

**Customer Information Sheet**

**Event Cancellation 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	<b>Event Cancellation Policy</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0003V01201011	NA
3	Structure	Basis of Sum / Limit Insured Indemnity	NA
4	Interests Insured	Events such as music shows, beauty pageants, trade shows, sporting, leisure & corporate events and it's assets/ contents	NA
5	Sum Insured	<<as per policy schedule>>	Policy Schedule
6	Policy Coverage	<p>The product provides protection to event organisers, sponsors, broadcasters and individuals against unanticipated and unforeseen disruptions to conferences, exhibitions, fairs, pageants, sports events, music shows, entertainment shows, aaand any other events of similar nature.</p> <p>The policy pays upto the Sum Insured any irrecoverable costs, expenses incurred by the insured in connection with the event following,-</p> <ul style="list-style-type: none"> <li>a) Cancellation, abandonment, postponement, interruption or relocation of the event.</li> <li>b) Death of any insured</li> <li>c) Accident/ illness of any person</li> <li>d) Unavoidable travel delay</li> <li>e) Venue damage</li> <li>f) National mourning</li> <li>g) Other perils covered, stated in the Policy Schedule.</li> </ul>	Insuring Clause
7	Add-on Cover	<<as per policy schedule>>	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule

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9	Exclusions	<p>This Insurance does not cover any loss directly or indirectly arising out of, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> <li>• Death, Accident, Illness</li> <li>• Non- appearance at an Insured Performance or Event of any individual, other than an Insured Person.</li> <li>• Non-appearance at an Insured Performance or Event of any Insured Person</li> <li>• Duty of care</li> <li>• Drugs</li> <li>• Breach of Contract</li> <li>• Alterations or Variation</li> <li>• Adverse Weather</li> <li>• Temporary Structures and the like</li> <li>• Unavailability of Venues</li> <li>• Undeclared Expenses</li> <li>• Reduced Attendance</li> <li>• Arrangements</li> <li>• Fraud</li> <li>• War Actual or Threatened</li> <li>• Civil Commotion</li> <li>• Customs Seizure</li> <li>• National Service</li> <li>• Government or Civil Intervention</li> <li>• Radioactive Contamination</li> <li>• Seepage and/or Pollution and/or Contamination</li> <li>• Financial Causes</li> <li>• Lack of Support</li> <li>• Other Insurance</li> <li>- any happening which is insured by or would, but for the existence of this Insurance, be insured by any other insurance(s) except for any excess beyond the amount which would have been payable under such other insurance(s) had this Insurance not been effected.</li> <li>- any communicable disease or threat or fear of communicable disease (whether actual or perceived )which leads to: the imposition of quarantine or restriction in movement of people or animals by any national or international body or agency or any travel advisory or warning being issued by a national or international body or agency.</li> </ul>	Exclusions

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number												
		<ul style="list-style-type: none"> <li>- any act of terrorism and/or the threat thereof (whether actual or perceived) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.</li> <li>- any loss resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to nay act of terrorism or fear thereof.</li> </ul>													
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy Schedule												
11.	Admissibility of Claim	<ol style="list-style-type: none"> <li>1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately</li> <li>2. No admission, offer, promise or payment of liability without Insurer consent.</li> <li>3. Provide documents in support of your claims</li> <li>4. Provide all such information and assistance to company which is required.</li> <li>5. Company has right to defend the claim for Insured.</li> </ol> <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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Head</th> <th style="text-align: left;">Example</th> </tr> </thead> <tbody> <tr> <td>Liability 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	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 requirement – 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												

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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> <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, 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>	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 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.