

Customer Information Sheet

Delay in Start Up Insurance - Linked to Marine Cargo

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 | Delay in Start Up Insurance - Linked to Marine Cargo | NA |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN125CP0002V01200910 | NA |
| 3 | Structure | Basis of Sum/Limit Insured: Indemnity | NA |
| 4 | Interests Insured | Covers the loss of standing charges and/or profit during the indemnity period due to the production falling short as a result of loss of or damage to or delay in delivery of the property. | Risk covered |
| 5 | Sum Insured | << As per policy schedule>> | Policy Schedule |
| 6 | Policy Coverage | Covers the loss of standing charges and/or profit during the indemnity period due to the production falling short as a result of loss of or damage to or delay to the Scheduled Commercial Operation Date consequent upon: a. A risk which would be covered under the open policy b. Loss of, Mechanical Breakdown of, or damage to the Hull, Machinery or Equipment of the vessel on which any of the property is being carried or is intended to be carried c. loss of or mechanical breakdown of, any motor or rail vehicle or attachment thereto upon which any of the Project Cargo is being transportedd. d. the vessel, aircraft or other conveyance on which any of the Project Cargo is carried or is intended to be carried, being involved in a general average salvage or life saving operation | Risk covered |
| 7 | Add-on Cover | << As per policy schedule>> | Policy Schedule |
| 8 | Loss Participation | << As per policy schedule>> | Policy Schedule |
| 9 | Exclusions | Loss or damage to the property as described in the schedule hereto or any expenses recoverable under the insurance on such property Any claim for delay caused by the unreasonable withholding of Guarantees as a result of repairs to the property insured not being acceptable to the manufacturer or his representative, provided such have been carried out with materials and in a manner approved by the Surveyor of company | 5. Exclusions |
| 10. | Special Conditions and Warranties (if any) | << As per policy schedule>> | Policy Schedule |
| 11. | Admissibility of Claim | Following are the key parameters leading to admissibility or denial of claims: | |

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| | | <ul style="list-style-type: none"> • The policy will covers loss to insured property as per clauses (Cargo Clause, War Clause, Strike Clause, Inland Transit Clause etc.) opted in the policy. • The policy shall exclude losses as specified in The exclusion/exception section of The policy wording. • Duty of care & loss minimization post-accident • The Insured shall take all reasonable steps to maintain the insured property in efficient working order and to ensure that no item is habitually or intentionally overloaded. • If You suffer a loss because of an unforeseen and sudden physical damage by any cause not excluded, You must make a claim for Your financial loss at Your cost. • The procedure for making a claim is given below. <ol style="list-style-type: none"> 1. Immediate notice to Us <ol style="list-style-type: none"> 1. As soon as any sudden, unforeseen and physical loss or damage occurs to insured property due to unforeseen and sudden physical damage and does not fall under exclusion / exception, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required. 2. You can give notice to any of Our offices or call centres. 3. You must state in this notice <ol style="list-style-type: none"> i. the Policy Number, ii. Your name, iii. details of report to the police that You made, iv. details of report to any Authority that You made, v. details of the incident, vi. a brief statement of the loss, vii. particulars of any other insurance of insured property, viii. details of loss or damage under any Optional Cover or Add-ons, ix. submit photographs of loss or physical damage, wherever possible. 2. Steps to prevent loss and damage <ol style="list-style-type: none"> a. You must take all reasonable steps to prevent further loss or damage to insured property. b. Until We have inspected insured property and have given Our consent, <ol style="list-style-type: none"> i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim; ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity; iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us. | |

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| | | <ul style="list-style-type: none"> • Act as if not insured and try all possible measures to minimize the loss. • Inform fire brigade / police or any other govt statutory body, if applicable • Seek the assistance of the insurance surveyor or any other agencies appointed for loss minimization efforts and also in claim procedure • Take photos or videos of damaged property and preserve all damaged property for detailed inspection by the surveyors • Preserve documentary evidence for assessment of quantum of loss. The loss will be assessed by the surveyors as per the claim bill, supporting documents provided and in accordance with policy terms and conditions. The assessment will be subject to following deduction, if any, <ul style="list-style-type: none"> a) betterment, b) depreciation, c) applicable salvage value, d) underinsurance/average clause, e) policy excess / deductible /franchise etc, f) reinstatement premium | |
| 12. | Policy Servicing - Claim Intimation and Processing | <p>Toll free / IVRS number of the Insurer 120 6234 6234 / 022-6234 6234</p> <p>Website - www.hdfcergo.com Email- care@hdfcergo.com Turn Around Time (TAT) in working hours / days for claims settlement</p> <ul style="list-style-type: none"> • Surveyor appointment- 24 hours from claim intimation • Survey report- 15 days from allotment of survey • Decision of claim to insured - 7 days from survey report • Final survey report- 30 days from Insured's last documents submission • Additional survey report (if required)- 15 days from Final survey report • Payment approval post receipt of Final or Additional survey report- 30 days • Customer Escalation Matrix <p>Level 1 In case the Complainant has not received a response or is not satisfied with the response / resolution given/ offered, then the Customer can write to:</p> <p>The Complaints & Grievance Cell HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: grievance@hdfcergo.com</p> | NA |

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| | | <p>Level 2 In case the Complainant has not received a response or is not satisfied with the response / resolution given /offered by the C&G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address 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> | |
| 13. | Grievance Redressal and Policyholders Protection | <p>If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:</p> <p>Our Grievance Redressal Officer</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: 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.</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>The Complaint & Grievance Redressal Cell, HDFC ERGO General Insurance The 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>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- http://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 | GRIEVANCE REDRESSAL PROCEDURE |

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| | | <ul style="list-style-type: none"> Dispute with regard to premium Non-receipt of your insurance document You may also refer Our website www.hdfcergo.com https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure. | |
| 14. | Obligations of the Policyholder | 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 immediate Non-disclosure of material information may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information | |

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.