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** MARINE SINGLE TRANSIT INLAND POLICY	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0011V01200102	
3	**Structure** Indemnity Policy	
4	**Interests Insured** This Product offers insurance cover for damage to your cargo during transit, as mentioned in the “Subject Matter Insured” in the policy schedule	
5	**Sum Insured / Scope** As per Policy Schedule.	Policy Schedule
6	**Policy Coverage** As per Policy Schedule.	Policy Schedule
7	**Add-on Cover:** **Add-on Cover:** As mentioned under Transit Clauses/ Warranties and Conditions in the policy schedule	Policy Schedule
8	**Loss Participation** As per Policy Schedule.	Policy Schedule
9	**Exclusions** General exclusions applicable as per the Transit Clauses mentioned in the policy schedule. Other exclusions as mentioned under Clauses/ Warranties and Conditions in the policy schedule.	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, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025
UIN: IRDAN115RP0011V01200102
Toll free no : 1800 2666
Alternate no : 86552 22666 (chargeable)
E-mail : customersupport@icicilombard.com
Website : www.icicilombard.com

10.	**Special Condition\s and Warranties (if any)** As per Policy Schedule.	Policy Schedule and Part II
11.	**Admissibility of Claim** If your insured property is damaged or lost due to a covered event: ▪ Please notify us immediately and submit the claim form along with any supporting documents to prove the loss or damage. ▪ We will evaluate your claim in line with the policy's terms, conditions, and relevant laws and regulations. We appreciate your efforts in protecting your property, minimizing potential losses, and promptly notifying us of any claims. 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
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 (Refer Grievance Clause)
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.*