

## BURGLARY INSURANCE POLICY

### CUSTOMER INFORMATION SHEET

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

| Sl. No. | Title  | Description   | Policy Clause Number |
|---------|--|---|----------------------|
| 1.      | Name of Insurance Product/ Policy              | Burglary Insurance Policy   |                      |
| 2.      | Unique Identification Number allotted by IRDAI | IRDAN144RP0001V01201011   |                      |
| 3.      | Structure                                      | Indemnity   |                      |
| 4.      | Interests Insured                              | Property Insured means contents, specified Items, stock.  |                      |
| 5.      | Sum Insured                                    | The amount stated in the Schedule by any Cover, which shall be the Company's maximum liability under this Policy.   |                      |
| 6.      | Policy Coverage                                | <p><b>Coverages available:</b></p> <p>Contents mean the items belonging to the Insured or for which the Insured is legally responsible, or have assumed a responsibility to insure, described below:</p> <ol style="list-style-type: none"> <li>furniture, furnishings, carpets, curtains and the like</li> <li>machinery and plant, tools, instruments and utensils of trade, unaffixed or portable equipment, office equipment, safes, strong rooms;</li> <li>computers, all equipment connected to and operating from Computers, and all disks, tapes, cards or other materials used for storing data;</li> <li>advertising material and display equipment;</li> <li>where the Insured is a tenant of leased or rented premises: (a) landlord's fixtures and fittings for which the Insured is liable under the terms of a lease or similar agreement; (b) fixtures and fittings, or materials and supplies intended for use in the construction of fixtures and fittings, installed or to be installed for the Insured's own use</li> </ol> |                      |
| 7.      | Add-on Cover                                   | <p>Add-ons available for this policy are:</p> <ol style="list-style-type: none"> <li>Injury During Burglary and/or Housebreaking</li> <li>Clothing and Personal Effects</li> <li>Damage to Safe and/or Strongroom</li> <li>Money</li> </ol>   |                      |

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| 8.      | <b>Loss Participation</b> | Deductibles applicable for each peril or add-on or sections of a package  |                      |
| 9.      | <b>Exclusions</b>         | <p>This Policy does not cover the following unless specially mentioned in the Schedule and expressly insured by the Policy</p> <ul style="list-style-type: none"> <li>a) Loss or damage by fire or explosion however caused</li> <li>b) Loss or damage where any inmate or member of the Insured's household or of his business staff or any other person lawfully in the premises is concerned in the actual theft of or damage to any of the articles or premises or where such loss or damage has been expedited or in any way assisted or brought about by any such person or persons.</li> <li>c) Loss or damage caused by wear and tear or gradual deterioration.</li> <li>d) Loss or damage occasioned by loot, sack, spillage or pilferage.</li> <li>e) Unexplained losses, shortages due to error or omissions, losses discovered when making an inventory or a periodic stock taking or loss resulting from the Insured's voluntarily parting with title or possession of any property or induced to do so by deception.</li> <li>f) Loss or damage to property from yards, gardens, open spaces unless the property contained within such spaces is specifically insured by the Policy.</li> <li>g) Consequential loss or damage or legal liability of any kind.</li> <li>h) Loss or damage which either in origin or extent or directly or indirectly proximately or remotely, occasioned by or contributed to by or which either in origin or extent directly or indirectly, proximately or remotely, arise out of or in connection with earthquake, volcanic eruption, typhoon hurricane, tornado, cyclone, or other convulsion of nature or atmosphere disturbance, or war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot &amp; strike, civil commotion, insurrection, rebellion, revolution, conspiracy, military naval or usurped power, martial law or state of siege or any of the events or cause which determine the proclamation or maintenance of martial law or state of siege.</li> <li>i) Damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.</li> <li>j) Loss or damage directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from</li> </ul> |                      |

