

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 | Motor Protect Private Car Package Policy | NA | | | | | | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN132RPMT0001V06201213 | NA | | | | | | |
| 3 | Structure | Indemnity Benefit Payment | NA | | | | | | |
| 4 | Interests Insured | Private Car insured | NA | | | | | | |
| 5 | Sum Insured / Motor Insured Declared Value Scope | <<INR XXXX>> (SI as per Policy Schedule) | NA | | | | | | |
| 6 | Policy Coverage | 1. Loss or damage to your Vehicle due to <ul style="list-style-type: none">Social perils like Burglary, House-breaking or theft, Riot, Strike, Terrorism, Malicious activityNatural perils like Storm, cyclone, Flood, inundation, hurricane, tempest, hailstorm, frost, Earthquake (Fire and Shock), Rockslide, landslideAccident external meansFire, Explosion, self-ignition or lightningWhile in transit by road, rail or inland waterway, air lift, elevator 2. Legal Liability to Third parties (TP) for personal injury and property damage resulting from accident 3. Compulsory Personal Accident (CPA) Cover for Owner-Driver | Section I Section II Section III | | | | | | |
| 7 | Add-on Cover | <table><tr><td colspan="2"><<<</td></tr><tr><td>Name of Add-on</td><td>Limit of Sum Insured</td></tr><tr><td>Additional Towing Charges IRDAN132RPMT0001V06201213/A0041V0</td><td>Up to the Sum Insured as</td></tr></table> | <<< | | Name of Add-on | Limit of Sum Insured | Additional Towing Charges IRDAN132RPMT0001V06201213/A0041V0 | Up to the Sum Insured as | NA |
| <<< | | | | | | | | | |
| Name of Add-on | Limit of Sum Insured | | | | | | | | |
| Additional Towing Charges IRDAN132RPMT0001V06201213/A0041V0 | Up to the Sum Insured as | | | | | | | | |

| | | |
|--|--|--|
| | 2201718 | specified in the policy schedule or policy wording. << INR XXXX >> |
| | Consumable Cover IRDAN132RPMT0001V06201213/A0039V0 2201718 | Maximum up to the vehicle IDV << INR XXXX >> |
| | Increased Property damage liability benefit IRDAN132RPMT0001V06201213/A0040V0 2201718 | Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >> |
| | Loss of Driving license / Registration certificate IRDAN132RPMT0001V06201213/A0042V0 2201718 | Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >> |
| | Loan Protector IRDAN132RPMT0001V06201213/A0043V0 2201718 | Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >> |
| | Hospital Cash Cover IRDAN132RPMT0001V06201213/A0044V0 2201718 | Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >> |
| | Return to Invoice IRDAN132RPMT0001V06201213/A0001V0 2202324 | Up to Original Invoice Amount << INR XXXX >> |
| | Protection of NCB IRDAN132RPMT0001V06201213/A0002V0 2202324 | NCB as specified in the policy schedule. << INR XXXX >> |

| | | | | |
|--|--|---|--|--|
| | | <p>Tyre Protection IRDAN132RPMT0001V06201213/A0003V0 2202324</p> | <p>The new tyre value of the same manufacturer and specification, maximum up to the vehicle IDV whichever is less << INR XXXX >></p> | |
| | | <p>Roadside Assistance IRDAN132RPMT0001V06201213/A0004V0 2202324</p> | <p>Up to 50 Kms to 100 Kms based on the covers << INR XXXX >></p> | |
| | | <p>Daily Cash Benefit / Inconvenience Allowance IRDAN132RPMT0001V06201213/A0005V0 2202324</p> | <p>Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >></p> | |
| | | <p>Loss of Personal Belongings IRDAN132RPMT0001V06201213/A0006V0 2202324</p> | <p>Up to the Sum Insured as specified in the policy schedule or policy wording. << INR XXXX >></p> | |
| | | <p>Zero Depreciation Cover IRDAN132RPMT0001V06201213/A0007V0 2202324</p> | <p>Maximum up to the IDV as specified in the policy schedule << INR XXXX >></p> | |
| | | <p>Personal Accident Plan IRDAN132RPMT0001V06201213/A0008V0 2202324</p> | <p>Up to the Sum Insured as specified in the policy schedule << INR XXXX >></p> | |
| | | <p>Engine & Gear Box Protector IRDAN132RPMT0001V06201213/A0009V0 2202324</p> | <p>The vehicle's IDV includes the engine's sum insured/cost. The maximum coverage for engine protection will</p> | |

