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** **Event Insurance**	
2	**Unique Identification Number (UIN) allotted by IRDAI** **IRDAN115RP0004V01201011**	
3	**Structure** Indemnity Based Policy	
4	**Interests Insured** Cancellation of event due to any unforeseen circumstances, Damage to Materials whether leased, rented or owned, Claim arising due to any Third party liability, Personal Accident	
5	**Sum Insured / Scope** As per Policy Schedule.	Part I of Schedule
6	**Policy Coverage** Following is the coverages opted applicable to your policy. **Base Covers:** 1. Cancellation of Event. 2. Material Damage. 3. Public Liability. 4. Personal Accident.	Part I of Schedule
7	**Add-on Cover:** N/A	N/A
8	**Loss Participation** This means you contribute a small portion towards the repair costs, and we take care of the rest, ensuring you're well-protected without bearing the full burden. Please refer to Special Conditions of Part I of the Policy Schedule (Policy	Part I of Schedule Special conditions, point 10.

	Certificate) for detailed information.	
9	**Exclusions** While our Event Insurance Policy offers strong protection, there are a few things we don't cover under the following circumstances: a) Loss or damage whether direct or indirect arising from War, War like operations, act of foreign enemy, hostilities (whether war be declared or not) Civil War, Rebellion, Insurrection, Civil Commotion, Military or Usurped Power, Seizure, Capture, Confiscation, Arrests, Restraints and Detainment by the order of any Government or any other authority. b) Any loss, destruction or damage to any property whatsoever or any loss or expense whatsoever, resulting or arising there from or any consequential loss and any legal liability or whatsoever nature, directly or indirectly caused by / or contributed to by or arising from ionizing radiation or contamination by radioactivity from any source whatsoever. c) Loss or damage due to willful misconduct on the part of the Insured. d) Loss or damage due to fraud.	Part II of Schedule General Exclusions (page 12)
10.	**Special Condition\s and Warranties (if any)** As per Policy Schedule.	Part III of Schedule **Standard Terms and Conditions**
11.	**Admissibility of Claim** 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**:**	Part III of Schedule

Gross Loss Claimed	6,29,38,711
Gross Loss Assessed	3,53,99,452
Less: Salvage Value	12,43,841
Subtotal	3,41,55,611
Less Under Insurance	-
Subtotal	3,41,55,611
Less Excess	40,00,000
Loss Adjusted	**3,01,55,611**

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.*

12. **Policy Servicing - Claim Intimation and Processing** — Part III

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. **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:	Part III

	▪ 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.	

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.*