

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	TRANSPORTER'S LEGAL LIABILITY INSURANCE	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN123RP0001V01201314	
3	Structure	Indemnity	
4	Interests Insured	If the goods are not delivered to the owner safely or in case they are delivered in a damaged condition, the transport contractor is liable to compensate for the damages. This liability of the transport contractor arises both under Statute and Common Law. This legal liability of the contractor is covered under the Transporter's Legal Liability Policy	
5	Sum Insured	The indemnity under this Policy shall not exceed; a) the Per Event sum stated against AOA (Any One Accident) in the Schedule for all loss/damage in respect of a fire or accident or series of fires or accidents, arising out of any one event or occurrence and b) in no case exceed the Total Sum Insured stated against AOY (Any One Year) in the Schedule in respect of all loss or damage occurring during the period of this insurance.	
6	Policy Coverage	The Company agrees to indemnify the Insured against his/its legal liability for actual physical loss of or damage to Goods whilst being transported in India by a Vehicle specified in the Schedule by the Insured under a contract of carriage in writing Provided, a) such loss or damage is directly caused by fire or accident to the carrying Vehicle stated in the Schedule during the Period of Insurance and within the Duration stipulated hereunder, on account of negligence of the Insured or negligence or criminal act of his employees or servants, and b) the Vehicle is damaged by such fire or accident and a claim in respect thereof is admitted under the Motor Insurance Policy covering the same. The indemnity shall include costs and expenses that may be incurred with the written consent of the Company by the Insured in defending a claim against it in connection with the loss or damage to Goods.	
7	Add-on cover		
8	Loss Participation	The Insured shall bear as Compulsory Excess the amount or percentage of the limit of indemnity per any one accident so stipulated in the Schedule attached to the policy	
9	Exclusions	This Policy does not cover loss or damage to the goods caused by Delay, loss of market, or the consequential loss. Poor or insufficient packing Neglect of the insured to use all reasonable means to save and preserve the property at and after any loss Infidelity of the insured's employees or persons to whom the property may be entrusted, nor the dishonesty of any attendant(s) Depreciation, delay, loss of market, or any action including confiscation by a lawful or any Public Authority strikes or riots or Terrorism Liability for death/injury/property damage under Motor Vehicles Act	
10	Special conditions and warranties (if any)	It is the duty of the Insured and its employees/agents in all circumstances, to act with reasonable dispatch and take such measures as may be necessary for the purpose of averting or minimizing a loss The Insured shall always ensure that all rights against bailees, or other third parties are properly preserved and exercised as a condition precedent to claim under this Policy.	

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11	Admissibility of Claim	This Policy shall be void in the event of misrepresentation or non-disclosure of material particulars.	
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, 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</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 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.</p> <p>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</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. 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> <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</p>	

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		<p>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>The Insured shall at all times exercise necessary care to ensure that</p> <p>A) only competent employees and agents are employed to handle the Goods and the Vehicles; ,</p> <p>B) the Vehicles and their accessories and fittings are maintained in sound roadworthy condition and are fit for the purpose for which they are used;</p> <p>C) all statutory requirements including Rules and Regulations imposed by any public authority are duly observed and complied with in respect of use of the Vehicle and carriage of the Goods.</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.