

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

Policy No: << >>

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

| SI No | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
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| 1 | Product Name | Fidelity Guarantee Insurance Policy (Retail) | Not applicable |
| 2 | Unique Identification Number allotted by IRDAI | IRDAN134RP0025V01202223 | Not applicable |
| 3 | Structure | <ul style="list-style-type: none"> • Indemnity <p>Add-on Covers</p> <ul style="list-style-type: none"> • Indemnity <ul style="list-style-type: none"> • Additional Expenses Extension • Accountants Cost • Floater Policy <p>Note: All the above covers are offered under this product. However, the cover offerings may differ and shall be applicable as opted under the policy</p> | Add-on Wordings |
| 4 | Interests Insured | Policy covers financial loss suffered by the Insured as a result of forgery, embezzlement, larceny or fraud/dishonesty or fraudulent conversion of money or money's worth or goods by the employees of the insured. | 1. Preamble |
| 5 | Sum Insured | <ul style="list-style-type: none"> • Sum Insured - As opted | 2. Definition-Point No. 6 |
| 6 | Policy Coverage | <p>The policy pays for actual financial loss sustained as a result of the dishonesty/fraudulent act of the employee. Amount payable under the policy is subject to adjustments against any salary, commission security deposit or any other money standing to the credit of the fraudulent employee</p> <p>The policy provides coverage against loss of property or money as a direct result of employee</p> | 3. Coverage: What we cover |

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| | | <p>dishonesty if:</p> <ul style="list-style-type: none"> • The Insured is able to identify which employee is responsible • The employee dishonesty is committed within the retroactive period and during the course of the employment, provided that the policy has been renewed with Us continuously without break • First discovered during the period of insurance or within 12 months of expiry/cancellation of the policy. • The loss is reported to the police immediately upon discovery | |
| 7 | Add-on Cover | <p>The product also offers the choice of few optional covers as below:</p> <ol style="list-style-type: none"> 1. Additional Expenses Extension Under this cover, reasonable expenses incurred towards substantiating the claim up to 10% of the claim amount will be covered. 2. Accountants Cost Under this cover, fees payable to the external auditors for substantiating a claim up to the limit specified is covered. 3. Floater Cover The insured may cover a number of unnamed employees, without specifying the name of the employees and the amount against each. Only the total amount guaranteed is stated and any loss up to that sum is covered whether resulting from default of one or more employees, collectively or severally. <p>Note: All the above covers are offered under this product. However, the cover offerings may differ and shall be applicable as opted under the policy</p> | Add-on Wordings |
| 8 | Loss Participation | Excess – As opted in the policy schedule | 2. Definition-Point No. 10 |
| 9 | Exclusions | <p>a) Any loss caused by a particular employee that occurs after:</p> <ul style="list-style-type: none"> • You became aware of an act of employee dishonesty by that employee: or • You suspect that employee has committed an act of employee dishonesty | 3. Coverage : What we exclude |

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| | | <p>b) Any loss resulting directly or indirectly from trading in securities: whether in your name and whether in a genuine or fictitious account</p> <p>c) Any act of employee dishonesty committed by a person whom you knew to be dishonest</p> <p>d) any consequential losses of any kind, be they by way of loss of profit, any loss not reflected in your books of account, loss of opportunity, business interruption, market loss, loss of gain or potential income or gain which should have accrued to you (including but not limited to interest and dividends), or otherwise;</p> <p>e) any legal liability of any kind</p> <p>f) any fraudulent or dishonest act of an Employee not discovered within 12 months of the date upon which such Employee ceased to be an employee of the Insured for any reason;</p> <p>g) Any loss sustained before the retroactive date or more than 2 years before the date of first discovery, whichever may be later</p> | |
| 10 | Special Conditions and Warranties (if any) | As mentioned in the policy schedule | Not Applicable |
| 11 | Admissibility of Claim | <p>The claim would be admissible as per the coverages and the exclusions mentioned in the policy wordings</p> <p>Sample Calculation The calculation / assessment for this insurance various upon the type of event insured and T& C of policies.</p> | <p>1. Preamble</p> <p>3. Coverage:</p> <ul style="list-style-type: none"> • What we cover • What we exclude |
| 12 | Policy Servicing - Claim Intimation and Processing | <ul style="list-style-type: none"> • Toll Free Numbers: 1800 200 4030 / 1800 22 4030 • Website - www.universalsompo.com • Email - contactus@universalsompo.com; contactclaims@universalsompo.com <ul style="list-style-type: none"> • Claim Procedure: • Claim Intimation <p>In the event of any circumstances likely to give rise to a claim insured must follow the following.</p> | 7. General Conditions-Point No 3- Claim Procedure |

a) Reporting and Lodging of complaint with the local police immediately for the loss due to Terrorism /Burglary / Theft / involvement of any third party / injury or casualty/ malicious act.

