HDFC ERGO General Insurance Company Limited

Customer Information Sheet





CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

| Sr. No | Title | (Please refer | Policy / Clause Number | | | |
|--------|--|---|--|---|-----------------|--|
| 1 | Product Name | HDFC ERGO- | PAWS N CLAWS | | NA | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN146RPC | NA | | | |
| 3 | Structure | Basis of Sum a) Indemnity b) Fixed Bene | Section B. Coverage | | | |
| 4 | Interests Insured | Pet as per po | Pet as per policy schedule | | | |
| 5 | Sum Insured / Motor Insured Declared Value Scope | < <as per="" poli<="" td=""><td>Policy Schedule</td></as> | Policy Schedule | | | |
| | | | r Pet. Various covers offer Section Name | red under this Policy are: Base/ Optional Cover | | |
| | | 1. | Comprehensive (All Risk) Cover | Base | | |
| | Policy | 2. | Customizable Cover (Make your own plan) | Base (Create this by choosing any or all cover's from 2a, 2b, 2c) | Section B. | |
| 6 | Coverage | 2.a. | Injury Cover | | Coverage | |
| | | 2.b. | Illness Cover | | J | |
| | | 2.c. | Surgery Cover | | | |
| | | 3. | Third Party Liability | | | |
| | | 4. | Trip Cancellation | Optional | | |
| | | 5. | Funeral Expense | Optional | | |
| | | 6. | Veterinary Consultation | Optional | | |
| 7 | Add-on Cover | < <as per="" policy="" schedule="">></as> | | | Policy schedule | |
| 8 | Loss Participation | < <as per="" policy="" schedule="">></as> | | | Policy schedule | |

| 9 Exclusions | We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to any of the following unless expressly stated to the contrary in this Policy: i. i. Expenses on routine check-up including vet visit fees, diagnostics or vaccination ii. ii. Out-patient treatments of the Insured Pet (This exclusion shall not apply for Section 1: Comprehensive Cover) iii. iii. Any claims arising from the treatment of a pre-existing disease and it's direct complications are excluded under the Policy iv. iv. Treatment for any Congenital Abnormalities v. v. Costs for cosmetic treatment, elective treatment, routine treatment or preventative treatment recommended by a Vet to prevent an Injury or illness. Treatments including but not limited to vaccination, micro-chipping, spaying, castration, Cryptorchidism (retained testes), grooming, nail clipping, dental scaling, whelping, kittening, bathing, dematting, killing and controlling fleas and worms, spaying to prevent the reoccurrenceof false pregnancy and any claims as a result of these procedures are excluded vi. vi. Treatment undergone purely for cosmetic or psychological reasons to improve appearance. However, this exclusion does not apply where such treatments are medically required as apart of treatment for cancer, Accidents and burns to restore functionality. vii. vii. Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the tempromandibular joint except if the treatment is necessitated due to an Accident. viii. Any claims for diseases for which preventive medicines / vaccines has not been taken ix. In case the regular upkeep of the pet is not maintained in the form of vaccinations, regular check-ups, grooming and routine treatments as necessary, any claims arising due to lack of such care shall be denied. x. Any therecoverage that is not mentioned in the respective Sections, will not be | Section C: General Exclusions |
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problems.

- xvi. Supplements and probiotics, any medical or tracking device, pet accessories. even if prescribed/recommended by a Vet
- xvii. Malicious or wilful injury or neglect or gross negligence to Insured Pet caused by You or Your agent or employees or family members.
- xviii. Any Claim arising from expenses incurred for treatment of Illness or Injury arising out of:
 - a. Racing;
 - b. Coursing;
 - c. Commercial guarding;
 - d. Any occupational, professional or business uses of the Insured Pet
 - Unless specifically covered on payment of additional premium and is specified in your policy schedule.
- xix. Any claim arising from organized fighting involving the Insured Pet
- xx. Any animal classified as dangerous by State or Central Government Authority.
- xxi. The confiscation or destruction of Insured Pet by Government or Public Authorities, or under applicable Indian Laws.
- xxii. Any claim occurring outside the geographical limits of India.
- xxiii. Any claim for cost or fees for procedure/surgery for Unproven/ Experimental treatment.
- xxiv. Any cost incurred on acupuncture or hydrotherapy, stem cell therapy
- xxv. Malignant cancer of any type
- xxvi. Any charge or fees made by Vet to complete a claim form or to provide information to support claim.
- xxvii. In case there is a transfer of ownership of the insured pet
- xxviii. Any cost incurred which is covered/insured under any other insurance policy
- xxix. Treatment for teeth or gums if they're damaged due to tooth decay, dental or gum disease.
- xxxi. Any claim for a pet not identified in the Policy Schedule
- xxxii. Any claim arising from theft or disappearance of the Insured Pet
- xxxiii. The Insured Person breaking any laws, or regulations, including those relating to animal health or importation
- xxxiv. If the Insured Pet is sold or where any financial interest whatsoever is parted with by the Insured Person, whether temporarily or permanently
- xxxv. Any endemic/pandemic disease as declared by the Indian local authorities or state or central government
- xxxvi. Any damage or injury caused to human or to the animal under section 377 of the Indian penal code.
- xxxvii.Any claim arising out of war or any act of war, invasion, act of foreign enemy, hostilities (whether declared or not), war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, chemical or biological weapons.

