

**Customer Information Sheet**

**Alpha Insurance Policy**

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

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	<b>Alpha Insurance Policy</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125CP0001V01200910	NA
3	Structure	Basis of Sum / Limit Insured Indemnity	NA
4	Interests Insured	Any Professional Services Claim made against an Insured for a Wrongful Act	NA
5	Sum Insured	<<as per policy schedule>>	Policy Schedule
6	Policy Coverage	<p>The product is a packaged insurance policy with the following covers to choose from:</p> <p><b>Asset Management Protection Coverage Section</b></p> <ol style="list-style-type: none"> <li>1. Fund Reimbursement -Pays for loss on behalf of a fund, which such fund becomes legally obligated to indemnify an Insured on account of any Professional Services Claim made against an Insured for a Wrongful Act</li> <li>2. Professional Liability - Pays on behalf of the insured, loss which such insured becomes legally obligated to pay on account of any Professional Services Claim first made against an Insured for a Wrongful Act.</li> <li>3. Management Liability- Pays for Loss for which the Insured Person is not indemnified by an Organisation on account of any Management Claim first made for a Wrongful Act.</li> <li>4. Management Indemnification –Pays for on behalf of an Organisation, Loss for which such Organisation grants indemnification to each Insured Person, as permitted or required by law, on account of any Management Claim for a Wrongful Act.</li> <li>5. Legal Representation Expenses- Pays on behalf of each Insured Person, Legal Representation Expenses on account of any Formal Investigation commenced during the Policy Period</li> </ol>	Insuring Clauses

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		<p>6. Entity Securities Coverage- Pays on behalf of an Organisation, Loss on account Loss on account of any Claim first made during the Policy Period or, if exercised, during the Extended Reporting Period, for a Wrongful Act occurring before or during the Policy Period.</p> <p>7. Employment Practices Coverage-Pays on behalf of an Insured, Loss on account of any EPL Claim first made during the Policy Period.</p> <p><b>Crime Coverage Section</b></p> <p>1. Employee Dishonesty-Covers loss of Money, Securities or Property due to dishonest or fraudulent acts of any Employee.</p> <p>2. Client Coverage-Covers loss of Money, Securities or Property sustained by a Client, resulting directly from dishonest or fraudulent acts of any Employee not in collusion with such Client's directors or employees.</p> <p>3. Premises Coverage- Covers loss sustained by an Insured resulting from unlawful taking of Money, Securities or Property by a Third Party or the actual destruction or disappearance of Money, Securities or Property, from the possession, custody or control of the Insured</p> <p>4. Forgery Coverage-Covers loss from Forgery on, or fraudulent material alteration of, any negotiable instrument committed by a Third Party.</p> <p>5. Funds Transfer Fraud Coverage - Direct loss sustained by an insured resulting directly from Funds Transfer Fraud committed by a Third Party which loss is discovered during the Policy Period.</p> <p>6. Computer Fraud - Direct loss sustained by an Insured resulting from Computer Fraud committed by a Third Party which loss is Discovered during the Policy Period.</p> <p>7. Expense Coverage – Audit Expenses , Investigative Costs, Computer Violation Expenses; resulting from any</p> <p>8. direct loss covered under the policy</p> <p>9. Defence Costs – Covers defence costs incurred on behalf of the Insured if the Company elects to defend; or incurred and paid by the Insured if the Company elects not to defend. Any claim, suit, arbitration or legal proceeding with respect to which the Insured would be entitled to recovery under this Section</p>	
7	Add-on Cover	<<as per policy schedule>>	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule
9	Exclusions	<p><b>Exclusions Applicable to all Insuring Clauses under Asset Management Protection Coverage Section</b></p> <p>1. Prior Notice -Such facts or circumstances of which prior notice have been already been given.</p>	Exclusions

