

## Customer Information Sheet

### Professional Indemnity Insurance

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>Professional Indemnity Insurance</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN146RP0009V01201213	NA
3	Structure	Basis of Sum / Limit Insured Indemnity Basis	NA
4	Interests Insured	Loss arising solely out of Professional Services	NA
5	Sum Insured	<<as stated in the policy schedule>>	Refer Policy Schedule
6	Policy Coverage	The Insurer shall indemnify the Insured for Financial Loss resulting directly from a Claim first made against the Insured during the Period of Insurance or the Extended Reporting Period (if applicable) for a Wrongful Professional Act, occurring on or after the Retroactive Date and prior to the end of the Period of Insurance, in the rendering of or failure to render Professional Services.	Insurance Clause
7	Add-on Cover	<<coverage & limits as stated in the policy schedule under add on section>>	Policy schedule
8	Loss Participation	<<as per policy schedule>>	Policy schedule
9	Exclusions	<ul style="list-style-type: none"> <li>• Any criminal, dishonest, fraudulent, willful, intentional or malicious act.</li> <li>• False arrest, detention or imprisonment</li> <li>• Libel, slander or defamation of character</li> <li>• Wrongful entry or eviction, or invasion of any right of privacy</li> <li>• Liability assumed by the Insured under any contract or agreement,</li> <li>• Any guarantee of or the exceeding of cost estimates</li> <li>• Claim arising on account of Insolvency of the insured</li> <li>• Any Legal Liability arising out of Death or Bodily injury and property damage other than that in connection with services rendered by the insured for a fee.</li> <li>• Fines, penalties, punitive or exemplary damages, non pecuniary relief, taxes, or any amount for which an insured is not financially liable</li> <li>• Specific exclusions as per policy schedule.</li> </ul>	Exclusions

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10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy schedule												
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 all such information and assistance to company which is required.</p> <p>4. Company has right to defend the claim against Insured.</p> <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>Legal liability as covered under the policy (a)</td> <td>100000</td> </tr> <tr> <td>Defense cost (b)</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	Legal liability as covered under the policy (a)	100000	Defense cost (b)	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>Details of procedure to be followed for <b>Turn Around Time (TAT)</b> for claims settlement <ul 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> </ul> </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>1. 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>	Grievance Redressal Procedure												

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<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 style="text-align: center;"><b>The Complaint &amp; Grievance Redressal Cell, HDFC ERGO General Insurance The Company Ltd. 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 The 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> </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>	

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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> <p>(Disclosure of other material information during the policy period.)</p>	NA

**Declaration by the Policy Holder:**

I have read the above and confirm having noted the details.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Policyholder)

**Note:**

- i. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.