

CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

| Sl. No. | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy / Clause Number | | | | | | | | | | |
|---|--|---|------------------------|--------|-----------|-----------------|---------------|---------------|---|--------------|--------------------|---------------|----|
| 1 | Product Name | Plate Glass Insurance Policy | NA | | | | | | | | | | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN132RP0007V01200809 | NA | | | | | | | | | | |
| 3 | Structure | Indemnity | NA | | | | | | | | | | |
| 4 | Interests Insured | Insured's Plate Glass at insured premises | NA | | | | | | | | | | |
| 5 | Sum Insured | <<<XXX>>> | CLAUSE 1 | | | | | | | | | | |
| 6 | Policy Coverage | The Company covers accidental loss of or damage to plate glass at the insured premises along with cost of erecting any temporary boarding and the reasonable cost of repairing and reinstating frames and framework necessitated by such loss or damage to the Plate Glass. | CLAUSE 1 | | | | | | | | | | |
| 7 | Add-on Cover / Optional Cover | No Add-ons available under this product | NA | | | | | | | | | | |
| 8 | Loss Participation | <<INR XX>> Illustration <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 80%;"> <thead> <tr> <th style="text-align: center;">Description</th> <th style="text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>Policy SI</td> <td style="text-align: right;">INR 1,00,00,000</td> </tr> <tr> <td>Claim Amount:</td> <td style="text-align: right;">INR 57,00,000</td> </tr> <tr> <td>Policy Deductible: 5% of the claim amount, applicable on each and every claim</td> <td style="text-align: right; vertical-align: bottom;">INR 2,85,000</td> </tr> <tr> <td>Net Payable amount</td> <td style="text-align: right;">INR 54,15,000</td> </tr> </tbody> </table> | Description | Amount | Policy SI | INR 1,00,00,000 | Claim Amount: | INR 57,00,000 | Policy Deductible: 5% of the claim amount, applicable on each and every claim | INR 2,85,000 | Net Payable amount | INR 54,15,000 | NA |
| Description | Amount | | | | | | | | | | | | |
| Policy SI | INR 1,00,00,000 | | | | | | | | | | | | |
| Claim Amount: | INR 57,00,000 | | | | | | | | | | | | |
| Policy Deductible: 5% of the claim amount, applicable on each and every claim | INR 2,85,000 | | | | | | | | | | | | |
| Net Payable amount | INR 54,15,000 | | | | | | | | | | | | |
| 9 | Exclusions | No indemnity is available hereunder for any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following: <ol style="list-style-type: none"> 1. Any loss or damage that could have been insured against under a fire policy. 2. Earthquake, flood, storm, cyclone, volcanic eruption or other convulsions of nature or atmospheric disturbances f the Company asserts that by reason of | CLAUSE 3 | | | | | | | | | | |

| | | <p>this exclusion any claim is not covered by this Policy, the burden of proving that such Claim is covered shall be upon the Insured.</p> <ol style="list-style-type: none"> 3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority, riot, strike, or terrorist activities. 4. Cracked, scratched, or imperfect Plate Glass. 5. Any loss or damage caused wilfully or knowingly by the Insured, or any loss or damage in which the Insured or any person acting on his behalf is involved or implicated. 6. Any Plate Glass other than Plate Glass of plain and ordinary glazing quality, unless specifically stated otherwise in the Schedule 7. Any consequential damage of losses, whether of a financial or property nature or by reason of personal injury, and any legal liability of the Insured. 8. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or nuclear weapons material or from the combustion of nuclear fuel: or the radioactive toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. 9. During the course of any alteration, removal or repair to the Plate Glass. <p>If the Company asserts that by reason of these Exclusions any Claim is not covered by this Policy, the burden of proving that such Claim is covered shall be upon the Insured.</p> | | | | | | | | | | | |
|-----------------------------------|--|---|-------------|--------|---------------------|-------|-----------------------------------|------|------------------------------|-----|-------------------|-------------|----|
| 10 | Special Conditions and warranties (if any) | <<<Any other special conditions or warranties>>> | CLAUSE 4.5 | | | | | | | | | | |
| 11 | Admissibility of Claim | <ol style="list-style-type: none"> 1. Broad principle of Admissibility or Denial of claim <ul style="list-style-type: none"> • Insurance is a contract between 2 entities & loss governing contracts as well as tort shall be underlying guideline for admission or denial of claim. • Further specific terms and conditions as well as warranties incorporated in the contract shall also play a major role • Insured is expected to exhibit reasonable duty of due care and diligence failing with a claim may get rejected. • Insurance is a contract of utmost good faith and any mis-declaration or omission to state material facts can prejudice a claim. 2. Sample Claim Calculation (only applicable for Market value or RIV basis of settlement) <table border="1" data-bbox="370 1598 1015 1894"> <thead> <tr> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Gross Loss Assessed</td> <td>10000</td> </tr> <tr> <td>Less: Depreciation, if applicable</td> <td>1000</td> </tr> <tr> <td>Less: Salvage, if applicable</td> <td>500</td> </tr> <tr> <td>Gross Loss</td> <td>8500</td> </tr> </tbody> </table> | Description | Amount | Gross Loss Assessed | 10000 | Less: Depreciation, if applicable | 1000 | Less: Salvage, if applicable | 500 | Gross Loss | 8500 | NA |
| Description | Amount | | | | | | | | | | | | |
| Gross Loss Assessed | 10000 | | | | | | | | | | | | |
| Less: Depreciation, if applicable | 1000 | | | | | | | | | | | | |
| Less: Salvage, if applicable | 500 | | | | | | | | | | | | |
| Gross Loss | 8500 | | | | | | | | | | | | |

| | | | | | |
|----|---|---|--------------|--|----|
| | | Less: Under Insurance*, if applicable 20% | 1700 | | |
| | | Gross Assessed Loss | 6800 | | |
| | | Less: Excess, if applicable | 1000 | | |
| | | Net Loss Payable | 5800 | | |
| | | Calculation of Under Insurance - | | | |
| | | Description | Amount | | |
| | | Value at risk of Insured property | Rs. 5,00,000 | | |
| | | Sum Insured opted by Insured | Rs. 4,00,000 | | |
| | | Difference | Rs. 1,00,000 | | |
| | | Under Insurance % (Rs. 1,00,000 divided by Rs. 5,00,000) | 20% | | |
| 12 | Policy Servicing – Claim Intimation and Processing | <ul style="list-style-type: none"> Toll free / IVRS number: 1800 220 233 / 1860-500-3333 / 022-67837800 Website: https://general.futuregenerali.in/ Email: fgclaims@futuregenerali.in Details of designated company officials to be contacted in time of claim – <<< Branch Policy - Branch Manager & Policy Servicing Office address and contact details For example – <i>Branch Manager</i> <i>Address - Off Code- 3N, 3rd Floor, No. 310, Radhe Arcade, Near Diwan Ballubhai High School, Maninagar, Maninagar, Gujarat Pincode:380008.</i> <i>Phone: +91 079-25464166 >>></i> <<<Direct Policy – <i>Future Generali India Insurance,</i> <i>Ph: 1800 220 233 / 1860-500-3333 / 022-67837800</i> <i>Email: fgclaims@futuregenerali.in</i> <i>Address: Future Generali India Insurance Co Ltd., Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400 083>>></i> Details of procedure to be followed for reimbursement of claim <ul style="list-style-type: none"> - Intimate claims immediately upon occurrence of any event. - To intimate claim, send email to fgclaims@futuregenerali.in or call at our helpline number 1800-220-233/1860-500-3333. - Customer to use the same claim number for all communications. - Surveyor appointment as per regulatory guidelines. - Preserve all records of damages, purchases invoices, reinstatement invoices, reports of police and other authorities concerned, photographs & any other documents may be called for. - Do not take any actions that may compromise your claim as well as deny any opportunity to assess the claim. | | | NA |

| | | <p>- Upon completion of all formalities, Insurance company shall confirm decision on acceptance of liability.</p> <p>- If claim is admissible and KYC/AML documents are already available with Insurer; claims payment shall be processed by NEFT mode of payment.</p> <ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement <table border="1"> <thead> <tr> <th>S. No</th> <th>Stages of claim</th> <th>Times lines for settlement of claims</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>Appointment of surveyor, if applicable.</td> <td>Immediately, in any case within 24 hours of the receipt of intimation from the insured</td> </tr> <tr> <td>2.</td> <td>Submission of survey report</td> <td>within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document</td> </tr> <tr> <td>3</td> <td>Settlement of claim</td> <td>Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Escalation Matrix when TAT is not satisfied: Grievance Redressal Future Generali | S. No | Stages of claim | Times lines for settlement of claims | 1. | Appointment of surveyor, if applicable. | Immediately, in any case within 24 hours of the receipt of intimation from the insured | 2. | Submission of survey report | within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document | 3 | Settlement of claim | Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim. | |
|-------|---|--|-------|-----------------|--------------------------------------|----|---|--|----|-----------------------------|--|---|---------------------|---|--|
| S. No | Stages of claim | Times lines for settlement of claims | | | | | | | | | | | | | |
| 1. | Appointment of surveyor, if applicable. | Immediately, in any case within 24 hours of the receipt of intimation from the insured | | | | | | | | | | | | | |
| 2. | Submission of survey report | within 15 days of appointment subject to all documents required to conclude assessment being submitted on the same day of intimation. If else, 15 days from the receipt of last document | | | | | | | | | | | | | |
| 3 | Settlement of claim | Within 7 days of receipt of survey report or 22 days from submission of all documents required to assess a claim. | | | | | | | | | | | | | |
| 13. | Grievance Redressal and Policy holders Protection | <ul style="list-style-type: none"> • State the brief details of Protection of Policyholder's Interest - Policies Future Generali • Details of Grievance Redressal Officer of the Insurer - fgcare@futuregenerali.in • Bima Bharosa Portal - bimabharosa.irdai.gov.in • Ombudsman - https://www.cioins.co.in/Ombudsman | NA | | | | | | | | | | | | |
| 14. | Obligations of the Policyholder | <ul style="list-style-type: none"> • To disclose all information correctly sought by the insurer 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 may affect the claim settlement. <p>Material information is very subjective and below are few examples:</p> <ul style="list-style-type: none"> • Risk location • Security measures • Risk occupancy • Case specific material facts or risk details | NA | | | | | | | | | | | | |

Declaration by the Policyholder.

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

(Authorized Signatory, where policyholder is a juridical person)

(Stamp of the legal entity)

Note:

- i. Website link for documents: - <https://general.futuregeneral.com/customer-service/downloads>
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.