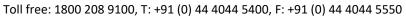
$Registered\ Office: 2^{nd}\ Floor,\ "DARE\ House",\ 2,\ N.S.C.\ Bose\ Road,\ Chennai-600\ 001.$





IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



CUSTOMER INFORMATION SHEET						
This document provides key information about your policy. You are also advised to go through your policy document						
SI. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number			
1	Product Name	BURGLARY				
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN123RP0069V01200203				
3	Structure	Indemnity basis				
4	Interests Insured	"Contents" as specified in the Schedule whilst contained in the Insured premises				
5	Sum Insured	The Sum Insured for this policy will be fixed on current market prices for stocks. For other items, it can be fixed on the basis of either Market Value or Reinstatement Value.				
6	Policy Coverage	Loss of or damage to Contents or any part thereof whilst contained in the Insured Premises caused by actual or attempted Burglary and/or Robbery during the Policy Period; Property Damage (including the reasonable costs incurred by the Insured for changing 2910ged locks at the entry and/or exit points to the Insured Premises and at internal entry and/or exit points) caused by actual or attempted Burglary during the Policy Period; In the event of an admitted Claim under Operative (a) and/or (b) above, then the Company will also indemnify the Insured in respect of the reasonable costs incurred by the Insured: 1. Immediately after the occurrence of an insured event solely with the intention of minimising the quantum of a Claim to be made under this Policy; 2. For restoring paper files, plans, records and drawings, and restoring data (including computer software) stored electronically on the Insured's computer system if such are used for the Insured's Business; 3. In clearing up the damage caused to the Insured Premises, including the removal of any debris from the Insured Premises to the nearest waste disposal 4. For replacing or restoring property (other than vehicles and Valuables) belonging to any Employee that was in the Insured Premises at the time of an insured event at the specific request of the Insured and stored by an Employee as required by the Insured				
7	Add-on cover	Nil				
8	Loss Participation	Deductible as stated in the Policy Schedule				
9	Exclusions	The Company shall not be liable in respect of If you suffer any loss deliberately or intentionally, the policy does not bear that loss. If any damage is done by the family members or business employees or staff that loss is not covered under this policy. Loss or damage which is recoverable under Fire or Plate Glass Insurance Policy or any other Policy. If due to war, war-like operations, or invasions, you suffer loss, the company does not take responsibility for that. The company does not compensate for the loss or damage that happened due to strikes, riots, acts of terrorism, or any other public commotions. 6. Consequential loss or legal liability of any kind 7. Claim for interest on any account whatsoever 8. Loss of money and/or other property abstracted from safe following the use of the key to the said safe or any duplicate thereof belonging to the insured, unless such key has been obtained by assault or violence or any				

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		9. This policy shall cease to attach	
		 a) If the premises shall have been left uninhabited by day and night for seven or more consecutive days and nights. b) If the insured shall cause or suffer any material alteration to be made in premises or anything to be done whereby the risk is increased. c) To any property, the interest of the Insured in which shall pass from the Insured otherwise than by will or operation of law. Unless in every case the consent of the company to the continuance of the Insurance thereon is obtained and signified on Policy. 	
10	Special conditions and warranties (if any)	Reinstatement of the Sum Insured: Immediately after the loss or damage, the total Sum Insured and the Sum Insured upon the various descriptions of property that have been lost or damaged will be reduced by the amount of loss or damage and such reduced sums insured will be the limit of the Company's liability in respect of any further loss or damage occurring during the current period of insurance, unless the Company consents, upon payment of additional premium to reinstate the full Sum Insured. 2. Maintenance of Books & Keys: The Insured shall keep a daily record of	
		the amount of cash contained in the safe or strong room and such record shall be deposited in a secure place other than the Safe or Strong room and produced as documentary evidence in support of a claim under this Policy. The keys of the safe or strong room shall not be left on the premises out of business hours unless the premises are occupied by the Insured or any other authorised employee of the Insured in which case the keys shall be deposited in a secure place not in the vicinity of the Safe or Strong room	
11	Admissibility of Claim	The ambit of this cover is Loss of or Damage to contents caused by Burglary and Housebreaking i.e. theft following upon an actual forcible and violent entry of and/or exit from the premises and in case of Premises damaged to be made good by YOU by Burglary and/or Housebreaking or any attempted threat any time during the period of Insurance. Upon the happening of any event giving rise to a claim under this Policy: a) The insured shall give immediate notice thereof in writing to the nearest	
		office of the company with copy to the Policy Issuing Office as well as lodge forthwith a complaint with the Police. b) The Insured shall deliver to the company, within 14 days of the date on which the event shall have come to his knowledge, a detailed statement in writing, with an estimate of the intrinsic value of the property lost/damaged.	
		c) The Insured shall tender to the Company all information, assistance and proofs in connection with any claim hereunder as the Company may require YOU shall lodge a complaint with the Police at the earliest after happening of the incident and take all practicable steps to apprehend the guilty person and recover the property lost.	
12	Policy Servicing - Claim Intimation and Processing	For queries related to policy / claim servicing, please contact us at our Toll free number 1800-208-9100 or write to us at customercare@cholams.murugappa.com. Claim intimations be sent to notifyclaim@cholams.murugappa.com Documents required for Claim processing: Claim form,	
		FIR/FR, Proof in support of Cause of Loss/Operation of Insured peril, Books of Accounts, Stock Register, Repair / Reinstatement Bills, Proof of Reinstatement, KYC documents PAN, ROC certificate, Aadhar, GST Registration Cert	
		Etc., Any other Document, Turn Around Time for claims settlement is 21 working days.	

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Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

Email: <u>customercare@cholams.murugappa.com</u>; website: <u>www.cholainsurance.com</u>

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



GRIEVANCES

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:

1. Our Grievance Redressal Officer

You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address: In case of any grievance the insured person may contact the company through

Website: www.cholainsurance.com

Toll free: 1800 208 9100

E-Mail: customercare@cholams.murugappa.com

Courier: Manager, Customer Care

Chola MS General Insurance Company Limited.

Hari Nivas Towers First Floor, #163, Thambu Chetty Street, Parry's Corner, Chennai - 600 001.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GRO@cholams.murugappa.com

For details of grievance officer, kindly refer the link www.cholainsurance.com

If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management system https://bimabharosa.irdai.gov.in/

Grievance Redressal and Policyholders Protection

2. Consumer Affairs Department of IRDAI

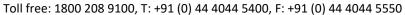
- a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal Bima Bharosa Portal by registering Your complaint at https://bimabharosa.irdai.gov.in/
- b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking here. You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032.
- c. You can visit the portal https://bimabharosa.irdai.gov.in/ for more details

3. Insurance Ombudsman

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.cioins.co.in/ombudsman, or on company website www.cholainsurance.com.

13

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14	Obligations of Policyholder	Misdescription: This Policy shall be void and all premium paid by YOU to US shall be forfeited in the event of misrepresentation, misdescription or concealment of any material information. Changes in Circumstances YOU must inform US, as soon as possible, of any change in information YOU have provided to US about yourself, the properties insured, location of risk which may affect the insurance cover provided e.g. change of address, period of unoccupancy, security arrangements etc.			
	Declaration by the Policyholder:				
	I have read the above and confirm having noted the details				
	Place:				
	Date:		Signature of the Policyholder:		

Note:

i. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.