

PUBLIC LIABILITY 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.	Product Name	Public Liability Insurance Policy	
2.	Unique Identification Number(UIN) allotted by IRDAI	IRDAN144RP0009V01201112	
3.	Structure	Indemnity	
4.	Interests Insured	Liability arising out of covered incidents in the insured premises	2. Insured Clause
5.	Sum Insured	Limit of Indemnity Aggregate One Year (AOY): INR _____ (Indian rupees _____) Any One Accident (AOA): INR _____ (Indian rupees _____)	
6.	Policy Coverage	INDEMNITY CLAUSE Subject to the terms, exception and conditions contained herein or otherwise endorsed hereon ,the Company will indemnify the Insured against their legal liability (other than liability as per the Public Liability Insurance Act, 1991 or any other statute of a similar or like nature that may come into force after the issue of this Policy) to pay compensation for and/or arising out of Injury and/or Damage (including claimants’ costs fees and expenses) in accordance with the law of India (unless otherwise specifically provided in the Schedule to this Policy) excluding any judgment award payment or settlement made within countries which operate under the laws of the United States of America or Canada (or to any order made anywhere in the world to enforce such judgement award or settlement either in whole or in part). The indemnity only applies to claims, arising out of accident occurring in the insured premises during the Period of Insurance, first made in writing against the Insured and notified to the Company by the Insured in writing during the Policy Period or applicable extended reporting period. The Insured is indemnified only against the claims arising out of or in connection with the Business specified in the Schedule and not against claims arising out of or in connection with:- a) Pollution howsoever caused unless specifically covered	Indemnity Cluse and Indemnity to others

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		b) Any product. INDEMNITY TO OTHERS c) Officials of the Insured in their business capacity arising out of the performance of their business or in their private capacity arising out of their temporary engagement of the Insured's employees; d) The officers, committees and members of the Insured's canteen, social, sports, medical, fire fighting and welfare organizations in their respective capacities as such; e) The personal representatives of the estate of any person who would otherwise be indemnified by this Policy but only in respect of liability incurred by such person.	
7.	Add-on Cover	As per policy Schedule	
8.	Loss Participation	Excess Compulsory Excess - For USA & Canada claims: INR _____ (each and every claim) For India claims: INR _____ (each and every claim) For Rest of world claims: INR _____ (each and every claim) Voluntary Excess - INR _____ (each and every claim) The following first amounts as applicable of each and every loss shall be borne by the Insured:	
9.	Exclusions	As per Policy Wordings	14. Exclusions
10.	Special Conditions and Warranties (if any)	1. xxx 2. Xxx 3. xxx	
11.	Admissibility of Claim	Admissibility/Denial: <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. The claim would not be acceptable if it falls under specific warranty or General exclusion/condition mentioned in the Policy Wordings. The Claim will be settled as per below working: -	

Sl. No.	Title	Description	Policy Clause Number												
		<table><tr><th>Description</th><th>Amount</th></tr><tr><td>Gross assessed Loss</td><td></td></tr><tr><td>Less Policy Deductible</td><td></td></tr><tr><td>Amount Payable</td><td></td></tr></table>	Description	Amount	Gross assessed Loss		Less Policy Deductible		Amount Payable						
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 notification to central email address: customer.care@sbigeneral.in3. By submitting the information in the Claim intimation Template given below at any SBIGIC BranchTemplate given below at any SBIG Branch.<ul style="list-style-type: none">• Policy Number• Date Of loss• Estimated of loss• Loss Description• Contact person at loss Site.• Via the website www.sbigeneral.in4. Turn Around Time (TAT) for claims settlement: 7 days from the date of receipt of all necessary documents required for assessing the claim. <p>Refer below to the Escalation Matrix when TAT is not satisfied:</p> <table><tr><th>Zone</th><th>Escalation Level</th><th>Email ID</th></tr><tr><td>All Zone</td><td>First Level</td><td>specialityclaims@sbigeneral.in</td></tr><tr><td>All Zone</td><td>Second Level</td><td>customer.care@sbigeneral.in</td></tr><tr><td>All Zone</td><td>Third Level</td><td>gro@sbigeneral.in</td></tr></table>	Zone	Escalation Level	Email ID	All Zone	First Level	specialityclaims@sbigeneral.in	All Zone	Second Level	customer.care@sbigeneral.in	All Zone	Third Level	gro@sbigeneral.in	
Zone	Escalation Level	Email ID													
All Zone	First Level	specialityclaims@sbigeneral.in													
All Zone	Second Level	customer.care@sbigeneral.in													
All Zone	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 resolve the Grievance.</p> <p>Email: head.customercare@sbigeneral.in</p> <p>Toll-Free Number: 1800 102 1111 (Available 24/7)</p>	Grievance Redressal												

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		<p>Stage 3: Grievance Redressal Officer (GRO)</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: gro@sbigeneral.in</p> <p>Designation: Grievance Redressal Officer</p> <p>Phone: 022-45138021</p> <p>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</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: 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-Sub Section 1

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.