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** **Fidelity Guarantee Insurance**	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0003V01200102	
3	**Structure** Indemnity Based Policy	
4	**Interests Insured** Commercial Establishments/ Banks/ Financial Institutions	
5	**Sum Insured / Scope** As per Policy Schedule.	Sr. No. 7 of Part I
6	**Policy Coverage** To indemnify the Insured against a direct pecuniary loss in respect of monies or stocks belonging to the Insured or held in trust by him (in the course of his business), sustained by reason of any act of fraud, forgery, theft or dishonesty committed on or after the date of commencement of this policy and during uninterrupted service with the Insured. Subject to : 1. Any specific exclusions mentioned in the policy 2. Fidelity policy wordings.	Sr. No. 8 of Part I
7	**Add-on Cover** Please refer to part I of the policy schedule for complete list of all applicable add-on cover with sum/limit insured	Part I
8	**Loss Participation** Please refer to Sr. no. 8 of Part I of the policy schedule for list of all applicable deductibles.	Part I Sr. No. 8

<table>
<tr><td>9</td><td><u>Exclusions</u>
(i) The Company shall not be liable in respect of losses arising outside India.
(ii) Unless the Company be advised and its written approval be obtained, the Company shall not be liable hereunder in the event of any change in the nature of the business of the Insured or in the duties and conditions of service of the Employee or if remuneration of the Employee be reduced or its basis altered or if the precautions to be followed generally with regard to accounting be not duly followed or if the Insured shall continue to entrust the Employee with money or goods after having knowledge of any material fact bearing on the honesty of the Employee.
(iii) The Company shall not be liable for any unexplained losses or</td><td>Sr No. 3of Part II Refer Exclusions</td></tr>
<tr><td>10.</td><td><u>Special Condition\s and Warranties (if any)</u>

As per Policy Schedule.</td><td>Sr. No. 8 of Part I</td></tr>
<tr><td>11.</td><td><u>Admissibility of Claim</u>

a. As soon as any loss or physical damage occurs to any Insured Property due to an Insured Event.
b. You must immediately give notice to us along with claim form and supporting documents to substantiate the loss or damage.
c. You shall act as if Insured and should take steps for loss minimization

Admissibility of claims would be basis the policy terms and conditions;.

In addition, it will be the obligation of insured for duty of care and loss minimization and timely intimation of claim to us.

The admissibility of claim will also be subject to any general law, Act, or regulation in force.

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></td><td>Part II Refer Basis of Assessment of claims</td></tr>
</table>

12.	**Policy Servicing - Claim Intimation and Processing** 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 **Reimbursement Claim Process:** 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.	Part III

	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	Part III
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.	Part III

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.*