

## Customer Information Sheet

### Livestock (Cattle) Insurance

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

| Sl. No. | Title  | Description (Please refer to applicable Policy Clause Number in next column)  | Policy / Clause Number   |
|---------|--|---|--------------------------|
| 1       | Product Name   | my: jeevika Livestock Insurance Policy  | NA                       |
| 2       | Unique Identification Number (UIN) allotted by IRDAI | LNT-OT-P15-08-V01-14-15   | NA                       |
| 3       | Structure  | Basis of Sum / Limit Insured<br>• <b>Indemnity/ Agreed Value/ Market value</b>  | NA                       |
| 4       | Interests Insured                                    | <b>Livestock- includes cow, buffalo, stud bull, bullock, calf, heifer, sheep, goat, and pig only.</b>   | Definitions              |
| 5       | Sum Insured / Motor Insured Declared Value Scope     | <<as per policy schedule>><br>a) For Scheme animals, death claim shall be settled for 100% of Sum Insured on agreed value basis and as mentioned in the Schedule; and<br>b) For Non Scheme animals, the death claim shall be the Sum Insured as mentioned in the Schedule or the market value, whichever is lower.  | Basis of Loss Settlement |
| 6       | Policy Coverage                                      | If any animal(s) described in the Schedule and belonging to the Insured shall die from any Accident (inclusive of fire, lightning, flood, inundation, storm, hurricane, typhoon, cyclone, tornado, tempest, earthquake, landslide including rock slide, bush fire, drought, epidemics, famine and other natural calamities) occurring or Diseases contracted or surgical operation performed during the Period of Insurance stated in the Schedule, the Company will pay or make good to the Insured after receipt of proof of death and information about the cause. | Policy schedule          |
| 7       | Add-on Cover   | <<coverage & limits as stated in the policy schedule under add on section>>   | Policy schedule          |
| 8       | Loss Participation                                   | <<as per policy schedule>>  | Policy schedule          |
| 9       | Exclusions   | Some exclusions are listed as-<br>1. Malicious or willful injury or neglect, over loading, unskillful treatment or the use of animal for purpose and use other than stated in the Policy without the consent of the Company in writing.<br>2. Accidents occurring or disease(s) contracted prior to the commencement of risk.   | Policy wordings          |

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|         |       | 3. Any claim arising due to disease contracted within 15 days from the date of commencement of this insurance unless such insurance is a continuous renewal without any break of a Policy that was in force.  |                        |
|         |       | 4. Diseases such as Rinderpest, Black Quarter, Hamorrhagic Septicaemia, Foot & Mouth, Anthrax, Theileriasis etc., unless the animal(s) is / are vaccinated and necessary Veterinary Certificate is submitted.   |                        |
|         |       | 5. Pleropneumonia in respect of livestock in Lakhimpur and Sibsagar Districts of Assam.   |                        |
|         |       | 6. Intentional killing of the animal(s) except in cases where it is necessary to terminate incurable suffering on humane consideration on the basis of the certificate issued by any Govt Authorized Veterinary Surgeon or in cases where killing is resorted to by the order of lawfully constituted authority.                    |                        |
|         |       | 7. a) Transit through air, river, sea beyond 25 kilometers from the place of stabling.  |                        |
|         |       | b) Transit through road, rail beyond 25 kilometers from the place of stabling.  |                        |
|         |       | c) Transit by foot beyond 25 kilometers from the place of stabling, Unless agreed by the Company.   |                        |
|         |       | 8. Theft or clandestine sale of the insured animal.   |                        |
|         |       | 9. Straying of animal(s) or if they are missing.  |                        |
|         |       | 10. Partial disability of any type, whether permanent or temporary.   |                        |
|         |       | 11. Permanent Total Disability which either results in permanent and total incapacity to conceive or yield milk, or results in permanent and total incapacity to breed or results in permanent and total incapacity for the purpose of use mentioned in the proposal form, unless specifically covered on payment of extra premium. |                        |
|         |       | 12. War, war-like operations, act of foreign enemy, invasion of Indian territory or any part thereof, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, or loot or pillage or any consequences thereof.                                     |                        |
|         |       | 13. Accident, loss, destruction, damage, or legal liability directly or indirectly caused by or arising from ionizing radiation or contamination by radioactivity from any source whatsoever or from nuclear weapons or similar other weapons of mass destruction.  |                        |
|         |       | 14. Consequential loss, of whatsoever nature.   |                        |

