

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	SPECIALISED PROFESSIONAL LIABILITY POLICY	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN123RP0049V01200203	
3	Structure	Indemnity basis - On claims made basis - Territory and Jurisdiction - Within India	
4	Interests Insured	Individual, partnership, corporation, joint venture or any other entity named in the schedule, any Subsidiary and any partner, director, officer or employee thereof but solely in the performance of Professional Services	
5	Sum Insured	<p>Company's total liability to pay compensation, claimant's costs, fees and expenses and defence costs shall not exceed the Limit of Indemnity stated in the Policy Schedule in the form of Any one Accident (AOA) limit and Aggregate one Year (AOY) limit.</p> <ul style="list-style-type: none"> Any one Accident (AOA) Limit - It defines the maximum amount payable for each accident under the policy. The AOA limit is assessed with the nature of business operations and worst possible loss in the premises. Aggregate one Year (AOY) Limit - It describes the maximum payable amount for any one year under the policy. <p>The applicant has to choose the ratio of AOA to AOY from any of the following choices: 1:1, 1:2, 1:3, 1:4.</p>	
6	Policy Coverage	<p>This policy typically covers the following types of losses: Financial losses arising from mistakes or omissions in the professional's work Legal costs associated with defending a claim in court Damages awarded to the client because of a successful claim</p> <p>Defence and Settlement (Included in the Limits of Liability)</p> <p>The Insurer shall have the right and duty to defend, subject to and as part of the limits of liability, any suit against the Insured seeking Damages which are payable under the terms of this Policy, even if any of the alienations of the suit are groundless, false or fraudulent.</p>	
7	Add-on cover		
8	Loss Participation	Deductible as mentioned in Policy Schedule	
9	Exclusions	<ol style="list-style-type: none"> Any criminal, dishonest, fraudulent, wilful, intentional or malicious act, error or omission; Bodily injury to, or sickness, disease, emotional distress or death of any person, or injury to or destruction of any tangible or intangible property. (a) false arrest, detention or imprisonment, (b) libel, slander or defamation of character, (c) assault or battery, (d) wrongful entry or eviction, or invasion of any right of privacy. Delay in performance or failure to perform any contract unless such Claim is arising out of a Wrongful Act; Due to contractual agreement Any guarantee of or the exceeding of cost estimates; Electrical failure, including any electrical power interruption, surge, brownout or blackout; Any infringement of patent, copyright, trademark, service mark or other intellectual property right; any notice, Claim or legal proceeding which is known or pending prior to the Policy Period; Injury or damage to: <ol style="list-style-type: none"> the Insured's employee or an independent contractor working for the Insured; or the spouse or relative of such employee or independent contractor, as a consequence of injury or damage to the employee or independent contractor. 	

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



10	Special conditions and warranties (if any)	In the event of cancellation or non-renewal of this Policy by either the Insured or the Insurer, the Insured shall have the right, but only upon payment of an additional premium of 65% (sixty-five) of the last annual premium, to a period of twelve (12) months from the end of Policy Period in which to give written notice to the Insurer of Claims first made against the Insured during the Extended Reporting Period but resulting from Wrongful Acts committed before the end of the Policy Period provided it is received by the Insurer within 30 (thirty) days of the end of the Policy Period.	
11	Admissibility of Claim	a) the Insured shall give the Insurer written notice as soon as is reasonably practicable and in any event within 21 days of: b) any Claim made against any Insured during the Policy Period or Extended reporting Period; c) any circumstances occurring during the Policy Period which might reasonably be expected to give rise to a Claim.	
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, Detailed note on the event leading to the loss, Any Legal notice / summon received from the aggrieved party, Defence initiated from your end, if so what are the grounds, KYC documents PAN, ROC certificate, Aadhar, GST Registration Cert Etc., What are the preventive measures initiated to avoid recurrence, Any other Document Turn Around Time for claims settlement is 7 Days from receipt of Award / Last Document	
13	Grievance Redressal and Policyholders Protection	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/	

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



		<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> <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</p> <p>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>the Insured shall disclose to the Insurers all relevant information and documentation and, in addition, shall provide assistance to the Insurers to enable the Insurers and/or their agents to investigate any Claim and/or to enable the Insurers to determine their liability under this Policy</p> <p>The Insured shall co-operate with the Insurer and, upon the Insurer's request, assist in making settlements, in the conduct of suits and in enforcing any right of contribution or indemnity against any person or organization other than an employee of any Insured who may be liable to the Insured because of acts, errors or omissions with respect to which insurance is afforded under this Policy. The Insured shall attend hearings and trials and assist in securing and giving evidence and obtaining the attendance of witnesses. The Insured shall not, except at their own cost, admit any liability, voluntarily make any payment, assume any obligation or incur any expense without the written consent of the Insurer.</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.