CUSTOMER INFORMATION SHEET

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

Sl. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	**Product Name** **Livestock Insurance**	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0007V01200708	
3	**Structure** Indemnity Policy	
4	**Interests Insured** This Product offers Death Insurance coverage for your Livestock as mentioned in the policy schedule.	Policy Schedule
5	**Sum Insured / Scope** Amount as per Policy Schedule Sum Insured means and denotes the amount of cover available as stated in Part I of the Schedule or any revisions thereof based on claim settled, as stated in the scope of cover of the Policy and, where appropriate, as more particularly described and limited per Item Insured in any annexure to the Schedule. This is the maximum compensation that the Company will pay for each and every claim with respect to individual cover under the Policy.	Policy Schedule
6	**Policy Coverage** Insured is indemnified Insured against loss sustained as a result of death occurring during the period of insurance of Insured animals described in Part- I of Schedule from a. Fire, b. Electrocution. c. Snake-Bite d. Wild life Attack e. Strangulation f. Drowning in water bodies	Policy Schedule

	g. Poisoning, h. Riot, Strike or Accidental External Means of the Insured animals The liability of the Company will not exceed the Sum Insured for the respective animals mentioned in Part I of the Policy. For more details, please refer to your policy schedule.	
7	**Add-On Cover** Add-Ons enhances your policy with essential covers that give you extra protection. To see the applicable add-on covers and their respective Sum Insured, please refer to in your Policy Schedule.	Part (I) of Schedule
8	**Loss Participation** This means you contribute a small portion towards the repair costs, and we take care of the rest, ensuring you're well-protected without bearing the full burden. For detailed information on all applicable deductibles, please refer your policy schedule.	Part II of policy Schedule Under Basis of Indemnity
9	**Exclusions** The Company shall not be liable under this Policy for compensating the Insured for any loss or damage in the following events: 1. Malicious or willful injury or neglect, overloading, unskillful treatment or use of animal for purpose other than stated in the policy without the consent of the company in writing. 2. Accidents occurring prior to the commencement of risk. 3. Intentional slaughter of the animal except in cases where destruction is necessary to terminate incurable suffering on humane consideration on the basis of certificate issued by qualified Veterinarian or in cases where destruction is resorted to by the order of lawfully/statutorily constituted authority. 4. Death or permanent total disablement of the Insured animal due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, tumult, military or usurped power, seizure, capture, arrests, restraints and detainment of all kinds or any consequences thereof. 5. Any accident, destruction, damage, legal liability directly or indirectly caused by or contributed to by or arising from ionizing radiations,	Part II of policy Schedule Under Exclusions

<table>
<tr><td></td><td>nuclear weapons or nuclear material.
6. Accidents while being transported by air or sea.
7. Accidents resulting from Act of God (AOG) like Lightning, Storm, Tempest, Flood, Inundation, Cyclone, Typhoon, Tempest, Famine, etc., unless specifically covered under this Policy.
8. Any disease, unless specifically covered under the Policy.
9. Theft and/or clandestine sale of the Insured animal, unless specifically covered under the Policy.
10. Accidents while in transit beyond 50 kms within the State by either road or rail, unless specifically covered under this Policy.
11. Permanent total disablement of any type of insured unless specifically covered under the policy.
12. Consequential loss whatsoever nature.
13. If listed disease covered under policy, then any claim arising due to diseases contracted within 15 days from commencement date of the policy.</td><td></td></tr>
<tr><td>10.</td><td><u>Special Condition\s and Warranties (if any)</u>

Below is the Special Conditions applicable to your policy:

1. Bank Clause
2. Other Special Conditions are as per Policy Schedule</td><td>Policy Schedule</td></tr>
<tr><td>11.</td><td><u>Admissibility of Claim</u>

If your insured animal is dead due to a covered event:

▪ Please notify us immediately so that we can arrange claim survey within 24 hours. Once survey is complete, please submit the claim form along with any supporting documents to prove the loss.
▪ We will evaluate your claim in line with the policy's terms, conditions, and relevant laws and regulations.

We appreciate your efforts in protecting your animal, minimizing potential losses, and promptly notifying us of any claims.

