

## CUSTOMER INFORMATION SHEET

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

SI NO	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1.	Product name	INDUSIND PROFESSIONAL INDEMNITY INSURANCE POLICY	-
2.	Unique Identification Number (UIN) allotted by IRDAI	IRDAN103RP0023V01200102	-
3.	Policy No.	XXXXXXXXXXXXXXXXXXXXXX	-
4.	Structure	Policy covers the Insured against legal liability to pay compensation including claimant cost, fees and expenses anywhere in India, in accordance to Indian Law for claims arising out of bodily injury /and or death of any patient caused by or alleged to have caused by error, omission or negligence in professional services rendered.	-
5.	Interests Insured	Interest Insured is the qualified professional or qualified assistants employed by Insured	-
6.	Sum Insured	As per Policy schedule	-
7.	Policy Coverage	Subject to exclusions as provided in policy wording, the policy covers the Insured against legal liability to pay compensation including claimant cost, fees and expenses anywhere in India, in accordance to Indian Law for claims arising out of bodily injury /and or Death of any patient caused by or alleged to have caused by error, omission or negligence in professional services rendered	"Limit of Liability under Policy Wording
8.	Add-on Cover	In addition to insured loss payable we will also provide your following covers/ pay listed expenses, if incurred: <ul style="list-style-type: none"> <li>As per policy schedule</li> </ul>	-
9.	Loss Participation/ Deductible applicable	<ul style="list-style-type: none"> <li>As per policy schedule</li> </ul>	-
10.	Exclusions	<p><b>Major Policy Exclusions of the policy:</b></p> <p>We do not cover losses and expenses as a result of or is per policy caused by or arising from events, stated below:</p> <ul style="list-style-type: none"> <li>Any Form of Consequential Losses Exclusion</li> <li>Pure Financial / Pecuniary Loss Exclusion</li> <li>Prior/ Pending Acts/ Litigation exclusion</li> <li>Radioactive exclusion clause</li> <li>Fungus, Mildew and Mould Liability Exclusion</li> <li>Clinical Research trials Exclusion</li> <li>Patents and Trade Secrets Excluded</li> <li>Fines, Penalties, Punitive or Exemplary Damages exclusion</li> <li>Terrorism, War and Civil War Exclusion</li> <li>Nuclear Energy Risks Exclusion</li> <li>Any Asbestos Liability</li> <li>Extra Contractual obligations, including Ex-gratia or without prejudice settlements</li> </ul>	Exclusion as per policy wording



