

## MACHINERY BREAKDOWN INSURANCE (MB)

### 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.          | <b>Product Name</b>  | <b>Machinery Breakdown Insurance (MB)</b>   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 2.          | <b>Unique Identification Number(UIN) allotted by IRDAI</b> | IRDAN144RP0004V01201011   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 3.          | <b>Structure</b>   | Basis of Sum Insured: Indemnity   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 4.          | <b>Interests Insured</b>                                   | 1. All claims arising out of all accidents for any number of Employees during the Period of Insurance.  |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 5.          | <b>Sum Insured</b>   | Limits insured: <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="text-align: center;">Particulars</th> <th style="text-align: center;">Limit of Indemnity (INR)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>   | Particulars             | Limit of Indemnity (INR) |                          |    |  |  | Reference Schedule |  |  |    |  |  |                    |
| Particulars | Limit of Indemnity (INR)                                   |   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
|             |  |   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
|             |  |   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 6.          | <b>Policy Coverage</b>                                     | <ul style="list-style-type: none"> <li>Injury sustained to employees of an organization by any accident arising out of and in the course of their employment in the Business, for which the Insured is liable to pay compensation under any Law(s) specified in the Schedule, then the Company shall indemnify the Insured up to the Limit of Indemnity against all sums for which the Insured shall be so liable.</li> <li>Including costs and expenses for defending any such claim incurred with the Company's consent.</li> </ul> | Reference-Base Coverage |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 7.          | <b>Add-on Cover</b>  | <table border="1" style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="text-align: center;">Sr. No</th> <th style="text-align: center;">Particulars</th> <th style="text-align: center;">Limit of Indemnity (INR)</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1.</td><td> </td><td> </td></tr> <tr><td style="text-align: center;">2.</td><td> </td><td> </td></tr> <tr><td style="text-align: center;">3.</td><td> </td><td> </td></tr> </tbody> </table>  | Sr. No                  | Particulars              | Limit of Indemnity (INR) | 1. |  |  | 2.                 |  |  | 3. |  |  | Reference Schedule |
| Sr. No      | Particulars  | Limit of Indemnity (INR)  |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 1.          |  |   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 2.          |  |   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 3.          |  |   |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 8.          | <b>Loss Participation</b>                                  | Not applicable  |                         |                          |                          |    |  |  |                    |  |  |    |  |  |                    |
| 9.          | <b>Exclusions</b>  | The company is not liable with respect to - <ol style="list-style-type: none"> <li>1. For Occupational Diseases contracted by an Employee</li> <li>2. For interest and/or penalty imposed on the Insured under</li> </ol>   | Reference-Exclusions    |                          |                          |    |  |  |                    |  |  |    |  |  |                    |

| Sl. No.                 | Title   | Description  | Policy Clause Number   |             |       |     |                    |   |                     |      |                         |   |                        |
|-------------------------|---|--|------------------------|-------------|-------|-----|--------------------|---|---------------------|------|-------------------------|---|------------------------|
|                         |   | <p>any law or otherwise.</p> <p>3. Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee</p> <p>4. For persons employed in the Business under a Contractor or Sub-Contractor of the Insured unless specifically covered in the Schedule</p> <p>5. For Injury sustained by person whilst in the employ of the Insured otherwise than in the Business and/or who has is not declared for insurance under this Policy.</p> <p>6. Assumed by agreement which would not have attached in the absence of such agreement</p> <p>7. For any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party.</p> <p>8. For any accident occurring whilst the Employee is under the influence of intoxicating liquor or drugs.</p> <p>9. For any incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental Injury.</p> <p>Kindly refer policy wordings for complete list of exclusions.</p>   |                        |             |       |     |                    |   |                     |      |                         |   |                        |
| 10.                     | Special Conditions and warranties (if any)  | <p>1. xxx</p> <p>2. Xx</p> <p>3. Xxx</p>   | Reference – conditions |             |       |     |                    |   |                     |      |                         |   |                        |
| 11.                     | Admissibility of Claim  | <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> <p>Below mentioned in the sample process on claim calculation</p> <table border="1"> <thead> <tr> <th>Description</th> <th>Amount (Rs)</th> </tr> </thead> <tbody> <tr> <td>DEATH</td> <td>50%</td> </tr> <tr> <td>Age Factor<br/>Wage</td> <td>As per WC ACT<br/>(MAX 15000 or Actual Wage Or SI opted by Employer - Which ever lower</td> </tr> <tr> <td>Loss of earning cap</td> <td>100%</td> </tr> <tr> <td>A:- Compensation Amount</td> <td>(Wages X WC Age factor X Loss Of Earning X 50%)</td> </tr> </tbody> </table> | Description            | Amount (Rs) | DEATH | 50% | Age Factor<br>Wage | As per WC ACT<br>(MAX 15000 or Actual Wage Or SI opted by Employer - Which ever lower | Loss of earning cap | 100% | A:- Compensation Amount | (Wages X WC Age factor X Loss Of Earning X 50%) | Reference – conditions |
| Description             | Amount (Rs)   |  |                        |             |       |     |                    |   |                     |      |                         |   |                        |
| DEATH                   | 50%   |  |                        |             |       |     |                    |   |                     |      |                         |   |                        |
| Age Factor<br>Wage      | As per WC ACT<br>(MAX 15000 or Actual Wage Or SI opted by Employer - Which ever lower |  |                        |             |       |     |                    |   |                     |      |                         |   |                        |
| Loss of earning cap     | 100%  |  |                        |             |       |     |                    |   |                     |      |                         |   |                        |
| A:- Compensation Amount | (Wages X WC Age factor X Loss Of Earning X 50%)                                       |  |                        |             |       |     |                    |   |                     |      |                         |   |                        |