Below is a sample claim calculation:
<table><tr><th>Livestock</th><th>Death Claim</th></tr><tr><td>Sample Claim Calculation (Based on Assumption)</td><td>Total Loss</td></tr><tr><td>Policy Sum Insured (in INR)</td><td>₹ 10,000</td></tr><tr><td>Basis of Sum Insured</td><td>Market value</td></tr><tr><td>Premium Rate (per animal)</td><td>5%</td></tr><tr><td>Subject Matter Insured</td><td>Animal</td></tr><tr><td>Policy inception Date</td><td>1-Jan-24</td></tr><tr><td>Policy expiry date</td><td>31-Dec-24</td></tr></table></td><td>Part II Policy Schedule</td></tr>
</table>

Date of Loss	1-Apr-24
No. of unexpired days for the policy	275
Loss Amount	₹ 10,000
Value at Risk (Market Value) at the time of Loss	₹ 10,000
Policy Deductible/Excess	NA
Amount after deductible/Excess	₹ 10,000
Final Claim Payable	**₹ 10,000**

This sample claim calculation is illustrative and based on certain assumptions to give you an idea of how a claim may be settled. The final payable amount will depend on the actual sum insured, the coverages selected, and the applicable conditions in your policy.

12. **Policy Servicing - Claim Intimation and Processing**

Policy Schedule

For policy servicing and claim intimation you can contact us via our:

Toll-free no.: 1800 2666,
Email ID: customersupport@icicilombard.com,
Mobile App: IL TakeCare App, or
WhatsApp: Send "Hi" to RIA @**7738282666**
Website: ICICI Lombard Website

Reimbursement Claim Process:

Follow these steps for a smooth and hassle-free claim experience:

Intimate the Claim: Notify us by submitting the claim form (download here) or by calling 1800 2666. Our claims associate will contact you and assign a surveyor.

Survey of Loss: The surveyor will assess the loss and request any documents, which you can upload here. Our team will verify and submit the final report.

Verification and Processing: Our claims department will verify the report and process your claim request.

Offer for Settlement: If your claim is approved, we will send you a settlement offer for your consent.

Claim Payment: Once we have your consent and complete the KYC check, we will transfer the payment directly to your bank account.

Explanation for Denial: If your claim is not payable, we will personally explain the reasons to you in detail.

	Claim Settlement Time: We aim to settle your claim within 15 days of receiving your claim notification or the final survey report, whichever comes later. **Escalation Matrix and Details of Designated Company Official:** For details of the escalation matrix and designated company officials please click here. **Cancellation Clause:** **If You Decide to Cancel:** You can cancel your policy anytime with written notice. It will end as soon as we receive it. **If We Need to Cancel:** If fraud is detected, we may cancel your policy with at least 7 days' notice before the cancellation takes effect. **Refund of Premium upon Cancellation:** ▪ For policies up to one year with no claims, we will refund the premium for the remaining period proportionally, based on your policy terms. ▪ For policies longer than one year, we will refund the premium for the remaining portion if coverage has not started. **Policy Renewal Date:** Refer to the **Period of Insurance** section of the policy schedule.	
13.	**Grievance Redressal and Policyholders Protection** We are committed to giving you fair treatment and clear, timely information about your coverage, so you can make informed decisions. We also ensure efficient service and uphold high standards throughout the sale and servicing of your policy. **Grievance Redressal:** If you have a concern, click here to understand our grievance redressal process or scan this QR code. If the issue persists, contact our Grievance Redressal Officer here. If the issue remains unresolved, you can approach the Insurance Ombudsman here or visit the Bima Bharosa Portal at bimabharosa.irdai.gov.in	Part III Policy Schedule
14.	**Obligations of the Policyholder** Here are a few important things to keep in mind: • To disclose all information correctly sought by the insurer at the time of filing the proposal.	

	• 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 settlement. • Disclosure of other material information during the policy period. • Any change in material information during the policy period should be brought to the notice of the insurer. • The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim. • Vaccination for Anthrax, BQ (Black Quarter), HS (Hemorrhagic Septicemia) and Foot & Mouth Disease to be done by the Government animal husbandry department or a duly authorized Veterinarian on regular basis before monsoon at once every year. • Ensure you provide accurate information when completing your proposal. • Notify us right away of any changes, modifications, or additions to the declared information, as failure to disclose material details may impact your claim settlement.	

Declaration by the Policyholder**:**

I have read and acknowledge the details provided above.

Place:

Date: (Signature of the Policyholder)

Note: *In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. You can click here to download policy documents*