b) Take all reasonable steps within the insured's power to recover / minimize the extent of the loss or damage.

c) Intimate us as soon as reasonably possible. Notice of claim and registration shall be done at our Toll Free Number: 1800-22-4030 or 1800-200-4030, alternatively you can notify your claim by sending mail to <contactclaims@universalsompo.com>.

d) While notifying you claim, please share your 1) policy number under which you prefer to lodge your claim, 2) date of loss, 3) place of loss, 4) cause of loss and 5) estimate of your loss.6) Details f contact person with mobile no. and e- mail ID.

e) Preserve the damaged or defective parts / items / assets and make them available for inspection by an official of the insurance company or surveyor /investigator appointed.

f) Furnish all such information / proofs and documentary evidence as the surveyor / insurance company may require processing your claim.

• **Followed by notification of a claim, insured is expected to follow the following procedures.**

a) Insured shall do all possible loss minimization activity to reduce further loss or aggravation of loss.

b) Insured shall not dispose / throwing away /selling / destroying any of damaged item/salvage before inspection of loss by insurer/surveyor been appointed.

c) Insured shall furnish all necessary documents/photographs/videos and proof / evidence in relevant to their claim to surveyor / insurance company to establish their loss.

d) Insured shall not offer promise or assurance to any third party for their loss arising out of this incident.

e) After receipt of all necessary claim documents, re-instatement bills and payment proofs, claim working with surveyor observation

would be shared to insured by surveyor / insurance company for their understanding and concurrence.

f) Based on the final surveyor report, claim preferred by insured would be processed and concluded for settlement.

g) Post notification of a claim, insured would be followed for the basic settlement documents or clarification on the discrepancy observed on the basic settlement documents. In spite of our best effort, if insured fails to responded for the basic details within the defined time limit , the claim preferred by insured would be repudiated as " Loss was not established".

- **Basic documents to be submitted by insured for claim settlement (To be submitted by insured after reporting of loss)**

1.Claim Form: The official form provided by the insurer to initiate the claim process.

2.Proof of Loss: Detailed documentation showing the extent and nature of the financial loss.

3.Incident Report: A detailed report of the incident, including dates, times, and the parties involved.

4.Internal Investigation Report: Findings from any internal investigations conducted by the employer.

5.Employee Records: Employment contracts, job descriptions, and records of the suspected employee(s).

6.Financial Records: Bank statements, ledgers, and other financial documents showing the discrepancies or losses.

7.Police Report: If the incident was reported to the police, a copy of the report.

8.Correspondence: Any emails, letters, or other communication related to the incident.

9.Audit Reports: Internal or external audit reports that reveal the loss or support the claim.

- **Turn Around Time (TAT) for claims settlement (excluding policies issued on the property/ building on reinstatement basis)**

1. The Surveyor shall be appointed within 24 hours from the intimation.

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| | | <p>2. The surveyor to share the Letter of requirement within 02 days from the date of his visit to the loss premises.</p> <p>3. The Surveyor shall share its reminders emails/letter after 05 days from the date of last mail in case the documents has not been submitted.</p> <p>4. The Insurance Company to obtain survey report within 15 days from the date of appointment.</p> <p>5. Post receipt of survey report insurance company to conclude the case within 07 days of receipt of survey report.</p> <ul style="list-style-type: none"> • Escalation Matrix <ul style="list-style-type: none"> Level 1 - contactclaims@universalsompo.com Level 2 - grievance@universalsompo.com Level 3 - gro@universalsompo.com | |
| 13 | Grievance Redressal and Policyholders Protection | <p>Grievances 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>➤ Step 1</p> <p>a. Contact Us 1-800-224030/1-800-2004030</p> <p>b. E-mail Address: Contactus@universalsompo.com</p> <p>c. Write to us Customer Service Universal Sompo General Insurance Company Limited Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708</p> <p>d. Senior Citizen Number: 1800 267 4030</p> <p>➤ Step 2 If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id. Email Us- grievance@universalsompo.com Drop in Your concern Grievance Cell: Universal Sompo General</p> | 8. Grievances |

