

**Customer Information Sheet**

**Fidelity Guarantee Insurance 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>Fidelity Guarantee Insurance Policy</b>	NA
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN125RP0002V01200405	NA
3	Structure	As per schedule	“Details of cover” in the policy schedule.
4	Interests Insured	As per policy schedule	“Details of cover” in the policy schedule.
5	Sum Insured	<<as stated in the policy schedule>>	“Details of cover “in the policy schedule
6	Policy Coverage	<p>The Company agrees to indemnify the insured against any direct pecuniary loss sustained by reason of any act of fraud/ dishonesty committed by any employee of the Insured (hereinafter called “the Employee”) on or after the date of commencement of this policy, during the uninterrupted service of such Employee with the Insured and discovered during the continuance of this policy or within twelve calendar months of the expiration thereof and in the case of death, dismissal or retirement of the Employee within twelve calendar months of such death, dismissal or retirement whichever of these events shall first happen.</p> <p>Provided Always That</p> <ol style="list-style-type: none"> <li>1. The liability of the Company shall not exceed a. In respect of any employee the amount of guarantee stated against his/her name or against the relevant category of Employee in the Schedule. b. In respect of all claims under this policy the total amount of guarantee</li> </ol>	Policy wordings

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p>2. If this policy shall be continued to be kept in force for more than one period of indemnity or if any liability shall exist on the part of the Company under this Policy and also under any other policy issued by the Company in respect of fraud or dishonesty of the employee, the liability of the Company hereunder shall not be accumulated or increased thereby but the aggregate liability of the Company during any number of periods of indemnity and for any number of acts of fraud or dishonesty committed by the employee shall not exceed the amount of guarantee hereunder or the amount of guarantee under any other such policy as aforesaid, whichever is greater.</p> <p>3. The Company shall not be liable to pay more than one claim in respect of the acts of any one of the employees.</p> <p>4. The loss shall have occurred in connection with occupation and duties of the employee with the Insured.</p>	
7	Add-on Cover	As per policy schedule	Policy schedule
8	Loss Participation	<<as per policy schedule>>	"Excess/ Deductible" under policy schedule
9	Exclusions	<p>1. The Company shall not be liable in respect of losses arising elsewhere than in the Territorial Limits stated in the Schedule</p> <p>2. The Company shall not be liable for losses not sustained within a retroactive period not exceeding two years from the date of discovery of any such loss(es). It is understood that in such retroactive period the insurance was continuously in force with the company and the Company will not be liable to pay any claim in respect of loss sustained prior to the inception of the original policy. It is further understood that losses which become payable under this clause shall be subject to the terms, conditions, exclusions of the policy in force as on the date of discovery</p> <p>3. The company shall not be liable for consequential or indirect loss or damage which is not the direct result of insured perils, nor does the policy cover apprehended loss or damage or contractual liability or legal liability of any kind.</p> <p>4. The company shall not be liable for loss or damage attributable to wilful acts or gross negligence on the part of the insured, Employee or any other person acting on their behalf.</p> <p>Terrorism Damage Exclusion Warranty</p>	"Exclusions" in policy wordings

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p>This Policy excludes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this exclusion, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and /or to put the public or any section of the public in fear for such purposes.</p> <p>This exclusion also includes loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to the above.</p>	
10.	Special Conditions and Warranties (if any)	<ul style="list-style-type: none"> <li>• Sanction and Embargo Clause</li> <li>• Communicable Disease Exclusion Clause</li> </ul> <p>For more details refer policy schedule</p>	“Special conditions // warranties and Exclusions” under policy schedule
11.	Admissibility of Claim	<ul style="list-style-type: none"> <li>• Following are the key parameters leading to admissibility or denial of claims:               <ul style="list-style-type: none"> <li>- The policy shall cover losses to your insured property due to unforeseen and sudden physical damage by any cause not excluded.</li> <li>- The policy shall exclude losses as specified in the exclusion/exception/excluded causes of section of the policy wording.</li> <li>- The coverage is subject to compliance of policy clause/ conditions/warranties.</li> </ul> </li> <li>• Duty of care &amp; loss minimization post-accident               <ul style="list-style-type: none"> <li>- If You suffer a loss because of an insured event/peril/ causes, You must make a claim for Your financial loss at Your cost.</li> <li>- The procedure for making a claim is given below.                   <ol style="list-style-type: none"> <li>1. Immediate notice to Us</li> </ol> </li> </ul> </li> <li>a. As soon as any sudden, unforeseen and physical loss or damage occurs to insured property due to insured event/ peril/causes and/or does not fall under exclusion, 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.</li> </ul>	NA

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy / Clause Number
		<p>b. You can give notice to any of Our offices or call centres.</p> <p>c. You must state in this notice</p> <ol style="list-style-type: none"> <li>i. the Policy Number,</li> <li>ii. Your name,</li> <li>iii. details of report to the police that You made,</li> <li>iv. details of report to any Authority that You made,</li> <li>v. details of the Insured Event, vi. a brief statement of the loss,</li> <li>vii. particulars of any other insurance of insured property,</li> <li>viii. details of loss or damage under any Optional Cover or Add-ons,</li> <li>ix. submit photographs of loss or physical damage, wherever possible.</li> </ol> <p>2. Steps to prevent loss and damage</p> <ol style="list-style-type: none"> <li>a. You must take all reasonable steps to prevent further loss or damage to insured property.</li> <li>b. Until We have inspected insured property and have given Our consent, <ol style="list-style-type: none"> <li>i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;</li> <li>ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;</li> <li>iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.</li> </ol> </li> </ol> <ul style="list-style-type: none"> <li>- Act as if not insured and try all possible measures to minimize the loss.</li> <li>- Inform fire brigade / police or any other govt statutory body, if applicable</li> <li>- Seek the assistance of the insurance surveyor or any other agencies appointed for loss minimization efforts and also in claim procedure</li> <li>- Take photos or videos of damaged property and preserve all damaged property for detailed inspection by the surveyors</li> <li>- Preserve documentary evidence for assessment of quantum of loss.</li> </ul> <p>The loss will be assessed by the surveyors/us 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, a) betterment, b) depreciation, c) applicable salvage value, d) underinsurance/average clause, e) policy excess / deductible /franchise etc, f) reinstatement premium.</p>	

SI 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"> <li>• Toll free / IVRS number of the Insurer 120 6234 6234 / 022-6234 6234</li> <li>• Website - www.hdfcergo.com</li> <li>• Email- care@hdfcergo.com</li> <li>• Turn Around Time (TAT) in working hours / days</li> <li>- Surveyor appointment- 24 hours from claim intimation</li> <li>- Survey report- 15 days from allotment of survey</li> <li>- Decision of claim to insured - 7 days from survey report</li> <li>• Customer Escalation Matrix</li> </ul> <p>Level 1</p> <p>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: The Complaints &amp; Grievance Cell HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: grievance@hdfcergo.com</p> <p>Level 2</p> <p>In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&amp;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>	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"> <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>	Grievance Redressal Procedure of Policy

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