

## Customer Information Sheet

### Business Kisht Suraksha

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	<b>Business Kisht Suraksha</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125CP0004V01202021	NA
3	Structure	Basis of Sum / Limit Insured • <b>Indemnity</b>	NA
4	Interests Insured	Financial catastrophes or loan losses to the Financial Institutions (Banks / MFI's and other Commercial establishments)	NA
5	Sum Insured / Motor Insured Declared Value Scope	<<as per policy schedule>>	Policy Schedule
6	Policy Coverage	The Company shall indemnify the Insured in the manner specified on the Schedule if Insured suffers Loss, due to operation/occurrence of Insured Peril in the Area of Coverage during Period of Insurance which solely and directly results into damage to Property insured described or any part of such Property be destroyed or damaged in the Insured Risk Details on the Policy Schedule. The Coverage under this Policy is basis statements of Insured/Responsible officer in the Proposal form, Information Package and declarations which forms part of this Policy and is subject to Limit of Indemnity, Sub-limit, Event limit, Deductible, terms, definitions, Clauses, warranties, exclusions, provisions and conditions contained or endorsed or otherwise expressed herein.	Insuring Clauses
7	Add-on Cover	<<as per policy schedule>>	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule
9	Exclusions	The indemnity provided by the Company to the Insured under this Policy shall not apply in respect of a Loss arising directly or indirectly from any of the following unless expressly stated to the contrary in the Policy Schedule. <ol style="list-style-type: none"> <li>Any peril other than that insured and mentioned on Policy Schedule</li> <li>Loss arising out of or due to deliberate, conscious or intentional disregard to the Insured's effective due diligence in business decision making as contained in Information Package set out in the Policy and failure to take all reasonable steps to prevent / recover any Loss.</li> </ol>	General Exclusions

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<ol style="list-style-type: none"> <li>3. The acts of any person or persons acting on behalf of or in connection with any organization with activities directed towards the overthrowing or influencing of any government de jure or de facto by force or violence;</li> <li>4. Any Loss including loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any Act of Terrorism. In the event any portion of this exclusion is found to be invalid or unenforceable, the remainder shall remain in full force and effect.</li> <li>5. Wilful sanction of waiver of payment obligations or extension of payment obligations due date by the Insured or by the Government or any related agency</li> <li>6. Sanction of waiver of Credit in full or part by the Insured or by the Government or any related agency</li> <li>7. Indemnity towards Credits where delinquency has already begun or where payment obligations are overdue and unpaid by the Insured Risks covered under the Policy prior to operation of Insured Peril in the specified Area of Coverage.</li> <li>8. Any restrictions imposed by public authority, including restrictions imposed on reconstruction or operation;</li> <li>9. Any unpaid payment obligation which remains unpaid due in any part by reason of expropriation, confiscation, conspiracy, commandeering, requisition, nationalisation or destruction of the whole or any part of the assets of the Insured Risks covered under the Policy by acts of government or any laws or regulations that have an effect on the payment obligations of the Insured Risks covered under the Policy , or any other action by order of the Government, whether lawful or de facto, or any public authority.</li> <li>10. Any loss amounts stated in The Schedule as being the Deductibles, Time Excess or otherwise Insured's Retained Liability.</li> <li>11. The following property is excluded from the cover provided under this Policy: <ol style="list-style-type: none"> <li>a. All property on the premises of nuclear power stations;</li> <li>b. Nuclear reactors, reactor buildings and plant and equipment therein on any premises;</li> <li>c. All property on any premises used or having been used for the generation of nuclear energy or the production, use, transmission or storage of nuclear material.</li> </ol> </li> </ol>	
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy Schedule

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
11.	Admissibility of Claim	<p>In the event of loss and/or damage or claim which may reasonably give rise to a claim under this Policy, the Insured shall:</p> <ol style="list-style-type: none"> <li>a) The Insured shall notify the Company as soon as reasonably practicable but not later than Number of days specified on the Policy Schedule, after the occurrence of an Insured Peril or the discovery of an Insured event in the Area of Coverage which may reasonably likely to give rise to Claim under the Policy in the Form of "Event Notice" containing particulars sufficient to identify the loss and/or damage, claim or suit and also reasonably obtainable information with respect to the time, place and circumstances thereof as well as nature and extent of the loss or damage, and the names and addresses of available witnesses. The Company shall verify the occurrence of Insured Peril in the Area of Coverage through various means and shall notify the acceptance/rejection of such occurrence to the Insured</li> <li>b) The Insured shall use all reasonable efforts to ensure that its rights in respect of an Insured Risk are properly and fully preserved and exercised,</li> <li>c) Take such measures as may be reasonable for the purpose of averting or minimising such loss or damage</li> <li>d) Co-operate with The Insurer, and, upon The Insurer's request, assist in making settlements and in enforcing any right of contribution or indemnity against any person or organisation who may be liable to the Insured because of property damage with respect to which insurance is afforded under this Policy.</li> <li>e) The Insured shall not voluntarily waive any payment obligations /Credit receivable, assume any obligation, or incur any expenses. Notwithstanding the foregoing this clause shall not override the provisions of the Subrogation Clause.</li> <li>f) Do and concur in doing and permit to be done all such things as may be practicable to establish the cause and extent of the loss or damage</li> <li>g) Preserve all parts affected and make them available for inspection by The Company as long as The Company may require</li> <li>h) Furnish any information and documentary evidence that The Company may require together with, if required, a statutory declaration of the truth of the claim</li> <li>i) Inform the police/local authorities of loss or damage due to Insured Peril and render all reasonable assistance to the police authorities</li> </ol>	NA

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		j) The Insured shall at his own expense produce and furnish to The Company such books of account and other business books or other evidence as may reasonably be required by The Insurer for the purpose of investigating or verifying the claim together with, if required, a statutory declaration of the truth of the claim and of any matters connected there with.	
12.	Policy Servicing - Claim Intimation and Processing	<p>Toll free / IVRS number of the Insurer 120 6234 6234 / 022-6234 6234</p> <p>Website / Email www.hdfcergo.com care@hdfcergo.com</p> <p>Turn Around Time (TAT) in working hours / days for claims settlement - 30 days from Last Document received date.</p> <p>Customer Escalation Matrix</p> <p>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</p> <p>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</p>	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>Our Grievance Redressal Officer</p> <p>If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through: Call Centre - 120 6234 6234 / 022-6234 6234 Emails – grievance@hdfcergo.com</p> <p>Contact Details for Senior Citizens: 022 6242 6226   Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch.</p> <p>Company Website – www.hdfcergo.com</p> <p>Courier - Any of our Branch office or corporate office</p> <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>	Grievance Redressal Procedure

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<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, 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><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: cgo@hdfcergo.com</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> <li>• 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.</li> </ul>	
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.