| Sl. No.  | Title   | Description   | Policy Clause Number                             |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
|--|---|---|--|------------------|---------------|-----------------|-------------|-----------------------------|-----------------------------|--------------|-------------------|------------------------|------|---|---------------------|---------------|-------------------------|---|--|--|---------------|-----------------|----------|
|  |   | <table border="1"> <tr> <td>B:- Add the Add on Cover, as opted in the policy</td> <td></td> </tr> <tr> <td>Claim Payable</td> <td>Addition of A+B</td> </tr> </table><br><table border="1"> <thead> <tr> <th>Description</th> <th>Amount (Rs)</th> </tr> </thead> <tbody> <tr> <td>PERMANENT TOTAL DISABLEMENT</td> <td>60%</td> </tr> <tr> <td>Age Factor</td> <td>As per WC ACT</td> </tr> <tr> <td>Wage</td> <td>(MAX 15000 or Actual Wage Or SI opted by Employer) - Which ever lower</td> </tr> <tr> <td>Loss of earning cap</td> <td>As per WC ACT</td> </tr> <tr> <td>A:- Compensation Amount</td> <td>(Wages X WC Age factor X Loss Of Earning X 60%)</td> </tr> <tr> <td>B:- Add the Add on Cover, as opted in the policy</td> <td></td> </tr> <tr> <td>Claim Payable</td> <td>Addition of A+B</td> </tr> </tbody> </table>  | B:- Add the Add on Cover, as opted in the policy |                  | Claim Payable | Addition of A+B | Description | Amount (Rs)                 | PERMANENT TOTAL DISABLEMENT | 60%          | Age Factor        | As per WC ACT          | Wage | (MAX 15000 or Actual Wage Or SI opted by Employer) - Which ever lower | Loss of earning cap | As per WC ACT | A:- Compensation Amount | (Wages X WC Age factor X Loss Of Earning X 60%) | B:- Add the Add on Cover, as opted in the policy |  | Claim Payable | Addition of A+B | Clause D |
| B:- Add the Add on Cover, as opted in the policy |   |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| Claim Payable                                    | Addition of A+B   |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| Description                                      | Amount (Rs)   |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| PERMANENT TOTAL DISABLEMENT                      | 60%   |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| Age Factor                                       | As per WC ACT   |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| Wage   | (MAX 15000 or Actual Wage Or SI opted by Employer) - Which ever lower |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| Loss of earning cap                              | As per WC ACT   |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| A:- Compensation Amount                          | (Wages X WC Age factor X Loss Of Earning X 60%)                       |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| B:- Add the Add on Cover, as opted in the policy |   |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| Claim Payable                                    | Addition of A+B   |   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| 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>1. Toll Free No:1800 22 1111 / 1800 102 1111.</li> <li>2. Email Id: customer.care@sbigeneral.in</li> <li>3. 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>4. 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>5. 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 | Reference – conditions |      |   |                     |               |                         |   |  |  |               |                 |          |
| Zone   | Escalation Level  | Email ID  |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| All Zone   | First Level   | customer.care@sbigeneral.in   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |
| All Zone   | Second Level  | gro@sbigeneral.in   |  |                  |               |                 |             |                             |                             |              |                   |                        |      |   |                     |               |                         |   |  |  |               |                 |          |

| Sl. No. | Title  | Description   | Policy Clause Number   |
|---------|--|---|------------------------|
| 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><br/>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><br/>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.<br/>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><br/>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<br/>Email: <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a><br/>Designation: Grievance Redressal Officer<br/>Phone: 022-45138021<br/>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><br/>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.<br/>Submit your Grievance online:<br/><a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> | Reference – conditions |
| 14.     | <b>Obligations of the Policyholder</b>                   | <ul style="list-style-type: none"> <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>  | Reference – conditions |

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