

**Liberty General Insurance Limited**

Corporate Identity Number: U66000MH2010PLC269656.

IRDAI Registration No.150

Unit 1501&amp;1502, 15th Floor, Tower 2, One International Center

Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,

Phone: +91 226700 1313 Fax: +91 226700 1606

Website: [www.libertyinsurance.in](http://www.libertyinsurance.in)

UIN: IRDAN150RP0027V01201213

**CUSTOMER INFORMATION SHEET**

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

| Sr. No. | Title                                                | Description (Please refer to applicable Policy Clause Number in next column)                                     | Policy/ Clause Number |
|---------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------|
| 1       | Product Name                                         | Marine Cargo Insurance (Sales Turnover Policy)                                                                   |                       |
| 2       | Unique Identification Number (UIN) allotted by IRDAI | IRDAN150RP0027V01201213                                                                                          |                       |
| 3       | Structure                                            | Indemnity Based Policy                                                                                           |                       |
| 4       | Interests Insured                                    | This Product offers insurance cover for damage to your cargo during transit, as mentioned in the policy schedule |                       |
| 5       | Sum Insured                                          | As stated in the policy schedule                                                                                 |                       |
| 6.      | Policy Coverage                                      | As stated in the policy schedule                                                                                 |                       |
| 7.      | Add On                                               | As stated in the policy schedule                                                                                 |                       |
| 8.      | Loss Participation                                   | As stated in the policy schedule                                                                                 |                       |

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|-----|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 9.  | Exclusion                                   | General exclusions applicable as per the Transit Clauses mentioned in the policy schedule.<br><br>Other exclusions as mentioned under Clauses Descriptions/Conditions Descriptions/ Warranties Descriptions in the policy schedule.                                                                                                                                                                                                                                                                                                                                                                                                           | Policy Schedule |
| 10. | Special Condition and Warranties (If any)   | As stated in the policy schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| 11. | Admissibility of claim                      | a. As soon as any loss or physical damage occurs to any Insured Property due to an Insured Event.<br>b. You must immediately give notice to us along with claim form and supporting documents to substantiate the loss or damage.<br>c. You shall act as if Insured and should take steps for loss minimization<br><br>Admissibility of claims would be basis the policy terms and conditions;.<br><br>In addition, it will be the obligation of insured for duty of care and loss minimization and timely intimation of claim to us.<br><br>The admissibility of claim will also be subject to any general law, Act, or regulation in force. |                 |
| 12. | Policy Servicing- Claims Intimation Process | An unforeseen crisis can occur anytime and such situations demand efficient and timely assistance. The claims procedure is an important aspect of the insurance process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |

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|  | <p>We will inform and give instruct you on how to handle claims arising out of Commercial Insurance Policy.</p> <p><b>How do I go about claiming my loss?</b></p> <p>Here are some of the immediate steps you must take in the event of a claim:</p> <ul style="list-style-type: none"><li>• Lodge a claim with LGI without delay:</li><li>• Call us at our Toll Free Number 1800 266 5844 (between 8:00am to 8:00pm, 7 days of the week)</li><li>• Visit our nearest branch office</li><li>• Mail us on <a href="mailto:care@libertyinsurance.in">care@libertyinsurance.in</a></li><li>• Send a written intimation letter to our registered office or the applicable branch office by post or courier.</li><li>• Take all reasonable precautions to prevent/reduce further loss, damage or liability and follow the instructions of LGI</li><li>• Preserve unchanged any damaged or defective property or parts for inspection by the surveyor appointed by LGI unless:</li><li>• Immediate action is required for safety or the continuation of work,</li><li>• The insurer dispenses with inspection</li></ul> |  |
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|  | <ul style="list-style-type: none"><li>• Take photos of the damage/loss, prior to repair.</li><li>• Kindly hold liable in writing any third parties believed to have caused the loss/damage</li><li>• Notify the local police authority in case of theft and fire</li></ul> <p><b>What information should I provide while registering a claim?</b></p> <p>The notification must include the following:</p> <ul style="list-style-type: none"><li>• Policy number</li><li>• Date and time of loss</li><li>• Location of loss</li><li>• Contact person on site (name, e-mail, phone no.)</li><li>• Occurrence of damage</li><li>• Details of damaged items</li><li>• Probable cause</li><li>• Any damage to third party property</li><li>• Details/reports of the loss to any other authorities, if any (police/fire brigade, etc)</li><li>• Estimated loss amount</li></ul> |  |
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|  | <p>When registered, a claim number will be allotted by us and it must be mentioned in all future correspondence. Also we will appoint a surveyor who will contact the loss site office.</p> <p><b>What does a surveyor do?</b></p> <p>The surveyor will visit the loss site for survey and collects the documents/information pertaining to the loss. The site officer shall make a report for losses/damages and about the scheduled repairs and estimate of costs. Photos taken following damage must be handed over to the surveyor along with the documents as requested by the surveyor.</p> <p><b>What are the actions taken following a survey?</b></p> <ul style="list-style-type: none"><li>• The surveyor will prepare a preliminary loss report and submit it to us.</li><li>• The surveyor will issue a letter to insured requesting for the claim documents, such as</li><li>• Claim Form duly filled in and signed or insured's report on occurrence of loss</li><li>• Inventory of Loss</li><li>• Books of Accounts</li><li>• Supplier's invoices, bills, receipts, etc. to support values and indicate terms of sale</li></ul> |  |
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|  | <ul style="list-style-type: none"><li>• Daily log of work carried out showing individual/labour hours worked, equipment used and purpose</li><li>• Individual worksheets for labour and equipment to substantiate the claim</li><li>• Copy of original agreement along with supplementary agreements</li><li>• Photographs if arranged</li><li>• Manufacturer's report detailing extent of loss, cause and suggested repair procedure</li><li>• First Information Report/Police Investigation Report/Fire Brigade Report, wherever required</li><li>• Discharge voucher</li><li>• Letter of Subrogation and Special Power of Attorney</li><li>• Any other information and documentation not detailed above relevant to the occurred loss/damage</li></ul> <p><b>What are the follow up actions?</b></p> <ul style="list-style-type: none"><li>• The surveyor may visits the site a second time to inspect the repairs undertaken or seek clarification on the supporting documents. He may also discuss the settlement amount and take the insured's consent on the same.</li></ul> |  |
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|  | <ul style="list-style-type: none"><li>• If the documents are not complete, the surveyor or LGI will send reminder letters to the insured.</li><li>• Despite several reminders, if the insured is unable to comply with the documents/information called for, LGI may issue a closure letter to the insured.</li><li>• In case of total loss or constructive total loss, the surveyor may facilitate disposal of salvage.</li></ul> <p><b>What are the loss settlement actions?</b></p> <ul style="list-style-type: none"><li>• Processing of claims will be in accordance with the policy terms, exclusions, provisions and conditions or endorsed thereon.</li><li>• LGI will settle claims, after being satisfied by the submitted survey report, bills and documents, which prove that the claim falls within the ambit of the policy.</li><li>• If any recovery rights are protected, 'Letter of Subrogation and Power of Attorney' will be obtained from the insured.</li></ul> <p><b>Steps to be followed:</b></p> <p><b>Toll-free / IVRS: 1800 266 5844</b></p> <p><b>Operating hours:</b> 8:00 a.m. to 8:00 p.m., 7 days a week</p> <p><b>Website:</b> <a href="#">Commercial Claims</a></p> |  |
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|     |                                                   | <p><b>Designated company officials for claim assistance:</b> Toll-free number <b>1800 266 5844</b></p> <p><b>Retail claim settlement TAT: 15 days</b>, provided the insured provides all relevant claim documents</p> <p><b>Escalation:</b> If the TAT is not met, please find the escalation Matrix</p> <p><b>Level 1:</b></p> <p><b>Name:</b> Hitesh Barad</p> <p><b>Emailid:</b> <a href="mailto:hitesh.barad@libertyinsurance.in">hitesh.barad@libertyinsurance.in</a></p> <p><b>Contact No:</b> 9004085898</p> <p><b>Level 2:</b></p> <p><b>Name:</b> Mahendra Mandloi, VP &amp; National Commercial Claims Manager</p> <p><b>Email id:</b> <a href="mailto:mahendra.mandloi@libertyinsurance.in">mahendra.mandloi@libertyinsurance.in</a></p> <p><b>Contact No:</b> 7506507725</p> |  |
| 13. | Grievance Redressal and Policy Holders Protection | <ul style="list-style-type: none"> <li>• For Grievance Redressal, please refer: <a href="https://www.libertyinsurance.in/customer-support/grievance-redressal.html">https://www.libertyinsurance.in/customer-support/grievance-redressal.html</a></li> <li>• Bima Bharosa (Grievance Redressal Portal), IRDAI :<a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></li> <li>• Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul>                                                                                                                                        |  |
| 14. | Obligation of Policy Holder                       | Ensure you provide accurate information when completing your proposal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |

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|  |  | Notify us right away of any changes, modifications, or additions the declared information, as failure to disclose material details may impact your claim settlement Non-disclosure of material information may affect the claim settlement |  |
|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

**Declaration by the Policy Holder:**

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

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

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

(Signature of the Policyholder)

**Note:**

- You may visit our website at <https://www.libertyinsurance.in/customer-support/download-forms.html> to refer the product related documents.
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail

