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** KIDNAP AND RANSOM INSURANCE	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0017V01200607	
3	**Structure** Indemnity Based Policy	
4	**Interests Insured** This Product offers indemnity to the Insured against the liability arising out of events consisting of following a) Kidnapping; or b) Express Kidnapping; or c) Hijacking; or d) Detention; or e) Extortion	
5	**Sum Insured / Scope** As per Policy Schedule.	Policy Schedule
6	**Policy Coverage** This Product offers indemnity to the Insured against the liability arising out of events consisting of following a) Kidnapping; b) Express Kidnapping; or c) Hijacking; or d) Detention; or e) Extortion For detailed Coverage refer to Covered Events mentioned under policy Wording	PART II Covered Event A

7	**Add-on Cover** As per Section Endorsement of the Policy Schedule This Product Offers Additional Covered Event as below: (a) Threat Event; or (b) Disappearance Event. For detailed Coverage refer to Covered Events mentioned under policy Wording	Endorsements and PART II Covered Event 2.(B)
8	**Loss Participation** As per Section Ransom Deductible of the Policy Schedule Ransom Deductible – a) The Insurer will be liable only for the amount of Ransom which exceeds the Deductible stated in ITEM 8 of the SCHEDULE. Such Deductible is to be borne by the Insured. b) A single Deductible amount shall apply to any single Insured Event. c) No Deductible shall be applied against any Insured Loss or Additional Covered Event Expenses other than Ransom.	Ransom Deductible
9	**Exclusions** The Company shall not be liable: 1. For Theft and Robbery 2. Any Express Kidnapping, Kidnapping, Hijacking or Extortion as a result of fraudulent, dishonest or criminal act(s) by an Insured Person or authorized representative of the Insured or Insured Person (whether acting alone or in collusion with others 3. Any bodily injury, sickness, disease, or death, or damage to or destruction of any property, including loss of use thereof, arising out of the use or disposal (whether incurring covered Recall Expenses or otherwise) of any products manufactured or distributed by the Insured. 4. Contributed detention – A) For any violation or alleged violation of the criminal laws of the host country by the Insured B) For any violation or alleged violation of the criminal lawa of the host country by the Insured person C) Failure of the Insured or an Insured Person to maintain and possess duly authorized and issued required documents and visas For detailed exclusions refer to exclusions mentioned under policy schedule Section Exceptions.	Exclusions
10.	**Special Condition\s and Warranties (if any)** NA	NA

11.	**Admissibility of Claim** Principle of admissibility of claims – All terms and conditions of the policy to be complied (such as Insuring agreements 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**	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. **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	PART II Point 23 of Condition

	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 Point 24 of condition

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.	

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.*