

INDUSIND CATTLE INSURANCE - POLICY WORDINGS

PREAMBLE

WHEREAS the Insured named in the Schedule hereto (hereinafter called the "Insured") has made and/or caused to be made to IndusInd General Insurance Company Limited (hereinafter called "the Company") a written proposal and/or declaration as stated in the Schedule hereto which together with any statements and warranties contained therein shall be the basis of this contract and is/are deemed to be incorporated herein, for the insurance hereinafter set forth in respect of animals specified in the Schedule.

OPERATIVE CLAUSE

NOW THIS POLICY WITNESSETH that in consideration of the payment made or to be made, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938, and the rules made thereunder to the Company, of the premium for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall, if any animal described in the Schedule and belonging to the Insured shall die whilst within the geographical area specified in the Schedule from any accident (including fire, lightning, flood, inundation, cyclone, tornado, storm, tempest, hurricane, earthquake, famine, riot, strike and civil commotion) and diseases contracted or occurring or surgical operation performed, then the Company will pay or make good to the Insured, after receipt of proof of death satisfactory to the Company, the loss which the Insured shall suffer by the death of such animal not exceeding the sum insured in respect thereof as stated in the Schedule hereto or the market value at the time of loss, whichever is less.

EXCLUSION

The Company shall not be liable under this Policy for-

1. Malicious or willful injury or neglect, overloading, unskillful treatment or use of animal for purposes other than stated in the Policy without the consent of the Company in writing.
2. Accidents occurring and/or diseases contracted prior to commencement of risk.
3. Death of animal(s) due to diseases contracted within 15 days from the date of commencement of risk.
4. Intentional slaughter of the animal except in cases where destruction is necessary to terminate incurable suffering on humane grounds on the basis of a certificate issued by a qualified Veterinarian or in cases where destruction is resorted to by order of a lawfully constituted authority.
5. Injury or death due to transportation by any mode.
6. Pleuropneumonia in respect of cattle in Lakhipur and Sibsagar districts of Assam.
7. Theft of the insured animal.
8. 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 threat).
9. Any accident, loss, destruction, damage or legal liability, directly or indirectly, caused by or contributed to by or arising from nuclear weapons/materials.

CONDITIONS

1. At the time of insurance or renewal or addition/substitution in the Policy, every animal must be in sound and perfect health and free from injury.
2. The Insured shall permit any authorised representatives of the Company at all times to inspect the animals hereby insured and the premises of the Insured and the Insured shall furnish any information which they may require, and shall comply with all reasonable regulations and directions from time to time made and given by the Company.
3. No claim in respect of death of animal/s covered under the Policy shall be entertained unless the eartag/s in respect of animal/sis/are surrendered to the Company. In the event of loss of ear tag, re-tagging shall be done immediately after the loss of ear tag, at Insured's own cost and the retagging certificate shall be sent to the Company.
4. In the event of illness or accident to any animal hereby insured, the Insured shall, at his own expense, immediately obtain the services of a qualified Veterinarian and cause the animal to be properly treated. He shall also give immediate notice in writing to the nearest office of the Company of such illness or accident.
5. The Insured shall provide every animal Insured with sufficient and proper food, water and shelter, keep secure all fences, yards, sheds and stables, and at all times and to the best of his knowledge and ability shall use and exercise every, due and proper precaution and safeguard against loss or damage under this Policy. The intent and meaning of this condition being that each insured animal shall have the same care and attention as if not insured.



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6. On death of any animal hereby insured the Insured, shall immediately give notice thereof to the nearest office of the Company and provide the Company opportunity of inspecting the carcass until at least the expiration of twenty four hours after such notice shall have been given to the Company. The Insured shall also furnish to the Company within fifteen days such information, veterinary certificates and all such satisfactory proof as to the death, identification and value of the animal as the Company may require.
7. If and when a claim under this Policy is made and if there is any other insurance by whomsoever effected covering the same animal, the Company shall contribute only its rateable proportion.
8. If death of the animals hereby insured shall be due to the negligence, carelessness or wrong-doing of any person, the Insured shall not claim or accept any compensation from such person or persons, but shall at once give to the Company all necessary information and assistance to enable the Company to secure such compensation, and it shall be absolutely the right of the Company to sue in the name of the Insured and recover compensation from the person or persons causing the death, and any monies or other compensation which shall be recovered shall belong to the Company. The Company will indemnify the Insured against all costs and expenses.
9. The Company may cancel this Policy by sending a notice by registered letter to the Insured at his last known address and in such event will return to the Insured the premium less the pro-rata portion thereof for the period the Policy has been in force or the Policy may be cancelled at any time by the Insured on seven days notice (provided no claim has arisen during the current period of insurance), and the Insured shall be entitled to return of the premium less premium at the Company's Short Period Rates for the time the Policy has been in force.

