

EVENT CANCELLATION INSURANCE POLICY

CUSTOMER INFORMATION SHEET

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

Sl. No.	Title	Description		Policy Clause Number
1.	Product Name	Event Cancellation Insurance Policy		
2.	Unique Identification Number (UIN) allotted by IRDAI	IRDAN144RP0002V01201213		
3.	Structure	Basis of Sum/Limit Insured: Indemnity		1.Section I,II
4.	Interests Insured	Section I: Cancellation and Abandonment Section II: Legal Liability (Third Party Property Damage and Bodily Injury) –Optional		1.Section I,II
5.	Sum Insured	Coverage opted	Sum Insured (Rs)	1.Section I,II
		Section I – Cancellation and Abandonment		
		Section II – Legal Liability (Third party property damage and bodily injury)		
6.	Policy Coverage	We cover physical loss or damage, or destruction caused to the Insured Property by: 1. Cancellation and Abandonment: Coverage against net financial Loss incurred on cancellation, Abandoned, Postponed, Interrupted, Curtailed or Relocated, of any Insured Event(s) is the sole and direct cause not otherwise excluded which occurs during the period of insurance and is beyond the control of both the Assured and the Participant therein. a) This Section also indemnifies the Assured for proven additional costs or charges reasonably and necessarily paid by the Assured to avoid or diminish a loss payable hereunder, provided such additional costs or charges do not exceed the amount of loss thereby avoided or diminished.		1.Section I,II

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		<p>2. Legal Liability (optional):</p> <ul style="list-style-type: none"> a) This Section indemnifies the amount which Assured shall become legally liable to pay as compensation in respect of claims made against him for Third Party bodily injury or damage to Property arising out of accidents occurring during the Period of Insurance . b) Defense Costs incurred by Assured in any civil proceedings alleging breach of an employer's statutory duty resulting in bodily injury which may lead to a claim covered under this Section. c) Defense Costs incurred by Assured with prior written consent to defend criminal action against him for any breach of statute or regulation directly relating to any actual or potential claim covered under this section 	
7.	Add-on Cover	Not applicable	-
8.	Loss Participation	Deductible will be as advised by reinsurers.	2. Deductible
9.	Exclusions	<p>The company is not liable when:</p> <ol style="list-style-type: none"> 1. Non-appearance of any person or group(s) of persons. 2. The Assured's lack of care, diligence or prudent behaviour, the result of which would increase the risk, and/or likelihood of a loss, hereunder. 3. Any contractual dispute or breach by the Assured or any Participant 4. Alterations or variance of Insured Event (s) without the prior written approval of the Insurers. 5. Expenses and Gross Revenue which have not been declared to and agreed by the Insurers. 6. Any reduction in attendance that is not specifically attributable to the necessary Cancellation, Abandonment, Postponement, Interruption, Curtailment or Relocation of the Insured Event(s). 7. Any fraud, misrepresentation or concealment by the Assured. 8. Actual or threatened war, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power. 9. Civil commotion assuming the proportions of or amounting to a popular uprising, riot, martial law or the 	7. Exclusions

