

Customer Information Sheet

Signature Management Plus Liability Insurance

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 | Signature Management Plus Liability Insurance | NA |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN125CP0002V02202021 | NA |
| 3 | Structure | State basis of Sum / Limit Insured · Indemnity Basis | NA |
| 4 | Interests Insured | All types of Corporate entities including private and public sector companies. | NA |
| 5 | Sum Insured | <<as per policy schedule>> | Policy schedule |
| 6 | Policy Coverage | <p>This policy provides coverage for the personal liability of Directors and Officers arising due to wrongful acts in their managerial capacity. The policy provides protection for claims brought against directors, officers and employees for actual or alleged breach of duty, neglect, misstatements or errors in their managerial capacity.</p> <p>Broadly, the scope of cover entails:</p> <ul style="list-style-type: none"> • Directors and Officers Liability Coverage • Company Reimbursement Coverage • Securities Claims Coverage • Legal Representation Expenses – Directors and Officers • Legal Representation Expenses – Company Reimbursement | Insuring Clauses |
| 7 | Add-on Cover | <<as per policy schedule>> | Policy schedule |
| 8 | Loss Participation | <<as per policy schedule>> | Policy schedule |
| 9 | Exclusions | <ul style="list-style-type: none"> ➤ Prior Notice ➤ Pending or Prior ➤ U.S.A. Insured v. Insured ➤ Bodily Injury and Property Damage ➤ War and civil war ➤ Dishonesty (Applicable to Insuring Clause 1.A, 1.B, 1.D and 1.E Only) ➤ Contractual Liability (Applicable to Insuring Clause 1.C i.e related Security Claims Coverage Only) ➤ Dishonesty of Organisation (Applicable to Insuring Clause 1.C i.e related Security Claims Coverage Only) | Exclusions |
| 10. | Special Conditions and Warranties (if any) | <<as per policy schedule>> | Policy schedule |

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|---|--|--|------------------------|---------|---|--------|--|-------|-----------------------------|--------|---|--------|----|
| 11. | Admissibility of Claim | <ul style="list-style-type: none">Mention the broad principle of admissibility / denial of claims <p>[Example: Reporting of loss occurrence; Duty of care & loss minimization; Exclusion of Willful Negligence]</p> <ol style="list-style-type: none">Intimation of a claim or any circumstances which may give rise to any claim should be reported immediatelyNo admission, offer, promise or payment of liability without Insurer consent.Provide documents in support of your claimsProvide all such information and assistance to company which is required.Company has right to defend the claim for Insured. <ul style="list-style-type: none">Include a sample claim calculation process for retail productsClaim shall be paid as per following calculation:- <table><tr><th>Head</th><th>Example</th></tr><tr><td>liability as covered under the policy (a)</td><td>100000</td></tr><tr><td>Defense cost (b) (wherever applicable)</td><td>20000</td></tr><tr><td>total loss amount (c = a+b)</td><td>120000</td></tr><tr><td>Deductible (d)10000Net Payable amount (c-d)</td><td>110000</td></tr></table> | Head | Example | liability as covered under the policy (a) | 100000 | Defense cost (b) (wherever applicable) | 20000 | total loss amount (c = a+b) | 120000 | Deductible (d)10000Net Payable amount (c-d) | 110000 | NA |
| Head | Example | | | | | | | | | | | | |
| liability as covered under the policy (a) | 100000 | | | | | | | | | | | | |
| Defense cost (b) (wherever applicable) | 20000 | | | | | | | | | | | | |
| total loss amount (c = a+b) | 120000 | | | | | | | | | | | | |
| Deductible (d)10000Net Payable amount (c-d) | 110000 | | | | | | | | | | | | |
| 12. | Policy Servicing - Claim Intimation and Processing | <ul style="list-style-type: none">Toll free / IVRS number of the Insurer: 120 6234 6234 / 022-6234 6234Website: www.hdfcergo.comEmail : care@hdfcergo.comDetails of designated company officials to be contacted in time of claimLiability Claims Manager – email ID - care@hdfcergo.comTurn Around Time (TAT) for claims settlement <ol style="list-style-type: none">Registration of claim – T +1 daysList of requirements – 7 days from registrationClaim settlement / Denial = T+30 days (T = date of receipt of last documents <ul style="list-style-type: none">Escalation Matrix when TAT is not satisfied Email to – liabilityclaims@hdfcergo.com | NA | | | | | | | | | | |
| 13. | Grievance Redressal and Policyholders Protection | <p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>Our Grievance Redressal Officer</p> <p>If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:</p> <ul style="list-style-type: none">Call Centre - 120 6234 6234 / 022-6234 6234Emails – grievance@hdfcergo.com | | | | | | | | | | | |

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| | | <ul style="list-style-type: none"> Contact Details for Senior Citizens: 022 6242 6226 Email ID: seniorcitizen@hdfcergo.com <p>Designated Grievance Officer in each branch.</p> <ul style="list-style-type: none"> Company Website – www.hdfcergo.com Courier - Any of our Branch office or corporate office <p>You may also approach the Complaint & Grievance (C&G) Redressal Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday. If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at</p> <p>The Complaint & Grievance Redressal Cell, HDFC ERGO General Insurance The Company Ltd. D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</p> <p>In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address</p> <p>To the Chief Grievance Officer HDFC ERGO General Insurance The Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra e-mail: cgo@hdfcergo.com</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in</p> <p>You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:</p> <ul style="list-style-type: none"> Insurance claim that has been rejected or dispute of a claim on legal construction of the policy Delay in settlement of claim Dispute with regard to premium Non-receipt of your insurance document <p>You may also refer Our website www.hdfcergo.com https://www.hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure.</p> | |
| 14. | Obligations of the Policyholder | <ul style="list-style-type: none"> 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 | NA |

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| | | <ul style="list-style-type: none"> Non-disclosure of material information may affect the claim settlement.Disclosure of other material information during the policy period. | |

Declaration by the Policy Holder:

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.