	<ul style="list-style-type: none"> <li>Absolute Pollution exclusion</li> <li>Employee Compensation Insurance / Employers Liability exclusion</li> <li>Employment -Related Practices</li> <li>Expected or intended bodily injury or property damage</li> <li>Electro Magnetic Fields (EMF)</li> <li>Criminal Acts</li> <li>Intentional and Willful acts</li> <li>Loss of Goodwill</li> <li>Genetically modified Organisms</li> </ul>													
11. <b>Special Conditions and Warranties</b>	<ul style="list-style-type: none"> <li>As per policy schedule</li> </ul>	-												
12. <b>Admissibility of Claim</b>	<p><b>Broad principle of admissibility/denial of claims:</b></p> <ul style="list-style-type: none"> <li>Premium - 64 VB should be complied</li> <li>Period - Loss should occur within the policy period as specified in the policy unless retroactive date is mentioned</li> <li>Subject matter of claim should be covered under the policy</li> <li>Cause of loss should be covered under the policy</li> <li>Policy terms and conditions - Coverage/Exclusions as per policy wordings</li> </ul> <p><b>Sample Claim Calculation Sheet:</b></p> <table border="1"> <thead> <tr> <th>Description</th> <th>Amt. In Lakhs Rs.</th> </tr> </thead> <tbody> <tr> <td>Loss Amount (As per the Court award)</td> <td>50.00</td> </tr> <tr> <td>Add: Claimant cost, fees and expenses actually incurred</td> <td>1.00</td> </tr> <tr> <td>Gross Assessed Loss</td> <td>51.00</td> </tr> <tr> <td>Less: Excess</td> <td>0.50</td> </tr> <tr> <td><b>NET ASSESSED LOSS</b></td> <td><b>50.50</b></td> </tr> </tbody> </table>	Description	Amt. In Lakhs Rs.	Loss Amount (As per the Court award)	50.00	Add: Claimant cost, fees and expenses actually incurred	1.00	Gross Assessed Loss	51.00	Less: Excess	0.50	<b>NET ASSESSED LOSS</b>	<b>50.50</b>	-
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13. <b>Policy Servicing - Claim Intimation and Processing</b>	<p>If you suffer a loss because of an Insured Event/ peril, for claims intimation, you can:</p> <ul style="list-style-type: none"> <li>Call Center Landline No.: 022-48903009 (Paid) or WhatsApp No.: 7400422200</li> <li>Email us at: <a href="mailto:services@indusindinsurance.com">services@indusindinsurance.com</a></li> <li>Communicate with us through our Company Website: <a href="https://www.indusindinsurance.com/">https://www.indusindinsurance.com/</a></li> <li>Contact following designated company officials:</li> </ul> <table border="1"> <thead> <tr> <th>Level</th> <th>Concerned Person</th> <th>Email ID</th> </tr> </thead> <tbody> <tr> <td>Level 1</td> <td>SPOC</td> <td><a href="mailto:igicl.healthcare@indusindinsurance.com">igicl.healthcare@indusindinsurance.com</a></td> </tr> <tr> <td>Level 2</td> <td>Satya Keerthi Pothamsetty</td> <td><a href="mailto:satya.pothamsetty@indusindinsurance.com">satya.pothamsetty@indusindinsurance.com</a></td> </tr> <tr> <td>Level 3</td> <td>Vasundara Devi A</td> <td><a href="mailto:vasundhara.devi@indusindinsurance.com">vasundhara.devi@indusindinsurance.com</a></td> </tr> </tbody> </table>	Level	Concerned Person	Email ID	Level 1	SPOC	<a href="mailto:igicl.healthcare@indusindinsurance.com">igicl.healthcare@indusindinsurance.com</a>	Level 2	Satya Keerthi Pothamsetty	<a href="mailto:satya.pothamsetty@indusindinsurance.com">satya.pothamsetty@indusindinsurance.com</a>	Level 3	Vasundara Devi A	<a href="mailto:vasundhara.devi@indusindinsurance.com">vasundhara.devi@indusindinsurance.com</a>	-
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<p><b>14. Grievance Redressal and Policyholders Protection</b></p>	<p>While the company takes utmost care to ensure all our touchpoints are trained to ensure qualitative delivery, in case of any lapse from our members, we request you to report it to our front end unit by:</p> <ul style="list-style-type: none"> <li>• Calling on phone number: 22 4890 3009 or writing email at: <a href="mailto:services@indusindinsurance.com">services@indusindinsurance.com</a></li> <li>• Visiting any of our nearest branch</li> <li>• Writing to us at: IndusInd General Insurance, Correspondence Unit, 2nd &amp; 3rd Floor, Winway Building, 11/12, Block No.4, Old No-67, South Tukoganj, Near Madhumilan Square, Indore, Madhya Pradesh, India - 452001.</li> </ul> <p>In case you are not pleased with the response received from one of the above mentioned touch points or there is a delay from our side, you may contact our Grievance Officer at <a href="mailto:grievances@indusindinsurance.com">grievances@indusindinsurance.com</a>.</p> <p>The list of our Grievance Redressal Officers is available at our website <a href="https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf">https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf</a></p> <p>Even after this, if you are not satisfied with the response received from our Grievance Officer, you may write to our Head of Grievance at <a href="mailto:Headgrievances@indusindinsurance.com">Headgrievances@indusindinsurance.com</a>.</p> <p>Still, if you are not happy with the response received from the company, you may contact Insurance Ombudsman for redressal of grievance as per Insurance Ombudsman rules 2017. List of Ombudsman offices is mentioned in annexure attached to the policy schedule or you may visit its website@ <a href="https://cioins.co.in/ombudsman">https://cioins.co.in/ombudsman</a>.</p> <p>Grievances can also be registered at IRDAI's Bima Bharosa portal at <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a> or by calling Toll Free Number 155255 (or) 18004254 732 or by sending an e-mail at <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a> or by writing to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500032.</p>	-
<p><b>15. Obligations of the Policyholder</b></p>	<p>You must:</p> <ul style="list-style-type: none"> <li>• Provide all relevant information about commodities to be covered, packing used, voyage details etc. to the best of your knowledge</li> <li>• Make a claim when You suffer loss, and follow the claim procedure</li> <li>• Make true and full disclosure in Your claim and documents supporting the claim</li> <li>• Give us full co-operation for inspection and investigating the claim that You will make</li> <li>• To give notice of claim immediately on the Carriers, Port Authorities or other Bailees who are apparently responsible for loss of or damage to subject matter insured to protect recovery rights of insurer</li> </ul>	-



**Declaration by the Policyholder:**

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Policyholder)

**Note:**

- I. The product related documents including the Customer Information sheet are available on our Company website at: Download Insurance Proposal Form, Policy Wording, Brochures ([www.indusindinsurance.com](http://www.indusindinsurance.com))
- II. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

