

Customer Information Sheet Mutual Fund Asset Protection

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	Mutual Fund Asset Protection	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125CP0018V01200304	NA
3	Structure	Basis of Sum / Limit Insured • Indemnity	NA
4	Interests Insured	<ul style="list-style-type: none"> The Mutual Fund The Trustee The Asset Management Company All Directors, officers and employees of the Corporate Trustee and/or Investment Manager (past, present and future) 	NA
5	Sum Insured	<<as per policy schedule>>	Policy Schedule
6	Policy Coverage	<p>A. MUTUAL FUND INDEMNIFICATION COVERAGE</p> <p>The Company shall pay on behalf of the Insured Mutual Fund, Loss which the Insured Mutual Fund becomes obligated to pay as a result of indemnification provided to an Insured Trustee or an Insured Investment Manager pursuant to the Investment Management Agreement, common law or statutory law, on account of any Claim first made against the Insured Trustee or the Insured Investment Manager during the Policy Period or, if exercised, during the Extended Reporting Period, for a Wrongful Act in the performance of Professional Services, including the failure to perform Professional Services but only if such Claim is reported to the Company in writing in the manner and within the time provided in Section IV of this Policy.</p> <p>B. TRUSTEES PROFESSIONAL INDEMNITY COVERAGE</p> <p>The Company shall pay on behalf of the Insured Trustee, Loss which the Insured Trustee becomes legally obligated to pay on account of any Claim first made against the Insured Trustee during the Policy Period or, if exercised, during the Extended Reporting Period, for a Wrongful Act in the performance of Professional Services, including the failure to perform Professional Services but only if such Claim is reported to the Company in writing in the manner and within the time provided in Section IV of this Policy.</p>	INSURING CLAUSES AGREEMENT

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		<p>C. INVESTMENT MANAGERS PROFESSIONAL INDEMNITY COVERAGE</p> <p>The Company shall pay on behalf of the Insured Investment Manager, Loss which the Insured Investment Manager becomes legally obligated to pay on account of any Claim first made against the Insured Investment Manager during the Policy Period or, if exercised, during the Extended Reporting Period, for a Wrongful Act in the performance of Professional Services, including the failure to perform Professional Services but only if such Claim is reported to the Company in writing in the manner and within the time provided in Section IV of this Policy.</p> <p>D. INSURED INVESTMENT MANAGER OR INSURED TRUSTEE DIRECTORS' AND OFFICERS' LIABILITY AND COMPANY REIMBURSEMENT COVERAGE</p> <ol style="list-style-type: none"> 1. The Company shall pay on behalf of each Insured Person, Loss for which the Insured Person is not indemnified by the Insured Trustee or Insured Investment Manager and which the Insured Person becomes legally obligated to pay on account of any Claim first made against such Insured Person, individually or otherwise, during the Policy Period, or, if exercised, during the Extended Reporting Period, for a Wrongful Act but only if such Claim is reported to the Company in writing in the manner and within the time provided in Section IV of this Policy. 2. The Company shall pay on behalf of the Insured Trustee or Insured Investment Manager, Loss for which the Insured Trustee, Insured Investment Manager or Insured Mutual Fund grants indemnification to each Insured Person, as permitted or required by law, which the Insured Person becomes legally obligated to pay on account of any Claim first made against such Insured Person, individually or otherwise, during the Policy Period or, if exercised, the Extended Reporting Period, for a Wrongful Act, but only if such Claim is reported to the Company in writing in the manner and within the time provided in Section IV of this Policy. 	
7	Add-on Cover	As per policy schedule	Policy Schedule
8	Loss Participation	<<as per policy schedule>>	Policy Schedule
9	Exclusions	<ol style="list-style-type: none"> 1. Pending or prior litigation, demands or judgments. 2. Circumstances notified under a prior insurance policy. 3. Claims brought by one Insured or affiliated person against another Insured other than: <ul style="list-style-type: none"> • Derivative actions brought by shareholders or regulatory bodies • Wrongful termination claims 	EXCLUSIONS

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number												
		<ul style="list-style-type: none"> • Claims by an insured individual for contribution or indemnity • Claims brought by a trustee as required by law. <ol style="list-style-type: none"> 4. Claims against the fiduciaries or administrators of any retirement or employee benefit plan. 5. Claims of deliberate fraud, willful violation of regulations or statutes, illegal profit or advantage are excluded where they are established in fact. 6. Defamation, wrongful entry, eviction, false arrest or imprisonment, malicious prosecution, assault or battery Claims of deliberate fraud, willful violation of regulations or statutes, illegal profit or advantage are excluded where they are established in fact. 7. Bodily injury or property damage exclusion. 8. Pollution. 9. Assumption of the Liability of third parties pursuant to a contract. 10. Intentional breach of contract where established at final adjudication. 11. Claims brought by security holders of trustee or Investment Manager. 12. Counterparty insolvency exclusion. 													
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy Schedule												
11.	Admissibility of Claim	<ol style="list-style-type: none"> 1. Intimation of a claim or any circumstances which may give rise to any claim should be reported immediately 2. No admission, offer, promise or payment of liability without Insurer consent. 3. Provide documents in support of your claims 4. Provide all such information and assistance to company which is required. 5. Company has right to defend the claim for Insured. <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" data-bbox="319 1241 893 1449"> <thead> <tr> <th data-bbox="319 1241 767 1278">Head</th> <th data-bbox="767 1241 893 1278">Example</th> </tr> </thead> <tbody> <tr> <td data-bbox="319 1278 767 1315">liability as covered under the policy (a)</td> <td data-bbox="767 1278 893 1315">100000</td> </tr> <tr> <td data-bbox="319 1315 767 1351">Defense cost (b) (wherever applicable)</td> <td data-bbox="767 1315 893 1351">20000</td> </tr> <tr> <td data-bbox="319 1351 767 1388">total loss amount (c = a+b)</td> <td data-bbox="767 1351 893 1388">120000</td> </tr> <tr> <td data-bbox="319 1388 767 1425">Deductible (d)</td> <td data-bbox="767 1388 893 1425">10000</td> </tr> <tr> <td data-bbox="319 1425 767 1449">Net Payable amount (c-d)</td> <td data-bbox="767 1425 893 1449">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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Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
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"> 1. Registration of claim – T +1 days 2. List of requirements – 7 days from registration 3. 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>1. 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 <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>	GRIEVANCE REDRESSAL PROCEDURE

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p>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>	
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.