| | | | | |
|---|--------------------|---|---|------------|
| | | | be up to the vehicle's IDV or the cost of the engine, whichever is less. << INR XXXX >> | |
| | | Wall charger and associated components/accessories IRDAN132RPMT0001V06201213/A0010V01202324 | Up to the Sum Insured as specified in the policy schedule << INR XXXX >> | |
| | | App Protection cover IRDAN132RPMT0001V06201213/A0011V01202324 | Up to the Sum Insured as specified in the policy schedule << INR XXXX >> | |
| | | Battery Guard IRDAN132RPMT0001V06201213/A0012V01202324 | The vehicle's IDV includes the battery/motor sum insured/cost. The maximum coverage for battery/motor will be up to the vehicle's IDV or the cost of the engine, whichever is less. << INR XXXX >> | |
| | | Key and Locks Replacement Cover IRDAN132RPMT0001V06201213/A0013V01202324 | Up to the Sum Insured as specified in the policy schedule/policy wording << INR XXXX >> | |
| | | Disclaimer: Only Opted Coverage will Reflect here >>> | | |
| 8 | Loss Participation | Compulsory deductible is a mandatory deductible applicable in every claim Voluntary deductible is the extra amount you choose to pay yourself when you make a claim, on top of the compulsory deductible. By picking a voluntary deductible, the insurance premium gets reduced. | | Deductible |

| | | <div>Compulsory Deductible – << INR XXXX >> Voluntary Deductible - << INR XXXX >></div> <div>Deductible Illustration</div> <table><tr><th>Description</th><th>Amount (INR)</th></tr><tr><td>Insurance liability Amount (A)</td><td>10,000</td></tr><tr><td>Compulsory Excess(B)</td><td>1000</td></tr><tr><td>Voluntary Excess(C)</td><td>5000</td></tr><tr><td>Payable Insurance amount (D= A-B-C)</td><td>4,000</td></tr></table> | Description | Amount (INR) | Insurance liability Amount (A) | 10,000 | Compulsory Excess(B) | 1000 | Voluntary Excess(C) | 5000 | Payable Insurance amount (D= A-B-C) | 4,000 | |
|-------------------------------------|--------------|--|-------------|--------------|--------------------------------|--------|----------------------|------|---------------------|------|-------------------------------------|-------|--|
| Description | Amount (INR) | | | | | | | | | | | | |
| Insurance liability Amount (A) | 10,000 | | | | | | | | | | | | |
| Compulsory Excess(B) | 1000 | | | | | | | | | | | | |
| Voluntary Excess(C) | 5000 | | | | | | | | | | | | |
| Payable Insurance amount (D= A-B-C) | 4,000 | | | | | | | | | | | | |
| 9 | Exclusions | <div>The Company shall not be liable under this Policy in respect of</div> <div><div>1. any accidental loss or damage and/or liability caused sustained or incurred outside the geographic area;</div><div>2. any claim arising out of any contractual liability;</div><div>3. any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is</div><div><div>a) being used otherwise than in accordance with the 'Limitations as to Use'</div><div>or</div><div>b) being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.</div></div></div> <div>4. (a) Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising from or any consequential loss. any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionizing radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.</div> <div>5. Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.</div> <div>6. Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with war invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or anv consequences thereof and in</div> <div>General Exceptions</div> | | | | | | | | | | | |

| | | <p>default of such proof, the Company shall not be liable to make any payment in respect of such a claim.</p> <p>Refer policy wordings for complete details on exclusion</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|--|----------------|-----------------|--------------|----------------|-------------|-------|---|-------|---------------|------|---|------|-------|--|--|-------|-----------------------|--|--|------|----------------------|--|--|------|-------------|--|--|-------|----|
| 10. | Special Conditions and Warranties (if any) | <p><<< As per the Schedule >>></p> <p>All the damages existing on the vehicle prior to the inception of the policy are not covered.</p> | NA | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. | Admissibility of Claim | <ul style="list-style-type: none"> Mention the broad principle of admissibility / denial of claims <p>The admissibility of a claim depends on below factors:</p> <ul style="list-style-type: none"> Policy Coverage: The incident must be covered under the insurance policy. Prompt Intimation: The claim must be reported promptly. Full Disclosure: All relevant information related to the claim must be shared. Document Submission: All required documents related to the claim must be submitted. Policy Terms and Conditions: The claim must comply with the terms and conditions of the policy. <p>The claims which fall under the exclusion, special conditions and warranties, mis representation of facts and fraud will not be admissible</p> <p>Reporting of loss: The loss shall be reported immediately [Example: Reporting of loss occurrence; Duty of care & loss minimization; Exclusion of Willful Negligence]</p> <ul style="list-style-type: none"> Include a sample claim calculation process for retail products <p>Sample claim calculation with Zero depreciation add on cover</p> <table border="1"> <thead> <tr> <th>Description</th><th>Assessed Amount</th><th>Depreciation</th><th>Payable amount</th></tr> </thead> <tbody> <tr> <td>Part amount</td><td>15000</td><td>0</td><td>15000</td></tr> <tr> <td>Labour amount</td><td>8000</td><td>0</td><td>8000</td></tr> <tr> <td colspan="3">Total</td><td>23000</td></tr> <tr> <td colspan="3">Compulsory deductible</td><td>1000</td></tr> <tr> <td colspan="3">Voluntary Deductible</td><td>5000</td></tr> <tr> <td colspan="3">Net Payable</td><td>17000</td></tr> </tbody> </table> <p>Note: Amount in INR</p> | Description | Assessed Amount | Depreciation | Payable amount | Part amount | 15000 | 0 | 15000 | Labour amount | 8000 | 0 | 8000 | Total | | | 23000 | Compulsory deductible | | | 1000 | Voluntary Deductible | | | 5000 | Net Payable | | | 17000 | NA |
| Description | Assessed Amount | Depreciation | Payable amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part amount | 15000 | 0 | 15000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labour amount | 8000 | 0 | 8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | 23000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compulsory deductible | | | 1000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Voluntary Deductible | | | 5000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Payable | | | 17000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|----|--|--|------------------------|---------------------|-----------------------|
| | | Sample claim calculation without Zero depreciation add on cover | | | |
| | | Description | Assessed Amount | Depreciation | Payable amount |
| | | Part amount | 15000 | 7500 | 7500 |
| | | Labour amount | 8000 | 0 | 8000 |
| | | Total | | | 15500 |
| | | Compulsory deductible | | | 1000 |
| | | Voluntary Deductible | | | 5000 |
| | | Net Payable | | | 9500 |
| | | Note: Amount in INR Depreciation of 50% considered on parts | | | |
| | | | | | |
| 1 | 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://generalicentralinsurance.com Claim Form: https://generalicentralinsurance.com/customer-service/downloads Email: GCIcare@generalicentral.com 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> | | | |
| 2. | | <<<Direct Policy – Grievance Redressal Officer, Ph: +91-79001 97777 Email: GCIcare@generalicentral.com & GCIGRO@generalicentral.com , Address: Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) , Unit 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai - 400 083>>> | | | |
| | | <ul style="list-style-type: none"> Details of procedure to be followed for cashless service (In case of Motor Insurance) as well as for reimbursement of claim | | | |

