

Customer Information Sheet

Signature Management Plus Liability Insurance

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

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
1	Product Name	Signature Management Plus Liability Insurance	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125CP0002V02202021	NA
3	Structure	State basis of Sum / Limit Insured · Indemnity Basis	NA
4	Interests Insured	All types of Corporate entities including private and public sector companies.	NA
5	Sum Insured	<<as per policy schedule>>	Policy schedule
6	Policy Coverage	<p>This policy provides coverage for the personal liability of Directors and Officers arising due to wrongful acts in their managerial capacity. The policy provides protection for claims brought against directors, officers and employees for actual or alleged breach of duty, neglect, misstatements or errors in their managerial capacity.</p> <p>Broadly, the scope of cover entails:</p> <ul style="list-style-type: none"> • Directors and Officers Liability Coverage • Company Reimbursement Coverage • Securities Claims Coverage • Legal Representation Expenses – Directors and Officers • Legal Representation Expenses – Company Reimbursement 	Insuring Clauses
7	Add-on Cover	<<as per policy schedule>>	Policy schedule
8	Loss Participation	<<as per policy schedule>>	Policy schedule
9	Exclusions	<ul style="list-style-type: none"> ➤ Prior Notice ➤ Pending or Prior ➤ U.S.A. Insured v. Insured ➤ Bodily Injury and Property Damage ➤ War and civil war ➤ Dishonesty (Applicable to Insuring Clause 1.A, 1.B, 1.D and 1.E Only) ➤ Contractual Liability (Applicable to Insuring Clause 1.C i.e related Security Claims Coverage Only) ➤ Dishonesty of Organisation (Applicable to Insuring Clause 1.C i.e related Security Claims Coverage Only) 	Exclusions
10.	Special Conditions and Warranties (if any)	<<as per policy schedule>>	Policy schedule

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11.	Admissibility of Claim	<ul style="list-style-type: none"> Mention the broad principle of admissibility / denial of claims <p>[Example: Reporting of loss occurrence; Duty of care & loss minimization; Exclusion of Willful Negligence]</p> <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. <ul style="list-style-type: none"> Include a sample claim calculation process for retail products Claim shall be paid as per following calculation:- <table border="1"> <thead> <tr> <th>Head</th> <th>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)10000Net 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)10000Net Payable amount (c-d)	110000	NA
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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 requirements – 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 											

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		<ul style="list-style-type: none"> Contact Details for Senior Citizens: 022 6242 6226 Email ID: seniorcitizen@hdfcergo.com <p>Designated Grievance Officer in each branch.</p> <ul style="list-style-type: none"> 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. 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>The Complaint & 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</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>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</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 	NA

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		<ul style="list-style-type: none"> Non-disclosure of material information may affect the claim settlement. Disclosure of other material information during the policy period. 	

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.