

## PORTABLE ELECTRONIC EQUIPMENT 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	<b>Portable Electronic Equipment Insurance Policy</b>																																															
2.	Unique Identification Number (UIN) allotted by IRDAI	IRDAN144RP0001V01201112																																															
3.	Structure	Basis of Sum/Limit Insured: Indemnity							Point no 2,3,4																																								
4.	Interests Insured	Repair, replacement or payment in respect of physical loss or damage to Insured portable electronic equipment.							Point no 2,3,4																																								
5.	Sum Insured	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Sr. No.</th><th style="width: 10%;">Quantity</th><th style="width: 15%;">Description of Insured Property</th><th style="width: 15%;">Make, Model &amp; Year of make</th><th style="width: 10%;">Model</th><th style="width: 15%;">Year of Manufacture</th><th style="width: 15%;">Insured Property Identification Number</th><th style="width: 10%;">Sum Insured</th></tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2"></td><td colspan="5">TOTAL SUM INSURED</td><td>INR</td></tr> </tbody> </table>							Sr. No.	Quantity	Description of Insured Property	Make, Model & Year of make	Model	Year of Manufacture	Insured Property Identification Number	Sum Insured																											TOTAL SUM INSURED					INR	Point no 2,3,4
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6.	Policy Coverage	Policy indemnifies the insured by way of repair, replacement or payment in respect of physical loss or damage to Insured property from any cause other than those specifically excluded under this agreement for agreed sum insured.  1. Policy pays expenses necessarily incurred to restore the damaged property to its former state of serviceability plus the cost of dismantling and re-erection incurred for the purpose of effecting the repairs as well as ordinary freight to and from a repair shop, customs duties and dues if any,							Point no 2,3,4																																								

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		<p>to the extent such expenses have been included in the sum insured.</p> <ol style="list-style-type: none"> <li data-bbox="393 287 1251 467">2. In cases where an insured property is destroyed, the Company will pay the actual value of the property immediately before the occurrence of the loss, including costs for ordinary freight, erection and customs duties if any,</li> <li data-bbox="393 467 1251 646">3. In cases of total loss , all costs necessary to replace lost or damaged insured property with a follow-up model (similar type) of similar structure/configuration (of similar quality) i.e. low, average or high capacity will be reimbursed.</li> </ol>									
7.	Add-on Cover	No add-ons available for this product	-								
8.	Loss Participation	<p>a) For equipment's with value up to ₹1 lakh –</p> <table border="1" data-bbox="339 855 1240 1140"> <tr> <td data-bbox="339 855 901 990">i) Equipment's other than Winchester Drives and / or Hard Disc Drives</td><td data-bbox="901 855 1240 990">5 % of claim amount subject to a minimum of ₹1,000/-</td></tr> <tr> <td data-bbox="339 990 901 1140">ii) Winchester Drives and / or Hard Disc Drives</td><td data-bbox="901 990 1240 1140">10 % of claim amount subject to a minimum of ₹2,500/-</td></tr> </table> <p>b) For equipment's with value more than ₹1 lakh —</p> <table border="1" data-bbox="339 1221 1240 1500"> <tr> <td data-bbox="339 1221 901 1356">i) Equipment's other than Winchester Drives and / or Hard Disc Drives</td><td data-bbox="901 1221 1240 1356">5 % of claim amount subject to a minimum of ₹2, 00/-</td></tr> <tr> <td data-bbox="339 1356 901 1500">ii) Winchester Drives and / or Hard Disc Drives</td><td data-bbox="901 1356 1240 1500">25 % of claim amount subject to a minimum of ₹10,000/-</td></tr> </table>	i) Equipment's other than Winchester Drives and / or Hard Disc Drives	5 % of claim amount subject to a minimum of ₹1,000/-	ii) Winchester Drives and / or Hard Disc Drives	10 % of claim amount subject to a minimum of ₹2,500/-	i) Equipment's other than Winchester Drives and / or Hard Disc Drives	5 % of claim amount subject to a minimum of ₹2, 00/-	ii) Winchester Drives and / or Hard Disc Drives	25 % of claim amount subject to a minimum of ₹10,000/-	Point no 4
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9.	Exclusions	<ol style="list-style-type: none"> <li data-bbox="393 1556 1251 1596">1. War or War Like operations;</li> <li data-bbox="393 1596 1251 1637">2. Nuclear Reaction, radiation or radioactive contamination;</li> <li data-bbox="393 1637 1251 1700">3. Wilful act or wilful negligence of the Insured or his representative;</li> <li data-bbox="393 1700 1251 1763">4. wear and tear or gradual deterioration due to atmospheric conditions;</li> <li data-bbox="393 1763 1251 1825">5. Any existing defects at the time of commencement of insurance cover;</li> <li data-bbox="393 1825 1251 1888">6. Loss or damage due to pressure wave caused by aircraft and aerial devices;</li> <li data-bbox="393 1888 1251 1951">7. Functional failures unless due to an indemnifiable loss or damage</li> <li data-bbox="393 1951 1251 1992">8. Maintenance costs;</li> </ol>	Point no 4,5								

