

## **CUSTOMER INFORMATION SHEET**

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

SI No	Title Description		Policy /Clause Number	
1	Name of Insurance Product	Electronic Equipment Insurance Policy		
2	Unique Identification Number allotted by IRDAI	IRDAN144RP0009V01200910		
3	Structure	Basis of Sum/Limit Insured: Indemnity	-	
4	Interests Insured       All Electronic equipment's like Computers, Medical, Biomedical, Micro- processors; Audio/Visual equipment's including the value of Systems Software may be covered under Electronic Equipment Policy.         If the external data media entered in the Schedule inclusive of the information stored thereon, which can be direct processed in EDP systems.			
5	Sum Insured	As opted and specified in policy schedule.		
		As specified in policy schedule.	-	
6	Policy Coverage	<ul> <li>The Policy is divided into three sections - Material Damage (Equipment), External Data Media &amp; Increased cost of working.</li> <li>1. Section I – Material Damage: The policy pays for physical loss or damage caused to the equipment's covered under the policy, necessitating repair or replacement, due to any cause, other than those specifically excluded under the Policy.</li> <li>2. Section II – External Data Media: If the external data media and the information stored in such media, which can be directly processed in EDP systems suffers any material damage due to the peril covered under Section 1 of this Policy, the Company will indemnify the Insured for such loss or damage. This cover is applicable while the insured data media are kept on the Premises. Coverage against</li> </ul>	Page 2 -Scope of Cover	
		<ul> <li>restoration of data under this Section will be granted only if backup system is available.</li> <li>3. Section III – Increased Cost of Working : The Company will indemnify the Insured for all additional costs which the</li> </ul>		



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		Insured incurs to ensure continued data processing on substitute equipment if such costs arise as an unavoidable consequence of an indemnifiable loss or damage to property insured under the Section I of this Policy.	
7	Add on Cover	As specified in policy schedule.	-
8	Loss Participation	As specified in policy schedule.	-
9	Exclusions	The Company will not indemnify the Insured in respect of loss, damage or liability directly caused by or arising out of or aggravated by –	General Exclusions,
		a) War, Invasion, Act of foreign Enemy, Hostilities or War Like operations (whether war be declared or not), Civil War, Rebellion Revolution, Insurrection, Mutiny, Civil Commotion, Confiscation, Commandeering a Group of Malicious persons or persons acting on behalf of or in connection with any political organization, requisition or destruction or damage by order of any government de- jure or defacto or any public, municipal or local authority.	
		b) Nuclear Reaction, Nuclear radiation or radioactive contamination.	
		<ul> <li>c) Willful act or willful negligence of the Insured or his representative.</li> </ul>	
		d) Cessation of work whether total or partial.	
		<ul> <li>e) Cost Incurred/time involved in the movement of machinery and/or any other property and/or personnel outside the territorial limits of India other than the cost of delivery of replacements for machinery lost or damaged.</li> </ul>	
		<ul> <li>f) Derangement of the Insured property not accompanied by damage otherwise covered by this policy.</li> </ul>	
		g) Loss of or damage to the property covered under this policy falling under the terms of the Maintenance Agreement.	
		<ul> <li>h) Loss destruction or damage directly occasioned by pressure wave caused by aircraft and other aerial devices travelling at Sonic or Supersonic speeds.</li> </ul>	
10	Special Conditions and Warranties	As defined in policy schedule	-
11	Admissibility of Claim	Admissibility/Denial:	-
		<ul> <li>Admissibility/Denial of claim depends on the document submitted for the damaged item claimed by the insured in reference to event /peril / term and condition of the policy.</li> </ul>	
		<ul> <li>Surveyor will verify the document and assess the loss as per policy term / condition and coverage mentioned in the policy.</li> </ul>	

SBI General Insurance Company Limited. Registered and Corporate Office: :9th Floor, Wing A& B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099||CIN: U66000MH2009PLC190546 | Unit Total Transmission (Unit Total Content of Conte



