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** **Smart Wallet Secure Policy**	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0024V01202122	
3	**Structure** Indemnity/ Benefit	
4	**Interests Insured** This Product offers Smart Wallet coverages to Debit / Credit / ATM card holders and Mobile wallet users	
5	**Sum Insured / Scope** As per Policy Schedule.	PART I OF THE SCHEDULE - Benefits Table
6	**Policy Coverage** As per Policy Schedule.	PART I OF THE SCHEDULE - Benefits table
7	**Add-on Cover** Mentioned under PART I OF THE SCHEDULE - Benefits table under Optional benefits and Assistance services	PART I OF THE SCHEDULE - Benefits table
8	**Loss Participation** Mentioned under PART I OF THE SCHEDULE - Benefits table under deductible	PART I OF THE SCHEDULE - Benefits table

9	**Exclusions** 1. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the period of insurance. 2. Any claim if the Insured Person is taking part in a naval, military or air force operation. 3. Deductibles as specified in the Policy Schedule/Certificate of Insurance. 4. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruct ion of or damage to property by or under the order of any government or local authority . 5. Any claim resulting or arising from or any consequential loss, directly or indirectly, caused by or contributed to or arising from: a. a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or b. b. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. 6. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons, Adventure Sports unless declared beforehand and necessary additional premium paid. 7. Any claim arising out of accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol). 8. No claims will be paid for losses arising directly or indirectly from or if engaging in any criminal or illegal act	PART II OF THE SCHEDULE - General Exclusions
10.	**Special Condition\s and Warranties (if any)** As per Policy Schedule.	PART II OF THE SCHEDULE – Terms and Conditions

11.	**Admissibility of Claim** Upon the happening to an event giving rise or which may give rise to a claim: a) The Insured or his representative shall forthwith give notice to the Company with full particulars.A claim in writing shall also be delivered by the Insured at his/her own expense to the Company with detailed particulars and proofs, explanation, statement of witnesses as may be required together with particulars of other insurance covering the same risk. b) In the event of a claim under this policy, all certificates, information, and evidences or otherwise required by the Company shall be furnished at the expenses of the Insured or his/her legal representative/ assignee and shall be in such form and of such nature as the Company may prescribe. The claim will be paid on actual loss for indemnity based cover and for benefit based cover the claim will be paid as per the Sum Insured mentioned in the Part I - Policy schedule. Below is the **sample claim calculation** for reference**:** 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**	Part II of the Schedule – Claim Procedure
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.	Part III

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: ▪ 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.*