Sl. No.	Title	Description	Policy Clause Number														
		<p>9. Manufacturer or supplier 's legal or contractual liability;</p> <p>10. Consequential loss or liability of any kind or description;</p> <p>11. Aesthetic defects, such as scratches on painted polished or enamelled surfaces;</p> <p>For complete details, refer policy wordings</p>															
10.	<b>Special Conditions and warranties (if any)</b>	<p>1. Reinstatement of Sum Insured</p> <p>2. Terrorism Damage exclusion warranty</p> <p>3. xxxx</p> <p>4. xxxx</p>	Point no 6														
11.	<b>Admissibility of Claim</b>	<p>Admissibility/Denial:</p> <ul style="list-style-type: none"> <li>• 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.</li> <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</th></tr> </thead> <tbody> <tr> <td>Cost of new part / machine</td><td>Xx</td></tr> <tr> <td>Less betterment factor - If any</td><td>Xx</td></tr> <tr> <td>Less Depreciation - if any</td><td>Xx</td></tr> <tr> <td>Less other adjustment - If any</td><td>Xx</td></tr> <tr> <td>Less Excess / deductible</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	Cost of new part / machine	Xx	Less betterment factor - If any	Xx	Less Depreciation - if any	Xx	Less other adjustment - If any	Xx	Less Excess / deductible	Xx	Amount Payable	Xx	Point no 6
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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>1. Toll Free No:1800 22 1111 / 1800 102 1111.</li> <li>2. Email Id: <a href="mailto:customer.care@sbigeneral.in">customer.care@sbigeneral.in</a></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> </ul> </li> </ol>	Point no 6														

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12.		<ul style="list-style-type: none"> <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> <p>4. 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>5. Refer below to the Escalation Matrix when TAT is not satisfied:</p> <table border="1" data-bbox="346 736 1235 893"> <thead> <tr> <th data-bbox="346 736 504 790">Zone</th><th data-bbox="504 736 774 790">Escalation Level</th><th data-bbox="774 736 1235 790">Email ID</th></tr> </thead> <tbody> <tr> <td data-bbox="346 790 504 844">All Zone</td><td data-bbox="504 790 774 844">First Level</td><td data-bbox="774 790 1235 844">customer.care@sbigeneral.in</td></tr> <tr> <td data-bbox="346 844 504 893">All Zone</td><td data-bbox="504 844 774 893">Second Level</td><td data-bbox="774 844 1235 893">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	Point no 6
Zone	Escalation Level	Email ID										
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13.	<b>Grievance Redressal and Policyholders 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.customer@sbigeneral.in">head.customer@sbigeneral.in</a></p> <p>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>	Point no 7									

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		<p>Email: gro@sbigeneral.in  Designation: Grievance Redressal Officer  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:  <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p>	
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>	Point no 6

**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.