

## COMMERCIAL VEHICLE INSURANCE POLICY - PACKAGE (GOODS CARRYING)

### CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

| Sl. No.                    | Title  | Description<br>(Please refer to applicable policy clause number in next column)   | Policy Clause Number  |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
|----------------------------|--|---|---|--------------------|----------------------------|------------------|-------------------|--------------------|-------------------|---------------------------|---------------------------|--|---|
| 1.                         | Name of Insurance Product                                  | Commercial Vehicle Insurance Policy - Package (Goods Carrying)  |   |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| 2.                         | Unique Identification Number(UIN) allotted by IRDAI        | IRDAN144RP0002V02201112   |   |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| 3.                         | Structure  | Basis of Sum Insured -Indemnity   | 2.Coverage, section 2a  |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| 4.                         | Interests Insured  | Interest insured is Damage to vehicle & Third Party liability   | 2.Coverage  |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| 5.                         | Sum Insured / Motor Insured Declared Value                 | Total IDV of the vehicle insured- XXXXX   | 3.Sum insured – insured’s declared value (idv)  |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| 6.                         | Policy Coverage (What the policy covers?)                  | <div>1. Policy covers the following :Loss or damage to insured vehicle due to Fire, self-ignition, accidental damage, explosion, natural disasters like lightning, earthquake, hurricanes, cyclones, landslides, etc.</div> <div>2. Third party liability in case of injury/death of the person, or any damage caused to the property of the third party1</div> <div>3. Personal accident covers up to Rs 2 lakh for individual owners while driving. Passengers can also get coverage up to Rs 2 lakh per person</div> <div>For complete details on the coverage, limits, exclusions, terms &amp; conditions, refer policy wording on <a href="http://www.sbigeneral.in">www.sbigeneral.in</a></div> | <div>2a. Section i – loss of or damage to the vehicle insured</div> <div>2b.Section ii – liability to third parties</div> <div>2d. Section iii – personal accident cover for owner-driver</div> |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| 7.                         | Add-on Cover   | <table><tr><th>Add On Cover Name</th><th>Sum Insured/Limits</th></tr><tr><td>Depreciation Reimbursement</td><td>Maximum upto IDV</td></tr><tr><td>Return to invoice</td><td>Upto invoice value</td></tr><tr><td>Protection of NCB</td><td>NCB applied on the policy</td></tr><tr><td>Cover for Key Replacement</td><td>upto SI mention in add on wording (maximum upto INR 65000)</td></tr></table>   | Add On Cover Name   | Sum Insured/Limits | Depreciation Reimbursement | Maximum upto IDV | Return to invoice | Upto invoice value | Protection of NCB | NCB applied on the policy | Cover for Key Replacement | upto SI mention in add on wording (maximum upto INR 65000) | 11. Add on covers : Refer the Annexure III (Refer the add ons as opted by you and mention in the policy schedule) |
| Add On Cover Name          | Sum Insured/Limits   |   |   |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| Depreciation Reimbursement | Maximum upto IDV   |   |   |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| Return to invoice          | Upto invoice value   |   |   |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| Protection of NCB          | NCB applied on the policy                                  |   |   |                    |                            |                  |                   |                    |                   |                           |                           |  |   |
| Cover for Key Replacement  | upto SI mention in add on wording (maximum upto INR 65000) |   |   |                    |                            |                  |                   |                    |                   |                           |                           |  |   |

