

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	Money Insurance				NA		
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN132RP0014V02200708					NA	
3	Structure	Indemnity	I					NA
4	Interests Insured	Insured's business money in transit, money in safe and money kept in cashier's till				1	NA	
5	Sum Insured	< <inr xxx="">></inr>			NA			
6	Policy Coverage	The Company covers loss of money in transit, in safe or whilst lying in cashier's till.				Clause 1		
7	Add-on Cover / Optional Cover	Sl. No. Add-on / Optional Cove 1. RIOT AND STRIKE 2. INFIDELITY OF CASH EMPLOYEES >>> Disclaimer: On		CARRYING	< <inr xxx="">></inr>			Clause 3
8	Loss Participation	Illustration Description Policy SI Claim Amount: Policy Deductible: 5% of the claim amount, applicable on each and every claim Net Payable amount		INR 1,00,00,0 INR 57,00,00 INR 2,85,000 INR 54,15,00	0			NA
9	Exclusions	Save as expressly stated to the contrary, no indemnity is available under this Policy for any Claim arising out of, based upon or howsoever connected to the following. 1. Any consequential losses of any kind, be they by way of loss of profit, business interruption, market loss or otherwise and any other legal liability of any kind. 2. Loss of Money carried by anyone other than the Insured or an Authorized Employee.				Clause 4		



		3. Loss of Money where the Insured or his Authorized Employee is or is alleged	
		to be involved as a principal or accessory or is alleged to be in anyway	
		concerned or implicated.	
		4. Loss of Money in the Insured Premises where such Money is stored other than	
		in a Safe or Strong Room, after business hours.	
		5. Money carried under contract of affreightment.	
		6. Loss of money from an unattended vehicle.	
		7. Loss of money from a Safe or Strong Room following the use of a key belonging	
		to the Insured and/or combination and/or code to gain access, unless this has	
		been obtained by threat or violence against Employees.	
		8. Loss or damage whether direct or indirect arising from war (whether war be	
		declared or not), war-like operations, act of foreign enemy, hostilities, civil war,	
		rebellion, insurrections, civil commotion, military or usurped power, seizure,	
		capture, confiscation, arrests, restraint and/or detainment by the order of any	
		government or any other authority, riot, strike or any terrorist activity.	
		9. Loss caused by any earthquake, flood, storm, cyclone or other convulsions of	
		nature or atmospheric disturbances.	
		10. Loss or damage due to ionising radiation or contamination by the radioactivity	
		substance from any nuclear fuel shall or from any nuclear assembly or nuclear waste or from the combustion of nuclear fuel.	
		11. Loss or damage due to the radioactive toxic explosive or other hazardous	
		properties of any explosive nuclear assembly or nuclear component thereof.	
		12. Loss due to or in any way contributed to by the Insured having knowingly	
		permitted or caused or suffered anything to be done or not done whereby the	
		risks hereby insured against were increased.	
		13. Any loss of or damage to any property, whether belonging to the Insured, an	
		Employee or any third party.	
		14. Any personal or bodily or mental injury or suffering of any description. In any	
		action suit or other proceeding where the Company alleges that by reason of any	
		Exclusion any Claim is not covered by this Policy, the burden of proving that	
		such Claim is covered shall be upon the Insured.	
		15. Policy excludes loss, damage cost or expense of whatsoever nature directly or	
		indirectly caused by, resulting from or in connection with any act of terrorism	
		regardless of any other cause or event contributing concurrently or in any other	
		sequence to the loss.	
	Special		
	Conditions		
10	and	<< <any conditions="" or="" special="" warranties="">>></any>	NA
	warranties (if		- · · · · ·
	any)		
	<i>J /</i>	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 	
11	Admissibility	incorporated in the contract shall also play a major role	NA
11	of Claim	Insured is expected to exhibit reasonable duty of due care and	11/1
		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.	
		of offission to state material facts can projudice a claim.	



		2. Sample Claim Calculation (only a	pplicable for	Market value or RIV basis of	
		settlement) 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. 5,00,0	00	
		Sum Insured opted by Insured	Rs. 4,00,0	00	
		Difference	Rs. 1,00,0	00	
		Under Insurance % (Rs. 1,00,000 divided by Rs. 5,00,000)	20%		
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 Address - Off Code- 3N, 3rd Floor, No. 310, Radhe Arcade, Near Diwan Ballubhai High School, Maninagar, Maninagar, Gujarat Pincode: 380008. Phone: +91 079-25464166>>> 			



		- Intim - To in helplin - Custo - Surve - Prese invoice any otl - Do ne any op - Upon decisio - If cla Insurer	ate claims immediate timate claim, send en te number 1800-220-20 pmer to use the same eyor appointment as perve all records of dames, reports of police and accuments may be take any actions the portunity to assess the completion of all for on acceptance of limits admissible and c; claims payment shared.	claim number for all communications. per regulatory guidelines. nages, purchases invoices, reinstatement nd other authorities concerned, photographs & e called for. at may compromise your claim as well as deny e claim. rmalities, Insurance company shall confirm	
		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 assessmen being submitted on the same day o intimation. If else, 15 days from the receip of last document	t f
		3	Settlement of claim	Within 7 days of receipt of survey report of 22 days from submission of all document required to assess a claim.	
	Escalation Matrix when TAT is not satisfied: Grievance Redressal Future Generali				
13.	Grievance Redressal and Policy holders Protection	 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 			
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 inform • Risk lo		ive and below are few examples:	
IS - M	oney Insurance Police	cy	UIN: IRDAN	I132RP0014V02200708	Page 4 of 5



Security measures
Risk occupancy
Case specific material facts or risk details

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.futuregenerali.in/customer-service/downloads
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.