		<ul> <li>Submitted Report to the insure investigation report (if any), the acceptable if it falls under spece exclusion/condition mentioned</li> <li>Below mentioned in the sample predescription</li> <li>Gross Loss</li> <li>Less: Betterment factor / any adjustment (if applicable)</li> <li>Less: Depreciation (if applicable)</li> <li>Less: Salvage (if applicable)</li> <li>Less: Franchise / Excess (if applicable)</li> <li>Sub Total</li> <li>Less: Reinstatement premium (if applicable)</li> </ul>	e claim would not be sific warranty or General in the Policy Wordings.	
		Amount Payable The claims settlement will be as pe	- er Terms and Conditions	
10	<u> </u>	applicable under the Policy.		
12	Policy Servicing -	1. Customers will be encouraged Centre.	d to report losses to the Call	
Claim Intimation       Centre.         and Processing       2. Customers may notify a claim using one or communication channels:			using one of the following	
		<ul> <li>Toll Free No:1800 22 111</li> </ul>	1 / 1800 102 1111. (24/7)	
		<ul> <li>Email notification to centra customer.care@sbigenera</li> </ul>		
		<ul> <li>By submitting the informat Template given below at a</li> </ul>	tion in the Claim intimation any SBIGIC Branch	
		<ul> <li>Policy Number</li> </ul>		
		<ul> <li>Date Of loss</li> </ul>		
		<ul> <li>Estimated of los</li> </ul>		
		<ul> <li>Loss Description</li> </ul>		
		• Contact person		
		• Via the website	www.sbigeneral.in	
		3. Turn Around Time (TAT) for c Surveyor is appointed:	laims settlement where	
		Submission of surve	ey report: within 15 days of	



		ar	pointment.		
		<ul> <li>Settlement of claim: Within a period of 7 days from the Intimation of claim or receipt of the final survey report.</li> </ul>			
		Escalation M	Escalation Matrix:		
		Zone	Escalation Level	Email ID	
		All Zone	First Level	<u>customer.care@sbigeneral.</u> in	
		All Zone	Second Level	gro@sbigeneral.in	
13	Grievance Redressal and Policyholders Protection	Grievance Redre Procedure, detai Bharosa Portal is Stage 1 If you are dissat lack of to <u>head.custome</u> We will look into within 14 days fro Stage 2 In case, you a communicated b response within to the Grievance contact Toll free agents and interr Grievance Redre https://content.sk 3f6b714fbbd.pdf/ Stage 3 In case, you a communicated b	essal Policy, wills of GRO, Om is displayed, isfied with the response, <u>rcare@sbigene</u> the matter and om the date of the above of 14 days, you m e Redressal of e number 1800 mediaries 1800 essal and Policy bigeneral.in/upl days, you r en below link:	d decide the same expeditiously receipt of your complaint. ed with the decision/resolution office, or have not received any hay send your Appeal addressed Officer at: <u>gro@sbigeneral.in</u> of 0 102 1111 (Available 24/7) For 0 22 1111 (Available 24/7). yholders Protection <u>oads/0449cac1bcd144bbb160d</u> ed with the decision/resolution office, or have not received any may register your complaint with	

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	Stage 4			
	If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for redressal of your grievance. The details of the Insurance Ombudsman can be accessed at <u>https://www.cioins.co.in/Ombudsman</u>			
Obligations of prospective Policyholder / Customer	<ul> <li>To disclose all material information at time of filing the proposal form.</li> <li>In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately.</li> <li>Non-disclosure of material information about the insured Asset like Addition/Deletion of contents, Addition/Deletion/Change of Hypothecation, Change in Nominee Name, Address or asset details etc. May affect the claim settlement.</li> </ul>	-		

## **Declaration by the Policyholder:**

I have read the above and confirm having noted the details

Place:

Date:

(Signature of the Policyholder)

## Note:

- For product related documents including Customer Information Sheet, kindly refer to the link : <u>https://www.sbigeneral.in/downloads</u>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.