| Sl. No.  | Title  | Description<br>(Please refer to applicable policy clause number in next column)   |                | Policy Clause Number    |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
|--|--|---|----------------|-------------------------|--|---|--|---|-----------------------------------|---|--|-------------------------------|-------------------------------------|-------------------------------|--|-------------------------------|--------------|---|---------------|--|--|--|
|  |  | <table><tr><td>Loss of income</td><td>Benefit per day limit</td></tr><tr><td>Enhanced PA cover for Insured (Owner driver)</td><td>up to amount mention in Policy Schedule</td></tr><tr><td>Enhanced PA Cover for Unnamed Passengers</td><td>up to amount mention in Policy Schedule</td></tr><tr><td>Enhanced PA Cover for Paid Driver</td><td>up to amount mention in Policy Schedule</td></tr><tr><td>Hospital Cash Cover for Insured (Owner Driver)</td><td>daily limit opted by customer</td></tr><tr><td>Hospital Cash Cover for Paid Driver</td><td>daily limit opted by customer</td></tr><tr><td>Hospital Cash cover for Unnamed Passengers</td><td>daily limit opted by customer</td></tr><tr><td>Engine Guard</td><td>Refer Annexure III for complete list of benefits/limits</td></tr><tr><td>EMI Protector</td><td>maximum 2 months EMI or sum insured as mentioned in the schedule</td></tr></table> | Loss of income | Benefit per day limit   | Enhanced PA cover for Insured (Owner driver) | up to amount mention in Policy Schedule | Enhanced PA Cover for Unnamed Passengers | up to amount mention in Policy Schedule | Enhanced PA Cover for Paid Driver | up to amount mention in Policy Schedule | Hospital Cash Cover for Insured (Owner Driver) | daily limit opted by customer | Hospital Cash Cover for Paid Driver | daily limit opted by customer | Hospital Cash cover for Unnamed Passengers | daily limit opted by customer | Engine Guard | Refer Annexure III for complete list of benefits/limits | EMI Protector | maximum 2 months EMI or sum insured as mentioned in the schedule |  |  |
| Loss of income                                 | Benefit per day limit  |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| Enhanced PA cover for Insured (Owner driver)   | up to amount mention in Policy Schedule                          |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| Enhanced PA Cover for Unnamed Passengers       | up to amount mention in Policy Schedule                          |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| Enhanced PA Cover for Paid Driver              | up to amount mention in Policy Schedule                          |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| Hospital Cash Cover for Insured (Owner Driver) | daily limit opted by customer                                    |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| Hospital Cash Cover for Paid Driver            | daily limit opted by customer                                    |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| Hospital Cash cover for Unnamed Passengers     | daily limit opted by customer                                    |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| Engine Guard                                   | Refer Annexure III for complete list of benefits/limits          |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| EMI Protector                                  | maximum 2 months EMI or sum insured as mentioned in the schedule |   |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| 8.   | Loss Participation   | Compulsory deductible is a mandatory deductible that must be paid by you at the time of claim.<br>Compulsory Deductible applicable under this policy is – Rs xxxx   |                | 8. Endorsements, IMT 22 |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| 9.   | Exclusions (what the policy does not cover)                      | The company is not liable with respect to -<br>1. Damage, theft or loss due to incidents related to the war, invasion, foreign enemy acts, mutiny, rebellion, etc.<br>2. Driving without a valid licence<br>3. Driving under the influence of drugs and alcohol<br>4. Electrical/Mechanical Breakdowns<br>For complete details on the exclusions, refer policy wording  |                | 5.General Exceptions    |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| 10.  | Special Conditions and Warranties (if any)                       | Warranted all damages existing prior to inception of risk are excluded from the scope of Policy.  |                |                         |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |
| 11.  | Admissibility of Claim   | Admissibility: Admissibility of claim depends on the document submitted for the damaged vehicle claimed by the insured in reference to event /peril / term and condition of the policy. • Surveyor will verify the document and assess the loss as per policy term / condition and coverage mentioned in the policy. Submitted the Report to the insurer. The claim would not be acceptable if it falls under specific warranty or General exclusion/condition mentioned in the Policy Wordings.  |                | 7. Conditions           |  |   |  |   |                                   |   |  |                               |                                     |                               |  |                               |              |   |               |  |  |  |

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|---------|--|--|----------------------|
|         |  | <p>Denial: Denial of claim can be done by us &amp; policy can be cancelled on the ground of mis- representation, mis-declaration, fraud, non-disclosure of material facts.</p> <p>The sample claim calculation process is mentioned below</p> <p>A Gross Assessed Liability ₹20,000</p> <p>B Less: Depreciation (if applicable) (₹4,000)</p> <p>C Net Assessed Liability (A-B) ₹16,000</p> <p>D Less: Compulsory Deductible (₹2,000)</p> <p>E Net payable amount (C-D) ₹14,000</p>   |                      |
| 12.     | Policy Servicing - Claim Intimation and Processing | <ol style="list-style-type: none"> <li>1. Claim intimation &amp; reaching to our designated officials please contact us at<br/> Email: <a href="mailto:customer.care@sbigeneral.in">customer.care@sbigeneral.in</a><br/> Toll-Free number: 18001021111<br/> Website: <a href="http://www.sbigeneral.in">www.sbigeneral.in</a><br/> Whatsapp: 7669800345<br/> Mobile app:<br/> SMS: 561612</li> <li>2. Procedure to be followed for cashless service <ol style="list-style-type: none"> <li>A. For accidental damage : Contact us as above mention modes</li> <li>B. You will receive a text message with contact details of the surveyor appointed for your claim.</li> <li>C. Document Submission: Surveyor collect all relevant documents from you or documents may be submitted to branch digitally through whatsapp/Mobile app or link shared by us</li> <li>D. Assessment: Loss will be assessed by surveyor as per policy terms and conditions.</li> <li>E. Delivery Order/Vehicle Delivery: On receipt of Pre-Invoice of repaired vehicle delivery order will be provided as per survey report and policy terms and conditions.</li> <li>F. Payment to garage: We will process the claim payment in favour of repairer post receipt of the Final document as per survey report and policy terms and conditions</li> </ol> </li> <li>3. Procedure to be followed for reimbursement service <ol style="list-style-type: none"> <li>A. For accidental damage : Contact us as above mention modes</li> <li>B. You will receive a text message with contact details of the surveyor appointed for your claim</li> <li>C. Document Submission: Surveyor collect all relevant documents from you or documents may be submitted to branch digitally through whatsapp/Mobile app or link shared by us</li> <li>D. Assessment: Loss will be assessed by surveyor as per policy terms and conditions</li> <li>E. Repair invoice submission: You have to submit repair</li> </ol> </li> </ol> |                      |

