**COMPREHENSIVE GENERAL LIABILITY INSURANCE**
**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<br>(Please refer to applicable Policy Clause Number in next column) | **Policy Clause Number** |
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| 1 | **Product Name**: COMPREHENSIVE GENERAL LIABILITY INSURANCE | |
| 2 | **Unique Identification Number (UIN) allotted by IRDAI**<br>IRDAN115RP0002V01200304 | |
| 3 | **Structure**: Indemnity Based Policy | |
| 4 | **Interests Insured:** This Product covers the legal liability of the Insured against the legal liability arising out of accidental death/bodily injury or disease to Third Parties and/or loss of or damage to Third Party property resulting from Insured's business operations/ premises/products. | |
| 5 | **Sum Insured / Scope:**<br>As per Policy Schedule | Policy Schedule – Item No. VIII |
| 6 | **Policy Coverage**<br>This Product covers the legal liability of the Insured against the legal liability arising out of accidental death/bodily injury or disease to Third Parties and/or loss of or damage to Third Party property resulting from Insured's business operations/ premises/products. | Policy Schedule |
| 7 | **Add-on Cover:**<br>As per ENDORSEMENTS, ADD-ON COVERAGES, SPECIAL CONDITIONS mentioned in Item No. XII in the policy schedule | Policy Schedule – Item No. XII - ENDORSEMENTS, ADD-ON COVERAGES, SPECIAL CONDITIONS |
| 8 | **Loss Participation**<br>As per Item No. IX - Deductible in the Policy Schedule. | Policy Schedule – Item No. IX - Deductible |
| 9 | **Exclusions**<br>As per SPECIAL CONDITIONS / EXCLUSIONS mentioned in Item No. XII in the policy schedule.<br><br>For detailed exclusions, refer to exclusions mentioned under policy section - EXCLUSIONS APPLICABLE TO COVERAGES A, B and C | Exceptions |
| 10. | **Special Condition\s and Warranties (if any)**<br>As per Special Conditions of the Policy Schedule. | Special Conditions - Item No. XII - ENDORSEMENTS, ADD-ON COVERAGES, SPECIAL CONDITIONS |


**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, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai 400 025

**UIN:** IRDAN115RP0002V01200304
**Toll free no** : 1800 2666
**Alternate no** : 86552 22666 (chargeable)
**E-mail** : customersupport@icicilombard.com
**Website** : www.icicilombard.com

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| 11. | **Admissibility of Claim**<br>Principle of admissibility of claims – All terms and conditions of the policy to be complied (such as Insuring clause and all conditions complied and no exclusion trigger)<br><br>Principle of denial of claims – (Any exclusion trigger or conditions of the policy not complied with (including duty of care & loss minimization & exclusion w.r.t willful negligence)<br><br>Below is the **sample claim calculation** for reference**:**<br>Gross Loss Claimed: 6,29,38,711<br>Gross Loss Assessed: 3,53,99,452<br>Less Excess: 0<br>**Loss Adjusted: 3,53,99,452** | PART II OF SCHEDULE<br>4. Basis of Assessment of Claims |
| 12. | **Policy Servicing - Claim Intimation and Processing**<br><br>For policy servicing and claim intimation you can contact us via our:<br>Toll-free no.: 1800 2666,<br>Email ID: customersupport@icicilombard.com<br>Mobile App: IL TakeCare App, or<br>WhatsApp: Send "Hi" to RIA @7738282666<br>Website: ICICI Lombard Website<br><br>**Reimbursement Claim Process:**<br>Follow these steps for a smooth and hassle-free claim experience:<br><br>**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.<br>**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.<br>**Verification and Processing:** Our claims department will verify the report and process your claim request.<br>**Offer for Settlement:** If your claim is approved, we will send you a settlement offer for your consent.<br>**Claim Payment:** Once we have your consent and complete the KYC check, we will transfer the payment directly to your bank account.<br>**Explanation for Denial:** If your claim is not payable, we will personally explain the reasons to you in detail.<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. | PART II OF SCHEDULE<br>24. Grievances |

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| | • **Escalation Matrix:** Click here or Scan below Escalation Matrix<br><br>**Cancellation Clause:**<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>• For policies up to one year with no claims, we will refund the premium for the remaining period proportionally, based on your policy terms.<br>• For policies longer than one year, we will refund the premium for the remaining portion if coverage has not started.<br>**Policy Renewal Date:** Refer to the Period of Insurance section of the policy schedule | |
| 13. | **Grievance Redressal and Policyholders Protection**<br>Protection of Policyholders Interests:<br>(a) To ensure that Policyholders are<br>(i) treated with fairness and impartiality;<br>(ii) provided with clear and prompt information in relation to their policies at all times;<br>(iii) not faced with unreasonable pressure or advice to change products or switch providers;<br>(iv) not barred from submitting claims or making complaints.<br><br>(b) Post-sale servicing of policyholders to be complemented with technological solutions to provide prompt and efficient services.<br><br>(c) Policyholders' reasonable expectations are met on servicing standards.<br><br>(d) To ensure fair treatment of prospects at the stage of solicitation and sale of insurance policies.<br><br>For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no.1800-2666 or or write to us at Grievance Redressal Officer, ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025 or may approach us at the sub section "Grievance Redressal" on our website www.icicilombard.com (Customer Support section). | |

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| | However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ (an Integrated Grievance Management System earlier known as IGMS) or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255.<br><br>You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or<br><br>Click here or Scan below QR Code for details of the Grievance Redressal Officer, Process and Details of Insurance Ombudsman, and link to Bima Bharosa Portal. | |
| 14. | **Obligations of the Policyholder**<br>• To disclose all information correctly sought by the insurer at the time of filling the proposal.<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. Non-disclosure of material information may affect the claim settlement.<br>• Non-disclosure of material information may affect the claim settlement.<br>• Disclosure of other material information during the policy period.<br>• Any change in material information during the policy period should be brought to the notice of the insurer. | PART III OF THE SCHEDULE<br>Standard Terms and Conditions |

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.*