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|         |   | <p>any nuclear waste or from the combustion of nuclear fuel nor any consequential loss and for the purpose of this exception combustion shall include any self-sustaining process of nuclear fission directly or indirectly caused by or contribution to by or arising from nuclear weapons material.</p> <p>k) Permanent or temporary dispossession resulting from confiscation, commandeering or requisition by any lawfully constituted authority.</p> <p>l) For the amount of the Excess specified in the Schedule ascertained after the application of all other terms and conditions of this Policy including any condition of average (under-insurance)</p> <p>m) This Policy shall cease to attach:-</p> <ol style="list-style-type: none"> <li>1. If the premises shall have been left uninhabited by day and night for seven or more consecutive days and nights while the premises shall have been left uninhabited.</li> <li>2. If the Insured shall cause or suffer any material alteration to be made in the premises or anything to be done whereby the risk is increased; change or relax any of the safeguards for securing the premises.</li> <li>3. To any property insured which shall be removed from the premises in which it is herein stated to be safe so far as is expressly provided for in the Policy or these conditions.</li> <li>4. To any property the interest of the Insured which shall pass from the Insured otherwise than by will or operation of law; unless in every case the consent of the Company to the continuance of the insurance thereon is obtained and signified by a memorandum made on the Policy by or on behalf of the Company.</li> </ol> |                      |
| 10.     | <b>Special conditions and warranties (if any)</b> | <p>Warranties:</p> <ol style="list-style-type: none"> <li>1. Book-Keeping Warranty</li> <li>2. Adequate Protection</li> <li>3. Damage Entry Warranty</li> </ol>  |                      |
| 11.     | <b>Admissibility of Claim</b>                     | <p><b>Admissibility/Denial:</b></p> <p>Admissibility/Denial of claim Depends on the document submitted for the damaged item claimed by the You in reference to event /peril and terms and conditions of the policy.</p> <ul style="list-style-type: none"> <li>• Surveyor will verify the document and assess the loss as per policy term / condition and coverage mentioned in the policy.</li> <li>• Submit the Report to the Us</li> <li>• It also depends on investigation report (if any)</li> <li>• The claim would not be acceptable if it falls under specific warranty or General exclusion/condition mentioned in the Policy Wordings.</li> </ul>  |                      |

