## CUSTOMER INFORMATION SHEET

**This document gives key information about your policy. For detailed terms and conditions, please refer to the policy document (Schedule and Wordings).**

| Sl. No. | Description<br>(Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|---|---|---|
| 1 | **Product Name**<br><br>ICICI Lombard Erection All Risk insurance | |
| 2 | **Unique Identification Number (UIN) allotted by IRDAI**<br><br>IRDAN115RP0023V01200708 | |
| 3 | **Structure**<br><br>Indemnity Policy | |
| 4 | **Interests Insured**<br><br>This policy provides insurance coverage for machinery erection at your project location (Factory Erection works, Pipeline, Transmission lines etc.) as specified in the scope of work in the policy schedule. | Policy Schedule |
| 5 | **Sum Insured**<br><br>As per Policy Schedule. | Policy Schedule |
| 6 | **Policy Coverage**<br><br>During your policy period, we provide insurance coverage up to the Project Sum Insured.<br><br>We cover damage caused by Earthquake, Storm, Tempest, Flood & inundation at your Risk location.<br><br>Erection All Risk being all Risk policy will cover comprehensively with exclusions being mentioned in policy schedule.<br><br>For more details, please refer to your policy schedule. | Policy Schedule |
| 7 | **Add-On Cover**<br><br>Add-Ons enhances your policy with essential covers that give you extra protection.<br><br>To see the applicable add-on covers and their respective Sum Insured, | Policy Schedule |



**IRDA Reg. No. 115**
**Mailing Address:**
601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

**CIN**: L67200MH2000PLC129408
**Registered Office Address:**
ICICI Lombard House, 414, P Balu Marg,
Off Veer Savarkar Road, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025

**UIN:** IRDAN115RP0023V01200708
**Toll free no**: 1800 2666
**Alternate no** : 86552 22666 (chargeable)
**E-mail**: customersupport@icicilombard.com
**Website** : www.icicilombard.com

| | | |
|---|---|---|
| | please refer to the '**Add-on Covers**' in your Policy Schedule and policy wordings. | |
| 8 | **Loss Participation**<br><br>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.<br><br>Details of Policy deductible is mentioned in Policy Schedule. Please refer Policy schedule for the same. | Policy Schedule |
| 9 | **Exclusions**<br><br>While our EAR Policy offers strong protection, We will not indemnify you due to any loss or damage directly or indirectly caused by or arising out of or aggravated by :-<br><br>• War, Invasion, Act of foreign enemy, hostilities or War like operations, Civil War, rebellion, revolution, insurrection, mutiny, Civil commotion<br>• Nuclear reaction, Nuclear radiation or Radioactive contamination<br>• Willful act or Willful negligence caused intentionally by you, anyone on your behalf, or with your involvement.<br>• Cessation of work<br>• Inventory losses<br>• normal wear and tear, Rust, gradual deterioration due to atmospheric conditions<br>• Vehicles licensed for general road use or water borne vessels<br><br>The complete list of exclusions is available in your Policy Schedule. | Policy Schedule |
| 10. | **Special Conditions and Warranties (if any)**<br><br>As per Policy Schedule. | Policy Schedule |
| 11. | **Admissibility of Claim**<br><br>If your insured Project is damaged due to any peril ;<br><br>• Please notify us immediately and submit the claim form along with any supporting documents to prove the loss or damage.<br>• We will evaluate your claim in line with the policy's terms, conditions, and relevant laws and regulations. | Policy Schedule |

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

| | |
|---|---|
| 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** |

*The above sample claim calculation is only illustrative based on certain assumptions to give you a fair idea on how claim will be settled. The final amount payable will be decided basis the actual sum insured opted in your policy, the coverages opted, conditions applicable, etc.*

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.<br><br>**Claim Payment:** Once we have your consent and complete the KYC check, we will transfer the payment directly to your bank account.<br><br>**Explanation for Denial:** If your claim is not payable, we will personally explain the reasons to you in detail.<br><br>**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.<br><br>**Escalation Matrix and Details of Designated Company Official:** For details of the escalation matrix and designated company officials please click here.<br><br>**Cancellation Clause:**<br><br>**If You Decide to Cancel:** You can cancel your policy anytime with written notice. It will end as soon as we receive it.<br><br>**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.<br><br>**Refund of Premium upon Cancellation:**<br>We will refund appropriate premium amount subject to the following conditions:<br>a) claims experience under the policy as on date of cancellation should be less than 60% of reworked premium.<br>b) The unexpired period is not less than 3 months or 25% of the policy period, whichever is less.<br>c) testing period should not have commenced. | |
| 13. | **Grievance Redressal and Policyholders Protection**<br><br>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. | Part III (Refer Grievance Clause) |

| | | |
|---|---|---|
| | **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.<br><br>If the issue remains unresolved, you can approach the Insurance Ombudsman here or visit the Bima Bharosa Portal at bimabharosa.irdai.gov.in | |
| 14. | **Obligations of the Policyholder**<br><br>Here are a few important things to keep in mind:<br><br>▪ To disclose all information correctly sought by the insurer at time of filling the proposal form<br>▪ In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately<br>▪ Non-disclosure of material information may affect the claim settlement.<br>▪ Disclosure of other material information during the policy period.<br>▪ Ensure you provide accurate information when completing your proposal.<br>▪ 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 and acknowledge the details provided above.

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.*