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		<p>2. Prior and Pending -any demand, suit, proceeding, pending against, or order, decree or judgment entered for or against any Insured or Outside Entity on or prior to</p> <ol style="list-style-type: none"> <li>a. the Pending or Prior Date; or</li> <li>b. a Scheduled Outside Entity Endorsement</li> </ol> <p>3. Bodily Injury and damage - bodily injury, sickness, disease or death of any person, property damage to or</p> <p>4. destruction of any tangible property.</p> <p>5. Pollution - based upon, arising from or in consequence of Pollution.</p> <p>6. Dishonesty - Fraudulent act or omission or any wilful violation or breach of any law</p> <p><b>Exclusions Applicable to all Insuring Clauses under Crime Coverage Section</b></p> <ol style="list-style-type: none"> <li>1. loss or damage due to declared or undeclared war; civil war; insurrection; rebellion or revolution; military, naval or usurped power; governmental intervention,</li> <li>2. loss of income or profit by an Insured or any Client; 3.</li> <li>3. damages of any type for which the Insured is legally liable,</li> <li>4. indirect or consequential loss or damage of any kind;</li> <li>5. costs, fees and expenses incurred by an Insured in establishing the existence or amount of loss</li> <li>6. loss sustained by one Insured to the advantage of any other Insured</li> <li>7. fees, costs or expenses incurred or paid: <ol style="list-style-type: none"> <li>a) as a result of the reconstitution of Data if an Insured knowingly used illegal copies of programs;</li> <li>b) to render the Data usable by replacement processing equipment;</li> <li>c) to design, update or improve software or programs or to perfect their operation or performance; or</li> <li>d) as a result of an alteration in Data held on magnetic media due to the effect of magnetic fields, their incorrect use or the obsolescence of the computer or its facilities;</li> </ol> </li> <li>8. loss resulting from dishonest acts by any member of the Board of Directors of the Insured who is not an Employee</li> <li>9. loss of confidential information of any kind</li> </ol>	
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy Schedule

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11.	Admissibility of Claim	<p>1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately</p> <p>2. No admission, offer, promise or payment of liability without Insurer consent.</p> <p>3. Provide documents in support of your claims</p> <p>4. Provide all such information and assistance to company which is required.</p> <p>5. Company has right to defend the claim for Insured.</p> <ul style="list-style-type: none"> <li>• Include a sample claim calculation process for retail products</li> </ul> <p>Claim shall be paid as per following calculation:-</p> <table border="1" data-bbox="320 443 893 639"> <thead> <tr> <th data-bbox="320 443 796 475">Head</th> <th data-bbox="796 443 893 475">Example</th> </tr> </thead> <tbody> <tr> <td data-bbox="320 475 796 507">liability as covered under the policy (a)</td> <td data-bbox="796 475 893 507">100000</td> </tr> <tr> <td data-bbox="320 507 796 539">Defense cost (b) (wherever applicable)</td> <td data-bbox="796 507 893 539">20000</td> </tr> <tr> <td data-bbox="320 539 796 571">total loss amount (c = a+b)</td> <td data-bbox="796 539 893 571">120000</td> </tr> <tr> <td data-bbox="320 571 796 603">Deductible (d)</td> <td data-bbox="796 571 893 603">10000</td> </tr> <tr> <td data-bbox="320 603 796 635">Net Payable amount (c-d)</td> <td data-bbox="796 603 893 635">110000</td> </tr> </tbody> </table>	Head	Example	liability as covered under the policy (a)	100000	Defense cost (b) (wherever applicable)	20000	total loss amount (c = a+b)	120000	Deductible (d)	10000	Net Payable amount (c-d)	110000	NA
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12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> <li>• Toll free / IVRS number of the Insurer: 120 6234 6234 / 022-6234 6234</li> <li>• Website: www.hdfcergo.com Email : care@hdfcergo.com</li> <li>• Details of designated company officials to be contacted in time of claim Liability Claims Manager – email ID - care@hdfcergo.com</li> <li>• <b>Turn Around Time (TAT)</b> for claims settlement <ol style="list-style-type: none"> <li>1. Registration of claim – T +1 days</li> <li>2. List of requirements – 7 days from registration</li> <li>3. Claim settlement / Denial = T+30 days ( T = date of receipt of last documents</li> </ol> </li> <li>• Escalation Matrix when TAT is not satisfied Email to – liabilityclaims@hdfcergo.com</li> </ul>	NA												
13.	Grievance Redressal and Policyholders Protection	<p>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:</p> <p><b>Our Grievance Redressal Officer</b></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 – grievance@hdfcergo.com</li> <li>• Contact Details for Senior Citizens: 022 6242 6226   Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch.</li> <li>• Company Website – www.hdfcergo.com</li> <li>• Courier - Any of our Branch office or corporate office</li> </ul>	Grievance Refressal Procedure												

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<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 style="text-align: center;"><b>The Complaint &amp; Grievance Redressal Cell, HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</b></p> <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 style="text-align: center;"><b>To 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: <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></b></p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- <a href="https://bimabharosa.irdai.gov.in">https://bimabharosa.irdai.gov.in</a></p> <p>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:</p> <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> <p>You may also refer Our website <a href="http://www.hdfcergo.com">www.hdfcergo.com</a> <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a> 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 Policy Holder:**

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.