| | <p>Cashless claim process (Accident claim)</p> <ul style="list-style-type: none">• Claim Intimation: Claim can be intimated through any of the mode mentioned above. A claim number will be generated and sent on the registered mobile number for reference and tracking• Assignment of Surveyor: Surveyor will be assigned for the registered accident claim.• Documents: The claim documents to be submitted to the surveyor• Claim Assessment: The surveyor will assess the loss based on the claim documents submitted and the policy terms and condition• Vehicle Repair: The vehicle will be repaired by the workshop• Delivery order: The vehicle delivery confirmation will be provided once the Invoice/ pre-invoice is received based on the surveyor report and policy terms and conditions. The vehicle can be collected by paying the difference amount between the invoice value and the Insurance amount in the delivery order• Payment: The claim payment will be done directly to the workshop <p>Reimbursement claim process (Accident claim)</p> <ul style="list-style-type: none">• Claim Intimation: Claim can be intimated through any of the mode mentioned above. A claim number will be generated and sent on the registered mobile number for reference and tracking• Assignment of Surveyor: Surveyor will be assigned for the registered accident claim.• Documents: The claim documents to be submitted to the surveyor• Claim Assessment: The surveyor will assess the loss based on the claim documents submitted and the policy terms and condition• Vehicle Repair: The vehicle will be repaired by the workshop.• Claim settlement: The final claim amount is determined after invoice and payment receipt is received, based on the surveyor's report and the policy terms and conditions. The claim amount will be paid to the Insured• Turn Around Time (TAT) for claims settlement<table><tr><th>Description</th><th>TAT</th></tr><tr><td>Appointment of Surveyor</td><td>Within 24 hours from registration of claim</td></tr><tr><td>Claim Settlement</td><td>Within 7 days from the submission of surveyor report or last document related to the claim whichever is later</td></tr></table> | Description | TAT | Appointment of Surveyor | Within 24 hours from registration of claim | Claim Settlement | Within 7 days from the submission of surveyor report or last document related to the claim whichever is later | |
|-------------------------|--|-------------|-----|-------------------------|--|------------------|---|--|
| Description | TAT | | | | | | | |
| Appointment of Surveyor | Within 24 hours from registration of claim | | | | | | | |
| Claim Settlement | Within 7 days from the submission of surveyor report or last document related to the claim whichever is later | | | | | | | |

| | | | |
|---------|--|---|----|
| | | <ul style="list-style-type: none"> Escalation Matrix when TAT is not satisfied: generalicentralinsurance.com/customer-service/grievance-redressal | |
| 1 3. | Grievance Redressal and Policyholders Protection | <ul style="list-style-type: none"> State the brief details of Protection of Policyholder's Interest - https://generalicentralinsurance.com/policies Details of Grievance Redressal Officer of the Insurer - GCicare@generalicentral.com Bima Bharosa Portal - bimabharosa.irdai.gov.in Ombudsman - https://www.cioins.co.in/Ombudsman | |
| 1 4. | 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. | 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:

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

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800