

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

Email: customercare@cholams.murugappa.com; website: www.cholainsurance.com

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

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Product Name	FIDELITY GUARANTEE INSURANCE POLICY	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN123RP0054V01200203	
3	Structure	Indemnity basis	
4	Interests Insured	The interest of the Employer in the money, securities or property lost due to infidelity of the employees	
5	Sum Insured	1. Limit of liability OUR liability shall not exceed a) In respect of any Employee the Sum Insured stated against his/her name or as declared herein. b) In all claims under this Policy, the total Sum Insured.	
6	Policy Coverage	Fidelity guarantee insurance protect your firm or organisation for their direct financial loss which occurs during the Policy Period following A. Employee Dishonesty - Loss of Money, Securities or other property, to the amount specified in the Schedule resulting directly from one or more fraudulent or dishonest acts committed by an Employee acting alone or in collusion with others Losses Caused by Unidentifiable Employees - the Insured is unable to identify the specific Employee or Employees causing such loss, the Insured shall nevertheless have the benefit of this Section, B. Third Party Computer and Funds Transfer Fraud - The Theft of Money, Securities or other property by Computer Fraud; or the Theft of any of the Insured's funds from their Transfer Account as communicated to such Financial Institution in each case up to the amount specified in the Schedule	
7	Add-on cover	Nil	
8	Loss Participation	As specified in the Schedule	
9	Exclusions	1. Caused by any Employee who, at the time of committing any fraudulent or dishonest acts (as Insured hereunder) controls more than five percent of the issued share capital of the Insured company or of any 2. Subsidiary of the Insured company; 3. Caused by any broker, factor commission, consignee, contractor or other agent or representative of the same general character 4. Loss due to loss of and /or damage to proprietary information, trade secrets, confidential processing methods or other confidential information of any kind 5. Loss due to loss of potential income like interest and dividends and loss of computer time 6. Costs, fees and other expenses incurred by the Insured in establishing the existence of or amount of loss covered under this Policy	
10	Special conditions and warranties (if any)	1. Alteration - No change in or modification of this Policy will be effective unless made by written endorsement signed by an authorised representative of the insurer. 2. Auditors Fees - This Policy is extended to indemnify the Insured in respect of auditors' fees reasonably and necessarily incurred by the Insured and with the consent of the Insurer in respect of loss falling under the terms of this Policy 3. Automatic Acquisitions, Consolidation or Merger Cover- If the total number of Employees of the Insured increases by more than 10% through the acquisition of assets or shares, or consolidation or merger with some other concern then the insurance provided by this Policy shall also apply in respect of such Employees 4. Discovery Period- Loss is covered under this Policy only if discovered during the Policy Period or not later than twelve months following the termination of this Policy or of the coverage under this Policy which applies to such loss, or cancellation or termination of this Policy as to any Insured.	

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11	Admissibility of Claim	<p>a) the Insured shall give the Insurer written notice as soon as is reasonably practicable and in any event within 21 days of:</p> <p>b) any Claim made against any Insured during the Policy Period or Extended reporting Period;</p> <p>c) any circumstances occurring during the Policy Period which might reasonably be expected to give rise to a Claim.</p>	
12	Policy Servicing - Claim Intimation and Processing	<p>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</p> <p>Documents required for Claim processing:</p> <p>Claim form,</p> <p>Detailed note on the event leading to the loss,</p> <p>Any Legal notice / summon received from the aggrieved party,</p> <p>Defence initiated from your end, if so what are the grounds,</p> <p>KYC documents PAN, ROC certificate, Aadhar, GST Registration Cert Etc.,</p> <p>What are the preventive measures initiated to avoid recurrence,</p> <p>Any other Document</p> <p>Turn Around Time for claims settlement is 7 Days from receipt of Award / Last Document</p>	
13	Grievance Redressal and Policyholders Protection	<p>GRIEVANCES</p> <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>1. Our Grievance Redressal Officer</p> <p>You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:</p> <p>In case of any grievance the insured person may contact the company through</p> <p>Website: www.cholainsurance.com</p> <p>Toll free: 1800 208 9100</p> <p>E-Mail: customercare@cholams.murugappa.com</p> <p>Courier: Manager, Customer Care</p> <p>Chola MS General Insurance Company Limited.</p> <p>Hari Nivas Towers First Floor,</p> <p>#163, Thambu Chetty Street,</p> <p>Parry's Corner, Chennai - 600 001.</p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>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</p> <p>For details of grievance officer, kindly refer the link www.cholainsurance.com</p> <p>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.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management system https://bimabharosa.irdai.gov.in/</p> <p>2. Consumer Affairs Department of IRDAI</p> <p>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/</p>	

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		<p>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.</p> <p>c. You can visit the portal https://bimabharosa.irdai.gov.in/ for more details.</p> <p>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.</p>	
14	Obligations of Policyholder	<p>a. You must take due care and reasonable precautions to safeguard details of Your bank accounts and/or Credit/Debit cards and internet communications.</p> <p>b. For Theft of Funds incurred while You are travelling outside of India, the following additional conditions shall be applicable:</p> <p>i. A copy of FIR and/or police acknowledgement receipt confirming Theft of Funds should be dated within 5 days of first arrival into India.</p> <p>ii. A copy of Your passport will be required as proof of travel.</p> <p>iii. Travel duration should not exceed 2 months for a single trip outside of India (i.e. last departure from India to be no more than 2 months from latest date of arrival into India)</p>	
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.