| Table of Short Period Scales | |
|--------------------------------|---|
| Period of Risk (Not exceeding) | Premium to be retained {% of the Annual Rate} |
| 1 Week | 10% |
| 1 Month | 25% |
| 2 Months | 35% |
| 3 Months | 50% |
| 4 Months | 60% |
| 6 Months | 75% |
| 8 Months | 85% |
| Exceeding 8 Months | Full Annual Premium |

10. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
11. The Company agrees and undertakes to pay claim subject to the maximum total sum insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.
12. Grievances
If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

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| Website | https://www.indusindinsurance.com |
| e-mail | services@indusindinsurance.com |
| Telephone | 022 4890 3009 (paid) |
| Post/Courier | Any branch office, the correspondence address, during normal business hours |
| Write to us at | IndusInd General Insurance Company Limited. |



(Correspondence Only)

Correspondence Unit, C- 42, Pawane, T.T.C, Industrial Area, M.I.D.C, Turbhe, Navi Mumbai, Maharashtra-400705 India.

For further details on Grievance redressal procedure please refer: <https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx>

CLAIMS PROCESS

A. Claim Procedure:

At the time of death of any insured animal please follow below given claims process:

- Immediate intimation (within 24 hrs) should be given to our claims call centre (Paid Number + Whatsapp Number)
- Contact Government Veterinary Doctor for Post-mortem.
- Contact nearest IndusInd General Insurance Company Limited Branch.
- Submission of documents within 15 days of intimation.

B. Claim Documents:

The Insured shall be required to furnish the following documents for claims processing:

1. Policy Schedule- To be provided by the insured (Bank/Customer)
2. Claim Form duly filled and signed by the insured/customer
3. Veterinary Certificate for loss/ disability (Claims)
4. Post Mortem Report
5. Panchanama Report- In case of accidental death, Sarpanch along with 4 other local villagers of the location certifying the place of accident, ownership of livestock and cause of death.
6. Death Certificate
7. Carcass disposal Certificate.
8. Original Tag
9. Complete chart of treatment, medicines used, receipts, etc., should be collected. (Company may engage an independent qualified Veterinarian or another investigator in special circumstances).
10. Three photographs of minimum 10" x 8" size of the Insured Animal. Photograph must be such that Identification tag number should be clearly visible in one, two for whole body of animal with tag being visible along with veterinarian Doctor.
11. Any other document/s as required by company.

C. Basis of Indemnity:

Death- Basis of Indemnity will be the market value of the Insured Animal prior to insured event as certified by an authorized veterinary doctor or the Sum Insured whichever is less.

If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned below:

OMBUDSMAN OFFICE

| Office of the Ombudsman | Address | Contact Details | Areas of Jurisdiction |
|-------------------------|---|---|--|
| 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.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu |
| BENGALURU | Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560078 | Tel No: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in | Karnataka |



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| BHOPAL | Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. | Tel.:- 0755-2769201, 2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@cioins.co.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. | Tel.:- 0674-2596455/2596461, Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@cioins.co.in | Orissa |
| 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 - 2706196 / 2706468 Fax: 0172 – 2708274 Email: bimalokpal.chandigarh@ecoi.co.in | Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh. |
| CHENNAI | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. | Tel.: 044 - 24333668 / 24335284 Fax: 044 – 24333664 Email: bimalokpal.chennai@cioins.co.in | Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry). |
| DELHI | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. | Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in | Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh. |
| ERNAKULAM | Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. | Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in | Mahe-a part of Union Territory of Puducherry. |
| 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 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.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 Email: bimalokpal.jaipur@cioins.co.in | Rajasthan |
| KOLKATA | Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkatta - 700 072. | Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in | West Bengal, Sikkim, Andaman & Nicobar Islands |



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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Cattle Insurance. UIN No.:IRDAN103RP0021V01200102, IRDAN103CP0008V01201920. IGI/MCOM/CO/MI-24/ICI/PW/Ver. 1.0/040226.



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| LUCKNOW | Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. | Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in | Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, 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.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 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, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |



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| PATNA | Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. | Tel.: 0612-2680952 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

The updated details of Insurance Ombudsman are available on IRDAI website: www.irdai.gov.in, on the website of General Insurance Council: www.giccouncil.in, the Company's website www.indusindinsurance.com or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council - (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan SevaAnnexe, S. V. Road, Santacruz(West), Mumbai-400054, Tel: 022-26106889/671 Email id:inscoun@cioins.co.in