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|---------|--|--|---------------------------------|
|         |  | <p>invoice to us</p> <p>F. Payment to insured: We will process the claim payment in favour of Insured post receipt of the Final document as per survey report and policy terms and conditions</p> <p>4. Turnaround Time (TAT) for claim settlement</p> <p>A. Time limit for appointment of surveyors - 24 hours from date of intimation of claim</p> <p>B. Submission of survey report - 15 days from the date of appointment of surveyor</p> <p>C. Settlement/rejection of Claim -7 days after receiving last document</p> <p>5. Escalation matrix when TAT is not satisfied</p> <p>For Queries, Service Request and Non -Health claims Registration</p> <p>Call SBI General Insurance on Toll Free – 18001021111</p> <p>Email us at : <a href="mailto:customer.care@sbigeneral.in">customer.care@sbigeneral.in</a></p>   |                                 |
| 13.     | <b>Grievance Redressal and Policy holders Protection</b> | <p>Details of protection of policyholder's interest-The Company has adopted Grievance Redressal Policy, wherein the Grievance Redressal Procedure, details of GRO, Ombudsman details and link to Bima Bharosa Portal is mentioned below.</p> <p>Stage 1</p> <p>To raise the query, you may write to <a href="mailto:head.customercare@sbigeneral.in">head.customercare@sbigeneral.in</a></p> <p>Toll Free - 1800 102 1111 Customer Care Toll-free number is available 24/7</p> <p>Stage 2</p> <p>If you are not satisfied with the decision communicated by the above office, or have not received any response within 14 days, send your appeal at : <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a>. or contact at: 022-42412070</p> <p>Address: Grievance Redressal Officer, 9th Floor, A &amp; B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099</p> <p>List of Grievance Redressal Officers at Branch:<br/><a href="https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf">https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf</a></p> <p>Stage 3</p> <p>In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link<br/><a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p>Stage 4</p> <p>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</p> | 10. Grievance Redressal Process |

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|---------|--|---|----------------------|
|         |  | <p>Ombudsman can be accessed at <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a>.</p> <p>If Your issue remains unresolved You may approach IRDAI by calling on the Toll-Free no. 155255</p> <p>List of Ombudsman offices with contact details are attached as an Annexure-1. For updated status, please refer to website <a href="http://www.irdaindia.gov.in">www.irdaindia.gov.in</a></p>  |                      |
| 14.     | <b>Obligations of prospective Policyholder /Customer</b> | <p>The Policy shall be void and all premium paid hereon shall be forfeited to the Insurer, in the event of misrepresentation, misdescription or non disclosure of any material fact by the policyholder pertaining to the proposal form, written declarations or any other communication exchanged for the sake of obtaining the insurance policy by the Insured.</p> <p>Disclosure of other material information during the policy period:</p> <ol style="list-style-type: none"> <li>1. Change in insured name</li> <li>2. Change in the vehicle details i.e make, model, cc, extra fitments, engine &amp; chassis no, class of vehicle. In fact all (In fact, all relevant details are in the RC book/card and a copy of same may be handed over) Tax paid details; Certificate of fitness, license validity etc.</li> <li>3. Previous policy details (ie. Disclosure of NCB, previous claim details)</li> </ol> |                      |

Declaration by the Policy Holder: 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 below link: <https://www.sbigeneral.in/downloads>

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