

## SIGN BOARD 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.	<b>Name of Insurance Product/ Policy</b>	<b>Sign Board Insurance Policy</b>																					
2.	<b>Unique Identification Number allotted by IRDAI</b>	IRDAN144RP0006V01201213																					
3.	<b>Structure</b>	Indemnity																					
4.	<b>Interests Insured</b>	Neon Sign/Glow Sign/Hoarding as specified in the Schedule																					
5.	<b>Sum Insured</b>	<table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 12.5%;">Sign Board 1</th> <th style="width: 12.5%;">Sign Board 2</th> <th style="width: 12.5%;">Sign Board 3</th> <th style="width: 12.5%;">Sign Board 4</th> </tr> </thead> <tbody> <tr> <td>Sum Insured - Section I (Material Damage )</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> </tr> <tr> <td>Sum Insured (AOY) - Section II (Third Party Liability )</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> </tr> <tr> <td>Status of Sign Board (Static/ Mobile)</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> <td style="text-align: center;">xxxx</td> </tr> </tbody> </table>		Sign Board 1	Sign Board 2	Sign Board 3	Sign Board 4	Sum Insured - Section I (Material Damage )	xxxx	xxxx	xxxx	xxxx	Sum Insured (AOY) - Section II (Third Party Liability )	xxxx	xxxx	xxxx	xxxx	Status of Sign Board (Static/ Mobile)	xxxx	xxxx	xxxx	xxxx	
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6.	<b>Policy Coverage (What the policy covers?)</b>	<ol style="list-style-type: none"> <li>1. Material Damage: The Company will indemnify the Insured in respect of loss or damage to the Neon Sign/Glow Sign/Hoarding as specified in the Schedule, due to any external accidental means.</li> <li>2. Third Party Liability: The Company will indemnify the Insured against liability incurred at law (including claimant's defense costs incurred with prior approval of Company) arising out of the perils mentioned in Section I for;               <ol style="list-style-type: none"> <li>a) Death of/bodily injury to third party or</li> <li>b) Any damage to third party property caused by the said perils.</li> </ol> </li> </ol>	Base Coverage																				

Sl. No.	Title	Description	Policy Clause Number
7.	<b>Available Add on for the said Product</b>	Terrorism Cover	
8.	<b>Loss Participation</b>	As per Policy Schedule	
9.	<b>Exclusions (What the policy does not cover)</b>	<p>The company is not liable with:</p> <ol style="list-style-type: none"> <li>1. Contractual liability of any kind.</li> <li>2. Consequential loss sustained by the Insured.</li> <li>3. Any accident, loss, damage and/or liability directly or indirectly, proximately or remotely occasioned by/ contributed to by or traceable to or arising out of or in connection with <ol style="list-style-type: none"> <li>a) Hurricane, tornado, volcanic eruption.</li> <li>b) War, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war)</li> <li>c) Civil war, mutiny, rebellion, military or usurped power, or by any direct or indirect consequences of any of the said occurrences.</li> <li>d) Any accident loss or destruction of or damage to any property or any loss or expense whatsoever or legal liability of whatsoever nature arising out of any consequential loss.</li> <li>e) Payment of compensation in respect of death, injury, disablement directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity from any source whatsoever.</li> <li>f) Any accident, loss, destruction, damage or legal liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material. g. Any accident, loss, destruction, damage or legal liability directly or indirectly caused by or contributed to by or arising from terrorist activity.</li> </ol> </li> </ol>	5. Exclusions
10.	<b>Special conditions and warranties (if any)</b>	NA	
11.	<b>Admissibility of Claim</b>	<p>Admissibility: · Admissibility of claim depends on the document submitted for the damaged item claimed by the insured in reference to event /peril / term and condition of the policy. · Surveyor will verify the document and assess the loss as per policy term / condition and coverage mentioned in the policy.</p>	

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		<p>Submitted the Report to the insurer. It also depends on investigation report (if any) 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"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Gross Loss</td> <td></td> </tr> <tr> <td>Less betterment factor / any adjustment</td> <td></td> </tr> <tr> <td>Less Depreciation</td> <td></td> </tr> <tr> <td>Less Salvage</td> <td></td> </tr> <tr> <td>Less Under Insurance</td> <td></td> </tr> <tr> <td>Less Franchise / Excess</td> <td></td> </tr> <tr> <td>Sub Total</td> <td></td> </tr> <tr> <td>Less reinstatement premium</td> <td></td> </tr> <tr> <td>Amount Payable</td> <td></td> </tr> </tbody> </table>	Description	Amount	Gross Loss		Less betterment factor / any adjustment		Less Depreciation		Less Salvage		Less Under Insurance		Less Franchise / Excess		Sub Total		Less reinstatement premium		Amount Payable		
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12.	<b>Policy Servicing - Claim Intimation and Processing</b>	<ul style="list-style-type: none"> <li>Customers will be encouraged to report losses to the Call Centre.</li> <li>Customers may notify a claim using one of the following communication channels: <ul style="list-style-type: none"> <li>Toll Free No:1800 22 1111 / 1800 102 1111.</li> <li>Email notification to central email address: customer.care@sbigeneral.in</li> <li>By submitting the information in the Claim intimation Template given below at any SBIGIC Branch <ul style="list-style-type: none"> <li>Policy Number</li> <li>Date of loss</li> <li>Estimated of loss</li> <li>Loss Description</li> <li>Contact person at loss Site.</li> <li>Via the website www.sbigeneral.in</li> </ul> </li> </ul> </li> <li><b>Turn Around Time (TAT)</b> for claims 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. 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. (This timeline is not applicable for policies issued on (building/property) on reinstatement basis).</li> </ul> <p><b>Escalation Matrix:</b></p> <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												
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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> 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> 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 prospective Policyholder / Customer</b>	<ul style="list-style-type: none"> <li>To disclose all material information at time of filling 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 ....) may affect the claim settlement</li> </ul>	6. General Conditions- Sub Section 1

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

Tick here, only if physical Customer Information Sheet (CIS) is required