| | | xxxviii.Any act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, by any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government, committed for political, religious, ideological, or ethnic purposes or other reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear xxxix.Any cost directly or indirectly arising or resulting from, or contributed to or by chemical, biological, biochemical or electromagnetic weapon, device, agent or material, whether controlled or uncontrolled, Accidental or otherwise. xl. Any injuries or illnesses or diseases directly or indirectly caused to the Insured Pet by ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel the radioactive toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. | |
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| 10. | Special Conditions and Warranties (if any) | < <as per="" policy="" schedule="">></as> | Policy schedule |
| 11. | Admissibility of Claim | Following are the key parameters leading to admissibility or denial of claims: 1. Pet(s) is sound and healthy at the time of policy sourcing. Pet(s) are vaccinated for rabies, distemper, hepatitis, adeno virus, leptospirosis, para-influenza, corona and parvovirus. You shall notify the Company in writing (with full particulars) of the knowledge of the specified events within 24hrs for Mortality Benefit & Major Illness and within 72 hrs for all other sections as specified in the Policy. Duly Completed Claim Form 2. Below details of Insured Pet: a. RFID Tagging ID, if available b. Registration Certificate with Local Municipality/ Canine or Kettle Clubs, if available c. Micro Chip Details, if available d. Clinical History (Latest medical reports) 3. Name, Contact Details and address of the attending Vet. 4. Your own Indian bank cancelled cheque copy and bank details. 5. Any other document if required by Us to process the claim. Claims document for Section 1 &2 Medical bills/ Invoice and Medical Report / History, Diagnostic Reports in original. Photos or 30 second video of injury (bites, broken bones or lost limbs as applicable). Detailed circumstances of the Accident and the names of any witnesses. | NA |

| | | Turn around time Intimation: 24hrs for Mortality Benefit & Major Illness and within 72 hours for all other sections as specified in the Policy. Pendency letters- 7 days The settlement will be offered within 7 working days of receipt of all documents & on being satisfied with the admissibility of the claim. Include a sample claim calculation process for retail products. Claim has been registered for fever under OPD section with the Sum Insured of 20000 with the total claim amount of INR 1000. Post scrutinizing the claim documents admissible medical charges are paid with the deduction of co-pay (depending on the plan opted by the customer) Total Bill INR Medicines 200 Consultation charges 500 Dog food 500 Total bill 1000 Payable claim amount 700 Co-pay 20% (ded) 140 Total claim payable 560 | |
|-----|--|--|-----------------------------------|
| 12. | Policy Servicing - Claim Intimation and Processing | Since, it's a reimbursement product the claim amount shall processed in customer's account. Contact us - 022 6158 2020/ 022 6234 6234 Website: www.hdfcergo.com Email: care@hdfcergo.com Customer Escalation Matrix Level 1 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered, then the Customer can write to: The Complaints & Grievance Cell HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: grievance@hdfcergo.com Level 2 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address The Chief Grievance Officer HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: cgo@hdfcergo.com Level 3 Office of The Insurance Ombudsman | Clause E General Conditions |

Turn Around Time (TAT) for reimbursement process. Intimation: 24hrs for Mortality Benefit & Major Illness and within 72 hours for all other sections as specified in the Policy. Pendency letters- 7 days. The settlement will be offered within 7 working days of receipt of all documents & on being satisfied with the admissibility of the claim. Escalation Matrix when TAT is not satisfied. **Customer Escalation Matrix** Level 1 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered, then the Customer can write to: The Complaints & Grievance Cell HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail:grievance@hdfcergo.com Level 2 In case the Complainant has not received a response or is not satisfied with the response / resolution given / offered by the C&G cell, then the Customer can write to the Chief Grievance Officer of the Company at the following address The Chief Grievance Officer HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), \LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra e-mail: cgo@hdfcergo.com Level 3 Office of The Insurance Ombudsman If You have any grievance about any matter relating to the policy, or Our decision on any matter, or Our decision about your claim, you can pursue Your grievance with Our Grievance Redressal Officer You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address: If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through: Contact us - 022 6158 2020/ 022 6234 6234 Emails - grievance@hdfcergo.com Grievance Contact Details for Senior Citizens: 022 6242 6226 | Email ID: Redressal and seniorcitizen@hdfcergo.com Designated Grievance Officer in 13. Policyholders each branch. Protection Company Website – www.hdfcergo.com Courier - Any of our Branch office or corporate office 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 The Complaint & Grievance Redressal Cell, **HDFC ERGO General Insurance Company Limited.** D-301,3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra

| | To the Chief Grievance Officer HDFC ERGO General Insurance Company Limited D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra e-mail: cgo @hdfcergo.com | | |
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| | | Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in 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: 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 You may also refer Our website www.hdfcergo.com "https://www. hdfcergo.com/customer-voice/grievances for detailed grievance redressal procedure. | |
| 14. | Obligations of the Policyholder | 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. | NA |

Declaration by the Policyholder;

| ı | have read | the abov | e and d | confirm l | าลving | noted | the c | details |
|---|-----------|----------|---------|-----------|--------|-------|-------|---------|
| | | | | | | | | |

Place:

Date: (Signature of the Policyholder)

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.