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|--|---|--|----------------------|------------------|------------|----------|--|-----------------------------|------------------------------------|--------------|-------------------------------|----|---------------------------------------|----|--|----|-----------|----|---|----|----------------|----|--|
|  |   | <p>Below mentioned in the sample process on claim calculation</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Gross Loss</td> <td>Xx</td> </tr> <tr> <td>Less: Betterment factor / any adjustment (if applicable)</td> <td>Xx</td> </tr> <tr> <td>Less: Depreciation (if applicable)</td> <td>Xx</td> </tr> <tr> <td>Less: Salvage (if applicable)</td> <td>Xx</td> </tr> <tr> <td>Less: Under Insurance (if applicable)</td> <td>Xx</td> </tr> <tr> <td>Less: Franchise / Excess (if applicable)</td> <td>Xx</td> </tr> <tr> <td>Sub Total</td> <td>Xx</td> </tr> <tr> <td>Less: Reinstatement premium (if applicable)</td> <td>Xx</td> </tr> <tr> <td>Amount Payable</td> <td>Xx</td> </tr> </tbody> </table> <p>*The claims settlement will be as per Terms and Conditions applicable under the Policy.</p>  | Description          | Amount           | Gross Loss | Xx       | Less: Betterment factor / any adjustment (if applicable) | Xx                          | Less: Depreciation (if applicable) | Xx           | Less: Salvage (if applicable) | Xx | Less: Under Insurance (if applicable) | Xx | Less: Franchise / Excess (if applicable) | Xx | Sub Total | Xx | Less: Reinstatement premium (if applicable) | Xx | Amount Payable | Xx |  |
| Description  | Amount  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Gross Loss   | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Less: Betterment factor / any adjustment (if applicable) | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Less: Depreciation (if applicable)                       | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Less: Salvage (if applicable)                            | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Less: Under Insurance (if applicable)                    | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Less: Franchise / Excess (if applicable)                 | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Sub Total  | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Less: Reinstatement premium (if applicable)              | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Amount Payable   | Xx  |  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| 12.  | <b>Policy Servicing - Claim Intimation and Processing</b> | <p>For Policy/Claims Servicing, reach out to us at:</p> <ol style="list-style-type: none"> <li>Toll Free No:1800 22 1111 / 1800 102 1111.</li> <li>Email Id: customer.care@sbigeneral.in</li> <li>Reimbursement Process as mentioned below <ul style="list-style-type: none"> <li>Once the claim is registered to SBIG.</li> <li>Claim SPOC will get in touch with You for a surveyor appointment.</li> <li>Survey of the damaged property will be done physically / virtually.</li> <li>Documents list will be shared by surveyor /investigator /insurance company.</li> <li>Submission of Documents to surveyor/ investigator/ insurance company.</li> <li>The surveyor will submit his report to insurance company.</li> <li>Offer for Settlement.</li> <li>Claim remittance.</li> </ul> </li> <li>Turn Around Time (TAT) for Claim Settlement: The Company will settle the claim within a period of 7 days from the receipt of the final survey report, as the case may be.<br/>Where the Company has failed to receive the report of surveyor within the stipulated time (15 days from allocation), in such case, the claim shall be settled within 22 days in compliance with section 64UM of Insurance Act, 1938.<br/>(This timeline is not applicable for policies issued on (building/property) on reinstatement basis)</li> <li>Refer below to the Escalation Matrix when TAT is not satisfied:</li> </ol> <table border="1"> <thead> <tr> <th>Zone</th> <th>Escalation Level</th> <th>Email ID</th> </tr> </thead> <tbody> <tr> <td>All Zone</td> <td>First Level</td> <td>customer.care@sbigeneral.in</td> </tr> <tr> <td>All Zone</td> <td>Second Level</td> <td>gro@sbigeneral.in</td> </tr> </tbody> </table> | Zone                 | Escalation Level | Email ID   | All Zone | First Level  | customer.care@sbigeneral.in | All Zone                           | Second Level | gro@sbigeneral.in             |    |                                       |    |  |    |           |    |   |    |                |    |  |
| Zone   | Escalation Level  | Email ID   |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| All Zone   | First Level   | customer.care@sbigeneral.in  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |
| All Zone   | Second Level  | gro@sbigeneral.in  |                      |                  |            |          |  |                             |                                    |              |                               |    |                                       |    |  |    |           |    |   |    |                |    |  |

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| 13.     | <b>Grievance Redressal and Policy-holders Protection</b>  | <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><b>Stage 1: Bima Bharosa</b></p> <p>You can register your grievances with the regulator using the following link: <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p><b>Stage 2: Head – Customer Care</b></p> <p>Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.</p> <p>Email: <a href="mailto:head.customercare@sbigeneral.in">head.customercare@sbigeneral.in</a><br/>Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>Stage 3: Grievance Redressal Officer (GRO)</b></p> <p>In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk</p> <p>Email: <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a><br/>Designation: Grievance Redressal Officer<br/>Phone: 022-45138021</p> <p>Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p><b>Stage 4: Escalation to Insurance Ombudsman</b></p> <p>If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.</p> <p>Submit your Grievance online:<br/><a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> |                      |
| 14.     | <b>Obligations of prospective Policyholder / Customer</b> | <p>To disclose all material information at time of filling the proposal form.</p> <p>In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately.</p> <p>Non-disclosure of material information (about the insured Asset like....) may affect the claim settlement.</p> <p>The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.</p>  |                      |

Declaration by the Policy Holder: I have read the above and confirm having noted the details.

Place: .....

Date: ...../...../.....

Signature of the Policyholder

Note:

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