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** I-ELITE COMPREHENSIVE GENERAL LIABILITY INSURANCE	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115CP0001V01202021	
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** As per Policy Schedule	Policy Schedule – Item No. VIII
6	**Policy Coverage** 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** 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** As per Item No. IX - Deductible in the Policy Schedule.	Policy Schedule – Item No. IX - Deductible

9	**Exclusions** As per SPECIAL CONDITIONS / EXCLUSIONS mentioned in Item No. XII in the policy schedule. 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)** **Special Conditions** applicable to your policy are as per Policy Schedule	Special Conditions - Item No. XII - ENDORSEMENTS, ADD-ON COVERAGES, SPECIAL CONDITIONS
11.	**Admissibility of Claim** 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) 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) Below is the **sample claim calculation** for reference**:** Gross Loss Claimed: 6,29,38,711 Gross Loss Assessed: 3,53,99,452 Less Excess: 0 **Loss Adjusted: 3,53,99,452** 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 limits of liability, the endorsements applicable, and the applicable conditions in your policy.*	PART II OF SCHEDULE 4. Basis of Assessment of Claims
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**	PART II OF SCHEDULE 24. Grievances

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.

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 II OF SCHEDULE 24. Grievances
14.	**Obligations of the Policyholder** • To disclose all information correctly sought by the insurer at the time of filling the proposal. • 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. • Non-disclosure of material information may affect the claim settlement. • Disclosure of other material information during the policy period. • Any change in material information during the policy period should be brought to the notice of the insurer.	PART III OF THE SCHEDULE 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. You can click here to download policy documents.*