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|--|--|--|------------------------|----------------------|-----------|----------------------|
| 10.  | Special Conditions and Warranties (if any)         | <<as per policy schedule>>   | Policy schedule        |                      |           |                      |
| 11.  | Admissibility of Claim                             | Criteria to process claims:  | NA                     |                      |           |                      |
|  |  | • Intimation within 24 hours after event.  |                        |                      |           |                      |
|  |  | • Inspection of carcass within 24 hours after intimation   |                        |                      |           |                      |
|  |  | • Physical tag recovery from carcass (no tag no claim)   |                        |                      |           |                      |
|  |  | • Dead cattle matches with alive cattle  |                        |                      |           |                      |
|  |  | • Cooling period clause  |                        |                      |           |                      |
|  |  | • Deductible applicable as policy tenure   |                        |                      |           |                      |
|  |  | <table border="1"> <tr> <td>1<sup>st</sup> year</td> <td>10% of SI</td> </tr> <tr> <td>2<sup>nd</sup> year</td> <td>20% of SI</td> </tr> <tr> <td>3<sup>rd</sup> year</td> <td>30% of SI</td> </tr> </table> |                        | 1 <sup>st</sup> year | 10% of SI | 2 <sup>nd</sup> year |
| 1 <sup>st</sup> year   | 10% of SI  |  |                        |                      |           |                      |
| 2 <sup>nd</sup> year   | 20% of SI  |  |                        |                      |           |                      |
| 3 <sup>rd</sup> year   | 30% of SI  |  |                        |                      |           |                      |
| • For example, a cattle with no tag found on ears/claim not intimated on time/claim intimated within 15 days of Policy start date/photos of death cattle not matching with the alive cattle is not eligible for claim payment. |  |  |                        |                      |           |                      |
| • If claim is payable, calculation for 1 year policy(say) is 90%*SI.   |  |  |                        |                      |           |                      |
| 12   | Policy Servicing - Claim Intimation and Processing | • Toll free / IVRS number of the Insurer 120 6234 6234 / 022-6234 6234   | NA                     |                      |           |                      |
|  |  | • Website / Email <a href="http://www.hdfcergo.com">www.hdfcergo.com</a><br><a href="mailto:care@hdfcergo.com">care@hdfcergo.com</a>   |                        |                      |           |                      |
|  |  | <b>1. Turnaround time for claim settlement including escalation matrix]</b>  |                        |                      |           |                      |
|  |  | As per PPHI guidelines on our website <a href="https://www.hdfcergo.com/docs/default-source/policies/pphi-policy.pdf">https://www.hdfcergo.com/docs/default-source/policies/pphi-policy.pdf</a>              |                        |                      |           |                      |
|  |  | 2. a) Claim intimation- 24 hours   |                        |                      |           |                      |
|  |  | Survey completed- 24 hours of intimation   |                        |                      |           |                      |
|  |  | Interim survey report- 2 days of survey  |                        |                      |           |                      |
|  |  | Claim settlement- within 7 days after last document received   |                        |                      |           |                      |
| b) Customer Escalation Matrix  |  |  |                        |                      |           |                      |

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|         |  | <ul style="list-style-type: none"> <li>• Level 1 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered, then the Customer can write to: The Complaints &amp; Grievance Cell HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: grievance@hdfcergo.com</li> <li>• Level 2 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&amp;G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address The Chief Grievance Officer HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: cgo@hdfcergo.com</li> <li>• Level 3 Office of The Insurance Ombudsman</li> </ul>  |                                      |
| 13.     | Grievance Redressal and Policyholders Protection | <p>If You have any grievance about any matter relating to the policy, or Our decision on any matter, or Our decision about Your claim, You can pursue Your grievance with</p> <p><b>1. Our Grievance Redressal Officer</b></p> <p>You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:</p> <p>If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:</p> <ul style="list-style-type: none"> <li>• Call Centre - 120 6234 6234 / 022-6234 6234</li> <li>• Emails – <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>• Contact Details for Senior Citizens: 022 6242 6226   Email ID: <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a><br/>Designated Grievance Officer in each branch.</li> <li>• Company Website – <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> <li>• Courier - Any of our Branch office or corporate office</li> </ul> <p>You may also approach the Complaint &amp; Grievance (C&amp;G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.</p> <p>If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at</p> <p><b>The Complaint &amp; Grievance Redressal Cell,<br/>HDFC ERGO General Insurance Company Limited<br/>D-301, 3rd Floor, Eastern Business District (Magnet Mall),<br/>LBS Marg, Bhandup (West),<br/>Mumbai – 400078, Maharashtra</b></p> | <b>GRIEVANCE REDRESSAL PROCEDURE</b> |

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|---------|---------------------------------|---|------------------------|
|         |                                 | <p>In case you are not satisfied with the response / resolution given / offered by the C&amp;G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p> <p><b>To the Chief Grievance Officer<br/>HDFC ERGO General Insurance Company Limited<br/>D-301, 3rd Floor, Eastern Business District (Magnet Mall),<br/>LBS Marg, Bhandup (West),<br/>Mumbai - 400078, Maharashtra<br/>e-mail: <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></b></p> <ul style="list-style-type: none"> <li><b>Bima Bharosa Portal</b><br/>Grievance may also be lodged at IRDAI Integrated Grievance Management System- <a href="https://bimabharosa.irdai.gov.in">https://bimabharosa.irdai.gov.in</a></li> <li><b>Ombudsman</b><br/>You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to: <ul style="list-style-type: none"> <li>Insurance claim that has been rejected or dispute of a claim on legal construction of the policy</li> <li>Delay in settlement of claim</li> <li>Dispute with regard to premium</li> <li>Non-receipt of your insurance document</li> </ul> </li> </ul> <p>You may also refer Our website <a href="http://www.hdfcergo.com">www.hdfcergo.com</a><br/><a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a><br/>for detailed grievance redressal procedure.</p> |                        |
| 14.     | Obligations of the Policyholder | <ul style="list-style-type: none"> <li>To disclose all information correctly sought by the insurer at time of filling the proposal form</li> <li>In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately</li> <li>Non-disclosure of material information may affect the claim settlement.</li> </ul>   | NA                     |

**Declaration by the Policyholder:**

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Policyholder)

**Note:** In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.