Insurance Co. Ltd, Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

Visit Branch Grievance Redressal Officer (GRO)
Walk into any of our nearest branches and request to meet the GRO

- We will acknowledge receipt of your concern immediately
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of our response

➤ **Step 3:**

In case, You are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, You may write or email to:

Chief Grievance Redressal Officer

Universal Sompo General Insurance Company Limited

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

Email : gro@universalsompo.com

For updated details of grievance officer, kindly refer the link

<https://www.universalsompo.com/resource-grievance-redressal>

➤ **Step 4.**

Bima Bharosa Portal link :
<https://bimabharosa.irdai.gov.in/>

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.gicouncil.in/>, the Consumer Education Website of the IRDAI at

<http://www.policyholder.gov.in>, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site:

<https://www.cioins.co.in/Ombudsman>

Note: Grievance may also be lodged at IRDAI
<https://bimabharosa.irdai.gov.in/>

Below are the contact details:

| Office Details | Jurisdiction of Office (Union Territory, District) |
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| AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in | Karnataka |
| BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, | Madhya Pradesh Chattisgarh. |

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| | <p>Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p> | | | |
| | <p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p> | Odisha | | |
| | <p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor Batra Building, Sector 17 – D, Chandigarh – 160 017 Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p> | <p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p> | | |
| | <p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p> | <p>Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).</p> | | |

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| | | <p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 23237539 Email: bimalokpal.delhi@cioins.co.in</p> | <p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh</p> | | |
| | | <p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p> | <p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p> | | |
| | | <p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 – 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p> | <p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p> | | |
| | | <p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798</p> | <p>Rajasthan</p> | | |

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| | | Email: bimalokpal.jaipur@cioins.co .in | | | |
| | | ERNAKULAM Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioi ns.co.in | Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry | | |
| | | KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.c o.in | West Bengal, Sikkim, Andaman & Nicobar Islands. | | |
| | | LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082/3500613 Email: bimalokpal.lucknow@cioins. co.in | Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, | | |

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| | | | <p>Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p> | |
| | | <p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p> | <p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p> | |
| | | <p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,</p> | |

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| | | | Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. | |
| | | PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in | | Bihar, Jharkhand. |
| | | PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in | | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |
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| 14 | Obligations of prospective Policyholder / Customer | <p>1. Notice: Every notice and communication to us required by or in respect of this policy shall be in writing.</p> <p>2. Non-Disclosure: Non-disclosure shall include failure on your part to intimate us in writing and obtaining written approval from us in respect of Changes in Circumstances during the period of insurance arising out of:</p> <p>a) Changes in the nature of your business or change in the duties and conditions of service or</p> | | 7.General Conditions |

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| | | <p>remuneration of the employees.</p> <p>b) Changes in the name, residential address or occupation of your employees used for their identification</p> <p>c) Non-adherence or changes in the checks and balances for securing accuracy of accounts and stocks</p> <p>Note: The policy shall be void and all premiums paid there-on shall be forfeited to the company in the event of fraud by the policy holder</p> <p>Disclosure of other material information during the policy period</p> <p>Material information for the purpose of this policy shall be mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk</p> <p>Non- disclosure of material information may affect the claim settlement</p> <p>Broadly any claim shall be denied subject to following parameters.</p> <ol style="list-style-type: none"> 1.Premium - Whether the premium has been paid on or before Risk Start Date 2.Period – Whether the insurance is in force as on date of loss. 3.Peril – Whether the cause of loss is covered. 4.Property- Whether the property said to be affected is insured. 5.Place - Whether the location is covered under the policy, 6.Person - Whether the claimant has insurable interest <p>Note - Any breach of policy conditions, and claim falling under exclusions shall be the ground for repudiations.</p> | |
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Declaration by the Policyholder:

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

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the Policyholder regarding receiving of the Customer Information Sheet.**