

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. | Name of Insurance Product/ Policy | Sign Board Insurance Policy | | | | | |
| 2. | Unique Identification Number allotted by IRDAI | IRDAN144RP0006V01201213 | | | | | |
| 3. | Structure | Indemnity | | | | | |
| 4. | Interests Insured | Neon Sign/Glow Sign/Hoarding as specified in the Schedule | | | | | |
| 5. | Sum Insured | | 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 | |
| 6. | Policy Coverage (What the policy covers?) | 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. 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; a) Death of/bodily injury to third party or b) Any damage to third party property caused by the said perils. | | | | | Base Coverage |

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| 7. | Available Add on for the said Product | Terrorism Cover | |
| 8. | Loss Participation | As per Policy Schedule | |
| 9. | Exclusions (What the policy does not cover) | <p>The company is not liable with:</p> <ol style="list-style-type: none"> 1. Contractual liability of any kind. 2. Consequential loss sustained by the Insured. 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 <ul style="list-style-type: none"> a) Hurricane, tornado, volcanic eruption. b) War, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) c) Civil war, mutiny, rebellion, military or usurped power, or by any direct or indirect consequences of any of the said occurrences. 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. 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. 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. | 5. Exclusions |
| 10. | Special conditions and warranties (if any) | NA | |
| 11. | Admissibility of Claim | <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.</p> <p>· 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" data-bbox="375 420 1298 923"> <thead> <tr> <th data-bbox="375 420 1065 466">Description</th><th data-bbox="1065 420 1298 466">Amount</th></tr> </thead> <tbody> <tr> <td data-bbox="375 466 1065 512">Gross Loss</td><td data-bbox="1065 466 1298 512"></td></tr> <tr> <td data-bbox="375 512 1065 559">Less betterment factor / any adjustment</td><td data-bbox="1065 512 1298 559"></td></tr> <tr> <td data-bbox="375 559 1065 605">Less Depreciation</td><td data-bbox="1065 559 1298 605"></td></tr> <tr> <td data-bbox="375 605 1065 652">Less Salvage</td><td data-bbox="1065 605 1298 652"></td></tr> <tr> <td data-bbox="375 652 1065 698">Less Under Insurance</td><td data-bbox="1065 652 1298 698"></td></tr> <tr> <td data-bbox="375 698 1065 745">Less Franchise / Excess</td><td data-bbox="1065 698 1298 745"></td></tr> <tr> <td data-bbox="375 745 1065 791">Sub Total</td><td data-bbox="1065 745 1298 791"></td></tr> <tr> <td data-bbox="375 791 1065 837">Less reinstatement premium</td><td data-bbox="1065 791 1298 837"></td></tr> <tr> <td data-bbox="375 837 1065 923">Amount Payable</td><td data-bbox="1065 837 1298 923"></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 | | |
| Description | Amount | | | | | | | | | | | | | | | | | | | | | | |
| Gross Loss | | | | | | | | | | | | | | | | | | | | | | | |
| Less betterment factor / any adjustment | | | | | | | | | | | | | | | | | | | | | | | |
| Less Depreciation | | | | | | | | | | | | | | | | | | | | | | | |
| Less Salvage | | | | | | | | | | | | | | | | | | | | | | | |
| Less Under Insurance | | | | | | | | | | | | | | | | | | | | | | | |
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| Sub Total | | | | | | | | | | | | | | | | | | | | | | | |
| Less reinstatement premium | | | | | | | | | | | | | | | | | | | | | | | |
| Amount Payable | | | | | | | | | | | | | | | | | | | | | | | |
| 12. | Policy Servicing - Claim Intimation and Processing | <ul style="list-style-type: none"> Customers will be encouraged to report losses to the Call Centre. Customers may notify a claim using one of the following communication channels: <ul style="list-style-type: none"> Toll Free No:1800 22 1111 / 1800 102 1111. Email notification to central email address: customer.care@sbigeneral.in By submitting the information in the Claim intimation Template given below at any SBIGIC 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.in Turn Around Time (TAT) for claims settlement: The Company will offer to settle/reject the claim under this Policy within 7 days from the date of receipt of all necessary documents required for assessing the claim. <p>Escalation Matrix:</p> <table border="1" data-bbox="375 1828 1298 1998"> <thead> <tr> <th data-bbox="375 1828 575 1875">Zone</th><th data-bbox="575 1828 849 1875">Escalation Level</th><th data-bbox="849 1828 1298 1875">Email ID</th></tr> </thead> <tbody> <tr> <td data-bbox="375 1875 575 1944">All Zone</td><td data-bbox="575 1875 849 1944">First Level</td><td data-bbox="849 1875 1298 1944">customer.care@sbigeneral.in</td></tr> <tr> <td data-bbox="375 1944 575 1998">All Zone</td><td data-bbox="575 1944 849 1998">Second Level</td><td data-bbox="849 1944 1298 1998">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 | | | | | | | | | | | | |
| 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. | 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 Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <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 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</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 prospective Policyholder / Customer | <ul style="list-style-type: none"> To disclose all material information at time of filling 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) may affect the claim settlement | 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