Sl. No.	Title	Description	Policy Clause Number								
		<p>act of any lawfully constituted authority in the furtherance of maintaining public order.</p> <p>10. Seizure or destruction under quarantine or customs regulations, confiscation, nationalisation or requisition or destruction of or damage to property, by or under the order of any government or public or local authority, or the handling of contraband or the engaging in illicit trade or transportation.</p>									
10.	Special Conditions and Warranties (if any)	<p>For complete details, refer Policy Wordings</p> <ol style="list-style-type: none"> 1. xxx 2. xxx 3. xxx 	6. General Conditions								
11.	Admissibility of Claim	<p>Admissibility/Denial:</p> <ul style="list-style-type: none"> • Admissibility/Denial of claim shall depend on the nature of incident and its coverage under the policy and the policy terms, conditions and exclusions. • Based on the nature of the incident, a surveyor, investigator or legal counsel may be appointed. • The appointed vendor shall survey and collect necessary documents and submit their findings to the insurer. • The insurer, after suitable examination of documents, shall convey their decision to the insured. <p>The claim would not be acceptable if it falls under specific warranty or General exclusion/condition mentioned in the Policy Wordings</p> <p>The Claim will be settled as per below working: -</p> <table border="1" data-bbox="384 1487 1282 1719"> <thead> <tr> <th data-bbox="384 1487 1011 1550">Description</th><th data-bbox="1011 1487 1282 1550">Amount</th></tr> </thead> <tbody> <tr> <td data-bbox="384 1550 1011 1603">Gross assessed Loss</td><td data-bbox="1011 1550 1282 1603"></td></tr> <tr> <td data-bbox="384 1603 1011 1657">Less Policy Deductible</td><td data-bbox="1011 1603 1282 1657"></td></tr> <tr> <td data-bbox="384 1657 1011 1719">Amount Payable</td><td data-bbox="1011 1657 1282 1719"></td></tr> </tbody> </table>	Description	Amount	Gross assessed Loss		Less Policy Deductible		Amount Payable		4. Condition Precedent
Description	Amount										
Gross assessed Loss											
Less Policy Deductible											
Amount Payable											
12.	Policy Servicing - Claim Intimation and Processing	<p>For Policy/Claims Servicing, reach out to us at:</p> <ol style="list-style-type: none"> 1. Toll Free No:1800 22 1111 / 1800 102 1111. 2. Email Id: customer.care@sbigeneral.in 3. Via the website www.sbigeneral.in 4. By submitting the information in the Claim intimation Template given below at any SBIG Branch. <ul style="list-style-type: none"> • Policy Number 	7. Claim procedure								

Sl. No.	Title	Description	Policy Clause Number								
		<ul style="list-style-type: none"> • Date Of loss • Estimate of loss • Loss Description • Contact person <p>5. Reimbursement Process as mentioned below</p> <ul style="list-style-type: none"> • Once the claim is registered to SBIG. • Claim SPOC will get in touch with You for a surveyor appointment. • Survey of the damaged property will be done physically / virtually. • Documents list will be shared by surveyor /investigator /insurance company. • Submission of Documents shall be done by insured to surveyor/ investigator/ insurance company. • The surveyor shall submit his report to insurance company. • Offer for Settlement shall be made to insured • Upon acceptance of offer of settlement by the insured, claim amount shall be remitted. <p>6. Turn Around Time (TAT) for Claim Settlement: 7 days from the date of receipt of all necessary documents required for assessing the claim.</p> <p>7. Refer below to the Escalation Matrix when TAT is not satisfied:</p> <table border="1" data-bbox="384 1341 1277 1573"> <thead> <tr> <th data-bbox="384 1341 661 1394">Escalation Level</th><th data-bbox="661 1341 1277 1394">Email ID</th></tr> </thead> <tbody> <tr> <td data-bbox="384 1394 661 1448">First Level</td><td data-bbox="661 1394 1277 1448">specialityclaims@sbigeneral.in</td></tr> <tr> <td data-bbox="384 1448 661 1501">Second Level</td><td data-bbox="661 1448 1277 1501">customer.care@sbigeneral.in</td></tr> <tr> <td data-bbox="384 1501 661 1573">Third Level</td><td data-bbox="661 1501 1277 1573">gro@sbigeneral.in</td></tr> </tbody> </table>	Escalation Level	Email ID	First Level	specialityclaims@sbigeneral.in	Second Level	customer.care@sbigeneral.in	Third Level	gro@sbigeneral.in	
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Third Level	gro@sbigeneral.in										
13.	Grievance Redressal and Policy-holders 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>Stage 1: Bima Bharosa</p> <p>You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 2: Head – Customer Care</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</p>	<p>8. Grievance Redressal</p> <p>Clause 29</p>								

Sl. No.	Title	Description	Policy Clause Number
		<p>resolve the Grievance. Email: head.customercare@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>Stage 3: Grievance Redressal Officer (GRO) 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 Email: gro@sbigeneral.in Designation: Grievance Redressal Officer Phone: 022-45138021 Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p>Stage 4: Escalation to Insurance Ombudsman 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. Submit your Grievance online: https://www.cioins.co.in/Ombudsman</p>	
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> To disclose all material information at time of filing 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 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. 	6.General Conditions

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 : <https://www.sbigeneral.in/downloads>
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.