

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) | | | |
|-----------|--|---|---|----|--|
| 1 | Product Name | Products Liability Insurance | | | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN132RP0019V01202223 | | | |
| 3 | Structure | Indemnity | | NA | |
| 4 | Interests Insured | The policy offers to indemnify the legal liability that you incur as a result of bodily injury or property damage caused by the use of your products after they are sold or supplied | | | |
| 5 | Sum Insured / Motor Insured Declared Value Scope | <<< INR XXXX >>> | | | |
| 6 | Policy Coverage | The Company will indemnify the Insured in excess of the Insured's Deductible and subject to the Limit of Indemnity, against the Insured's legal liability (including claimant's costs, fees and expenses, and Defence Costs) to pay Damages for third party civil Claims arising out of Accidental Bodily Injury or Property Damage: a. caused by the sale or supply of the Insured's Products, and b. solely in the course of the Business, and c. during the Period of Insurance if notified during the Policy Period by the Insured in accordance with the terms of this Policy | | | |
| 7 | Add-on Cover / Optional Cover | No Add-ons available under this product. | | NA | |
| 8 | Loss Participation | Illustration Description Policy SI Claim Amount: Policy Deductible: 5% of the claim amount, applicable | Amount INR 1,00,00,000 INR 57,00,000 INR 2,85,000 | | |

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| | | on each and every claim | | |
|---|------------|--|--|---|
| | | Net Payable amount | INR 54,15,000 | |
| | | The Laguere amount | 1 0 1,10,000 | |
| 9 | Exclusions | Exclusions Save as expressly stated to the contrindemnity is available under this Polic connected to the following: 1. Costs of Remedying Defective costs in the repair, recondition of any product which is or is a 2. The recall of any Product or ar 3. Any Product which the Insured for incorporation into the struct Product guarantee. 5. The failure of Products to fulfice Any agreed assumption of rise liability would have attached in Product and the Insured struct Any Accident arising out of compliance with any statutory 8. Any Bodily Injury of any person apprenticeship with the Insured contractors, if such Bodily Injury in the course of his employment of Products to fulfice profit, loss of opportunity, busing or any claims arising out of logoodwill. 10. The infringement of plans, copregistered designs. 11. Libel, slander, false arrest, defamation including mental in Deliberate, Willful or Intent Provision(s) 13. Any Claim directly or indirect a. ionising radiation or nuclear fuel or from an nuclear fuel; b. the radioactive toxic exexplosive nuclear asset 14. Damage to property belonging or under hirepurchase or on logicare or control. 15. Damage to property belonging way of his trade or worked upon Insured or any person employed. The deliberate, conscious or the provisions of th | ary, the Company is not liable for a y for any Claim arising out of or hows a Product.:- The policy excludes liabiling, modification or replacement of ar lleged to be defective. In y part thereof. I knew or ought to have known was interure, machinery or control of any airce and the purpose for which they were interested by the Insured, save to the extern the absence of such agreement. It deliberate, wilful or intentional provision. I was contracted and/or arose out on the insured and and arose out on the insured and arose out on the iness interruption, market loss or other as of a pure financial nature such as leaving they are the provision of the iness of a pure financial nature such as leaving they around the provision, wrongful determines and they around the provision of the provision of the iness interruption, wrongful determines of the provision of the | lity for my part tended craft. ended. In that I non- ent or r sub- of and loss of crwise, |

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| | | date (if any) 18. Pollution of 19. Any Claim of Period of Ins 20. Any Claim of any fact or of reasonably to by the Compto the Period to have know 21. Directly or in acts of foreig war, rebelling confiscation or under the | specified in the Sched any kind. made, threatened or in surance/ Retroactive da directly or indirectly a ircumstance of which o have been given, und oany or not); or of which of Insurance and which with had the potential to indirectly arising out of gen enemies, hostilities on, revolution, insurance or nationalisation or r | timated against the Insured prior to the ate trising out of, or in any way involving written notice has been given, or ought er any previous policy (whether insured to the Insured first became aware prior than the Insured knew or ought reasonably give rise to a Claim. I, or in any way involving war, invasion, (whether war be declared or not), civil ection, military or usurped power or requisition of or damage to property by the ent or public local authority. | |
|----|--|---|---|---|----|
| 10 | Special Conditions and warranties (if any) | <<< To be fetched fi | rom policy schedule >> | >> | NA |
| 11 | Admissibilit y of Claim | Broad principle of Admissibility or Denial of claim 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. Sample Claim Calculation Particulars Amount (in INR) Gross loss assessed 1,500,000 Less: salvage if Less: salvage if Insurance is a contract of utmost good faith and any mis-declaration or omission to state material facts can prejudice a claim. Sample Claim Calculation Insurance is a contract of utmost good faith and any mis-declaration or omission to state material facts can prejudice a claim. Insurance is a contract of utmost good faith and any mis-declaration or omission to state material facts can prejudice a claim. | | | |
| | | Less: salvage if any Less: excess Net assessed loss | 50,000 150,000 1,300,000 | | |
| 12 | Policy Servicing – Claim Intimation and Processing | 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 – Branch Manager | | | |

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Address - Off Code- 3N, 3rd Floor, No. 310, Radhe Arcade, Near Diwan Ballubhai High School, Maninagar, Maninagar, Gujarat Pincode: 380008. Phone: +91 079-25464166>>>

<<<Direct Policy -

Future Generali India Insurance,

Ph: 1800 220 233 / 1860-500-3333 / 022-67837800

Email: fgclaims@futuregenerali.in

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>>>

- Details of procedure to be followed for reimbursement of claim
 - Intimate claims immediately upon occurrence of any event.
 - To intimate claim, send email to <u>fgclaims@futuregenerali.in</u> 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.
 - Upon completion of all formalities, Insurance company shall confirm decision on acceptance of liability.
 - If claim is admissible and KYC/AML documents are already available with Insurer; claims payment shall be processed by NEFT mode of payment.

• Turn Around Time (TAT) for claims settlement

| 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. | | |

• Escalation Matrix when TAT is not satisfied: <u>Grievance Redressal | Future Generali</u>

Grievance
Redressal
and Policy

• State the brief details of Protection of Policyholder's Interest - <u>Policies</u> <u>Future Generali</u>

 Details of Grievance Redressal Officer of the Insurer fgcare@futuregenerali.in NA



| | holders | Bima Bharosa Portal - <u>bimabharosa.irdai.gov.in</u> | |
|-----|---------------------------------------|---|----|
| | Protection | Ombudsman - https://www.cioins.co.in/Ombudsman | |
| 14. | Obligations of the Policyholder | 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. Material information is very subjective and below are few examples: Business Description Products to be covered Turnover in US, Canada, Europe and ROW Manufacturing Locations | NA |

| | Declaration by | y the Policy | yholder. |
|--|----------------|--------------|----------|
|--|----------------|--------------|----------|

| I | have read | the | above | and | confirm | having | noted | the | details | š. |
|---|-----------|-----|-------|-----|---------|--------|-------|-----|---------|----|
| | | | | | | | | | | |

| Place: | |
|---------|--|
| i iacc. | |

Date:

(Signature of the Policyholder)

(Authorized Signatory, where policyholder is a juridical person)

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(Stamp of the legal entity)

Note:

- $Website\ link\ for\ documents: \underline{https://general.futuregenerali.in/customer-service/downloads}$ i.
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. ii.