parts / items / assets and make them available for inspection by an official of the insurance company or surveyor /investigator appointed. f. Furnish all such information / proofs and documentary evidence as the surveyor / insurance company may require processing your claim.</contactclaims@universalsompo.com>	Conditions: Point No 7 Claims Procedure



Followed by notification of a claim, insured is expected to follow the following procedures.

- a. Insured shall do all possible loss minimization activity to reduce further loss or aggravation of loss.
- b. Insured shall not dispose / throwing away /selling / destroying any of damaged item/salvage before inspection of loss by insurer/surveyor been appointed.
- c. Insured shall furnish all necessary documents/photographs/videos and proof / evidence in relevant to their claim to surveyor / insurance company to establish their loss.
- d. Insured shall not offer promise or assurance to any third party for their loss arising out of this incident.
- e. After receipt of all necessary claim documents, re-instatement bills and payment proofs, claim working with surveyor observation would be shared to insured by surveyor / insurance company for their understanding and concurrence.
- f. Based on the final surveyor report, claim preferred by insured would be processed and concluded for settlement.
- g. Post notification of a claim, Insured would be followed for the basic settlement documents or clarification on the discrepancy observed on the basic settlement documents. In spite of our best effort, if insured fails to respond for the basic details within the defined time limit, the claim preferred by insured would be repudiated as "Loss was not established

Basic documents to be submitted by insured for claim settlement (To be submitted by insured after reporting of loss)

- 1. Claim Form: Completed insurance claim form provided by the insurer.
- 2. Policy Document: Copy of the insurance policy.
- 3. Proof of Ownership: Documents proving ownership of the prawns or prawn farm.
- 4. Incident Report: Detailed report of the incident that led to the claim (e.g., disease outbreak, natural disaster).
- 5. Photographic Evidence: Photos or videos showing the extent of the damage or loss.



		 Receipts or Invoices: Proof of purchase or expenses related to the prawns. Medical Reports: If the claim is related to disease, veterinary reports or lab results. Inspection Report: Report from an authorized inspector or adjuster, if applicable. Loss Estimate: Detailed estimate of the financial loss incurred. Bank Details: For the settlement of the claim. Turn Around Time (TAT) for claims settlement (excluding policies issued on the property/ building on reinstatement basis) The Surveyor shall be appointed within 24 hours from the intimation. The surveyor to share the Letter of 	
		requirement within 02 days from the date of his visit to the loss premises. c. The Surveyor shall share its reminders emails/letter after 05 days from the date of last mail in case the documents has not been submitted. d. The Insurance Company to obtain survey report within 15 days from the date of appointment. e. Post receipt of survey report insurance company to conclude the case within 07 days of receipt of survey report. • Escalation Matrix	
		Level 1 - contactclaims@universalsompo.com Level 2 - grievance@universalsompo.com Level 3 - gro@universalsompo.com	
13	Grievance Redressal and Policyholders Protection	Grievances If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows: Step 1 a. Contact Us 1-800-224030/1-800-2004030 b. E-mail Address: Contactus@universalsompo.com C. Write to us Customer Service Universal Sompo General Insurance Company Limited	



Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

d. Senior Citizen Number: 1800 267 4030

➤ Step 2

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

Email Us- <u>grievance@universalsompo.com</u>
Drop in Your concern

Grievance Cell: Universal Sompo General Insurance Co. Ltd, Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

Visit Branch Grievance Redressal Officer (GRO)
Walk into any of our nearest branches and request
to meet the GRO

- We will acknowledge receipt of your concern immediately
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of our response

> Step 3:

In case, You are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, You may write or email to:

Chief Grievance Redressal Officer

Universal Sompo General Insurance Company Limited

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

Email: gro@universalsompo.com

For updated details of grievance officer, kindly refer the link https://www.universalsompo.com/resourse-grievance-redressal

> Step 4.

Bima Bharosa Portal link:



https://bimabharosa.irdai.gov.in/

Insurance Ombudsman

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in/, the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: https://www.cioins.co.in/Ombudsman

Note: Grievance may also be lodged at IRDAI https://bimabharosa.irdai.gov.in/

Below are the contact details:

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedab ad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078.	Karnataka



Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioin s.co.in BHOPAL Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.c o.in	Madhya Pradesh Chattisgarh.	
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@c ioins.co.in	Odisha	
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor Batra Building, Sector 17 – D, Chandigarh – 160 017 Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioi ns.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453,	Tamil Nadu, PuducherryTown and Karaikal (which are	



Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins. co.in	part of Puducherry).	
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 23237539 Email: bimalokpal.delhi@cioins.co.i n	Delhi & Following Districts of Haryana - Gurugram, Faridabad , Sonepat & Bahadurgarh	
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins .co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka- Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioi ns.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	



JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798 Email: bimalokpal.jaipur@cioins.co .in	Rajasthan	
ERNAKULAM Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioi ns.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.c o.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082/3500613 Email:	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh,	



bimalokpal.lucknow@cioins.co.in	Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins. co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co .in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar,	



	Etawah, Farrukhabad, Firozbad, Gautambodhanag ar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co .in	Bihar, Jharkhand.	
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co. in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	



14	Obligations	of	1. Notice:	
	prospective Policyholder / Customer	/	Every notice and communication to Us required by or in respect of this Policy shall be in writing.	Conditions
			2. Chance of Hazard	
			Before each renewal of the insurance, You shall give written notice to Us of disease, injury, illness or physical defect with which the prawns had been born or are infected.	
			3. Reasonable Care	
			You shall all time exercise reasonable care and prudence in the selection of the employees to manage and run the farm.	
			4. Inspection	
			You shall permit Our authorized representative at all times to inspect the prawns hereby insured and Your premises, and shall also furnish any information which We may require and shall comply with all the regulations and directions from time to time made and given by Us.	
			Disclosure of other material information during the policy period	
			Material facts for the purpose of this policy shall be mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk	
			Non- disclosure of material information may affect the claim settlement	
			Broadly any claim shall be denied subject to following parameters.	
			1.Premium - Whether the premium has been paid on or before Risk Start Date 2.Period – Whether the insurance is in force as on date of loss. 3.Peril – Whether the cause of loss is covered. 4.Property- Whether the property said to be affected is insured. 5.Place - Whether the location is covered under the policy, 6.Person - Whether the claimant has insurable interest	



	Note - Any breach of policy conditions, and claim falling under exclusions shall be the ground for repudiations	
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Note: Kindly refer to the policy wordings for detailed terms and conditions

Declaration by the Policyholder.

I have read the above and confirm having noted the details.

Place:

Date: (Signature of the Policyholder)

Note:

- i. Website: www.universalsompo.com
- ii. <u>In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.</u>