CUSTOMER INFORMATION SHEET

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

Sl. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	**Product Name** ICICI BHARAT GRIHA RAKSHA	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0005V01202021	
3	**Structure** Indemnity Policy	
4	**Interests Insured** This product provides fire insurance coverage for your property (home building and/or home contents) as specified in the policy schedule.	
5	**Sum Insured / Scope** As per Policy Schedule.	Policy Schedule
6	**Policy Coverage** **Below events are covered during your policy period:** a. Damage caused by fire b. Explosion or implosion damage c. Losses due to lightning d. Losses from storms, cyclones, typhoons, tempests, hurricanes, tornadoes, tsunamis, floods, and inundation e. Losses due to earthquakes or other natural calamities f. Subsidence, landslides, or rockslides g. Bushfires, forest fires, or jungle fires h. Impact damage of any kind i. Missile testing operations j. Riots, strikes, and malicious damage k. Bursting or overflowing of water tanks, apparatus, and pipes l. Leakage from automatic sprinkler systems m. Theft within 7 days of any of the above events n. Losses due to terrorism	Clause B, C and / or D

	Coverage Details: ▪ Coverage is based on the cost of construction of your building and/or the replacement value of contents as specified in the policy schedule. ▪ Coverage is only applicable for residential purposes.	
7	**Add-On Cover** As per Policy Schedule.	Policy Schedule
8	**Loss Participation** Following deductibles apply to your policy: • Home Building - Nil • Home Content - Nil • Terrorism - 1% of the claim amount subject to minimum of INR 10,000 Please refer to Conditions of the policy schedule for list of all applicable deductibles.	Policy Schedule
9	**Exclusions** We do not cover losses, expenses, or any damage to the insured property directly or indirectly caused by the following: 1. Deliberate or intentional acts. 2. War, invasion, or similar activities. 3. Ionizing radiation or radioactivity. 4. Pollution or contamination. 5. Damage to electrical or electronic equipment from over-running, excessive pressure, short circuits, arcing, self-heating, or leakage of electricity (including lightning). 6. Loss or damage to bullion, unset precious stones, manuscripts, plans, drawings, securities, documents, coins, paper money, cheques, vehicles, and explosives, unless specifically stated in the policy. 7. Loss of property that is missing or mislaid. 8. Damage to property moved from your home to another location. 9. Loss of earnings, delays, loss of market, or other consequential or indirect damages. 10. Reduction in market value after repair or reinstatement. 11. Additions or alterations to your home that increase its carpet area by more than 10% without paying an additional premium and getting it added by endorsement. 12. Costs or fees for preparing any claim.	Clause F

<table>
<tr><td></td><td>(For exclusions related to add-ons, please refer to the Policy Schedule.)</td><td></td></tr>
<tr><td>10.</td><td><u>Special Condition\s and Warranties (if any)</u>

As per Policy Schedule.</td><td>Policy Schedule</td></tr>
<tr><td>11.</td><td><u>Admissibility of Claim</u>

If your insured property is damaged or lost due to a covered event:

▪ Please notify us immediately and submit the claim form along with any supporting documents to prove the loss or damage.
▪ We will evaluate your claim in line with the policy's terms, conditions, and relevant laws and regulations.

We appreciate your efforts in protecting your property, minimizing potential losses, and promptly notifying us of any claims.

Below is the sample claim calculation for reference:
<table><tr><td>Gross Loss Claimed</td><td>6,29,38,711</td></tr><tr><td>Gross Loss Assessed</td><td>3,53,99,452</td></tr><tr><td>Less: Salvage Value</td><td>12,43,841</td></tr><tr><td>Subtotal</td><td>3,41,55,611</td></tr><tr><td>Less Under Insurance</td><td>-</td></tr><tr><td>Subtotal</td><td>3,41,55,611</td></tr><tr><td>Less Excess</td><td>40,00,000</td></tr><tr><td>Loss Adjusted</td><td>3,01,55,611</td></tr></table>
This sample claim calculation is illustrative and based on certain assumptions to give you an idea of how a claim may be settled. The final payable amount will depend on the actual sum insured, the coverages selected, and the applicable conditions in your policy.</td><td>Clause G (IV)</td></tr>
<tr><td>12.</td><td><u>Policy Servicing - Claim Intimation and Processing</u>

For policy servicing and claim intimation you can contact us via our:

Toll-free no.: 1800 2666,
Email ID: customersupport@icicilombard.com,
Mobile App: IL TakeCare App, or
WhatsApp: Send "Hi" to RIA @7738282666
Website: ICICI Lombard Website

<u>Reimbursement Claim Process:</u></td><td>Clause G (IV) and Clause J</td></tr>
</table>

Follow these steps for a smooth and hassle-free claim experience:

Intimate the Claim: Notify us by submitting the claim form (download here) or by calling 1800 2666. Our claims associate will contact you and assign a surveyor.

Survey of Loss: The surveyor will assess the loss and request any documents, which you can upload here. Our team will verify and submit the final report.

Verification and Processing: Our claims department will verify the report and process your claim request.

Offer for Settlement: If your claim is approved, we will send you a settlement offer for your consent.

Claim Payment: Once we have your consent and complete the KYC check, we will transfer the payment directly to your bank account.

Explanation for Denial: If your claim is not payable, we will personally explain the reasons to you in detail.

Claim Settlement Time: We aim to settle your claim within 7 days of receiving your claim notification or the final survey report, whichever comes later.

Escalation Matrix and Details of Designated Company Official: For details of the escalation matrix and designated company officials please click here.

Cancellation Clause:

If You Decide to Cancel: You can cancel your policy anytime with written notice. It will end as soon as we receive it.

If We Need to Cancel: If fraud is detected, we may cancel your policy with at least 7 days' notice before the cancellation takes effect.

Refund of Premium upon Cancellation:

- For policies up to one year with no claims, we will refund the premium for the remaining period proportionally, based on your policy terms.
- For policies longer than one year, we will refund the premium for the remaining portion if coverage has not started.

Policy Renewal Date: Refer to the **Period of Insurance** section of the policy schedule.

13.	**Grievance Redressal and Policyholders Protection** We are committed to giving you fair treatment and clear, timely information about your coverage, so you can make informed decisions. We also ensure efficient service and uphold high standards throughout the sale and servicing of your policy. **Grievance Redressal:** If you have a concern, click here to understand our grievance redressal process or scan this QR code. If the issue persists, contact our Grievance Redressal Officer here. If the issue remains unresolved, you can approach the Insurance Ombudsman here or visit the Bima Bharosa Portal at bimabharosa.irdai.gov.in	Clause K
14.	**Obligations of the Policyholder** Here are a few important things to keep in mind: ▪ 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. ▪ Disclosure of other material information during the policy period. ▪ Ensure you provide accurate information when completing your proposal. ▪ Notify us right away of any changes, modifications, or additions to the declared information, as failure to disclose material details may impact your claim settlement.	Clause G (I)

Declaration by the Policyholder:

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. *You can click here to download policy documents.*