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.	**Title** Description (Please refer to applicable Policy Clause Number in next column)	**Policy Clause Number**
1	**Product Name** **CORPORATE COVER II**	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0005V02200203	
3	**Structure** Indemnity Based Policy	
4	**Interests Insured** Corporate Offices	
5	**Sum Insured / Scope** As per Policy Schedule.	Sr. No. 6 of Part I
6	**Policy Coverage** As per Policy Schedule.	Sr. No. 8 of Part I
7	**Add-on Cover** Please refer to clause C of section 1 of part II of the policy schedule for complete list of all applicable add-on cover with sum/limit insured	Clause C of Section 1
8	**Loss Participation** Please refer to Sr. no. 8 of Part I of the policy schedule for list of all applicable deductibles.	Sr. No. 8 of Part I
9	**Exclusions** The Company will not indemnify the Insured in respect of loss, damage or liability directly caused by or arising out of or aggravated by: - a. War, Invasion, Act of Foreign Enemy, Hostilities or War Like Operations. b. Nuclear Reaction, Nuclear Radiation or radioactive contamination. c. Wilful act or wilful negligence of the Insured or his representative. d. Cessation of work whether total or partial.	Clause D of Part II Refer Exclusions

<table>
<tr><td></td><td>e. Cost incurred/time involved in the movement of machinery and/or any other property and/or personnel outside the territorial limits of India other than the cost of delivery of replacements, for machinery lost or damaged.
f. Derangement of the Insured property not accompanied by damage otherwise covered by this policy.
g. Loss of or damage to the property covered under this policy falling under the terms of the Maintenance Agreement.
h. Loss, destruction or damage directly occasioned by pressure wave caused by aircraft and other aerial devices travelling at Sonic or Supersonic speeds.
i. In any action, suit or other proceedings where the Company alleges that by reason of the provisions of the above exclusions, any loss, destruction, damage or liability is not covered by this insurance, the burden of proving that such loss, destruction, damage or liability is covered shall be upon the Insured.</td><td></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></table></td><td>Part II
Refer Basis of Assessment of claims</td></tr>
</table>

Less Excess	40,00,000
Loss Adjusted	**3,01,55,611**

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	Part III

	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	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	Part III

	▪ 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.	

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.*