

Customer Information Sheet

Crime Insurance Policy

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	Crime Insurance Policy	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0003V02200910	NA
3	Structure	Basis of Sum / Limit Insured Indemnity	NA
4	Interests Insured	<ul style="list-style-type: none"> Theft by employees or management, including direct theft of cash or business assets, making false claims expenses or payroll fraud. Collusion between employee and a third party receiving bribes or commissions from a supplier for awarding of a contract, failure of an employee to disclose financial interest in a transaction. Computer fraud such as diverting funds from bank accounts, stealing intellectual property, posing as a legitimate business on the Internet and obtaining payment for goods or services. 	NA
5	Sum Insured	<<as per policy schedule>>	Policy Schedule
6	Policy Coverage	<ul style="list-style-type: none"> Employee Theft Coverage: Loss of money, securities or other property by theft or forgery by an identifiable employee of the Insured. Premises Coverage: Losses from destruction, disappearance or wrongful abstraction or computer theft of money or securities from the Insured premises by third parties. Transit Coverage: Losses sustained due to the destruction, disappearance or abstraction of money and securities outside the Insured's premises by a third party, while being conveyed by the Insured, an armored motor vehicle company or any person authorized by the Insured. 	Section 1. Insuring Clauses

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<ul style="list-style-type: none"> Depositors Forgery Coverage: Losses from instruments such as cheques fraudulently drawn on Insured's accounts by a third party. Computer Fraud Coverage: An extension to cover losses sustained by the Insured due to computer fraud by a third party including cover for expenses incurred by the Insured due to a computer violation. 	
7	Add-on Cover	<<as per policy schedule>>	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule
9	Exclusions	<p>Key Exclusions-</p> <ul style="list-style-type: none"> Losses due to war, civil war, insurrection. Rebellion, revolution, military action or governmental intervention or expropriation. Losses caused or contributed to by the theft or fraud of the Insured's partner. Loss involving the cost of reproducing any information contained in lost or damaged manuscripts, records, accounts, etc. Expenses incurred by the Insured in establishing existence or amount of any covered loss. Loss of Income Loss of trade secrets Fees or expenses in prosecuting or defending any legal proceedings. Loss, unless reported, in accordance with the provision of the policy regarding notification of loss or within one (1) year of voluntary liquidation/dissolution of the Insured 	Section 2: Exclusions
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy Schedule
11.	Admissibility of Claim	<ol style="list-style-type: none"> Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately No admission, offer, promise or payment of liability without Insurer consent. Provide documents in support of your claims Provide all such information and assistance to company which is required. Company has right to defend the claim for Insured. 	NA

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number												
		<ul style="list-style-type: none"> Include a sample claim calculation process for retail products <p>Claim shall be paid as per following calculation:-</p> <table border="1"> <thead> <tr> <th>Head</th> <th>Example</th> </tr> </thead> <tbody> <tr> <td>Loss as covered under the policy (a)</td> <td>100000</td> </tr> <tr> <td>Defense cost (b) (wherever applicable)</td> <td>20000</td> </tr> <tr> <td>Total loss amount (c = a+b)</td> <td>120000</td> </tr> <tr> <td>Deductible (d)</td> <td>10000</td> </tr> <tr> <td>Net Payable amount (c-d)</td> <td>110000</td> </tr> </tbody> </table>	Head	Example	Loss 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	
Head	Example														
Loss 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														
12.	Policy Servicing - Claim Intimation and Processing	<ul style="list-style-type: none"> Toll free / IVRS number of the Insurer: 120 6234 6234 / 022-6234 6234 Website: www.hdfcergo.com Email: care@hdfcergo.com Details of designated company officials to be contacted in time of claim Liability Claims Manager – email ID - care@hdfcergo.com Turn Around Time (TAT) for claims settlement <ol style="list-style-type: none"> Registration of claim – T + 1 days List of requirement – 7 days from registration Claim settlement / Denial = T+30 days (T = date of receipt of last documents) Escalation Matrix when TAT is not satisfied Email to – liabilityclaims@hdfcergo.com 	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:</p> <ul style="list-style-type: none"> Call Centre - 120 6234 6234 / 022-6234 6234 Emails – grievance@hdfcergo.com Contact Details for Senior Citizens: 022 6242 6226 Email ID: seniorcitizen@hdfcergo.com Designated Grievance Officer in each branch. Company Website – www.hdfcergo.com Courier - Any of our Branch office or corporate office 	Grievance Redressal Procedure												

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p>You may also approach the Complaint & Grievance (C&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;">The Complaint & 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</p> <p>In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p> <p style="text-align: center;">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</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in</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"> • Insurance claim that has been rejected or dispute of a claim on legal construction of the policy • Delay in settlement of claim • Dispute with regard to premium • Non-receipt of your insurance document <p>You may also refer Our website www.hdfcergo.com https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.</p>	

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> To disclose all information correctly sought by the insurer at time of filling the proposal form 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. 	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.