

CUSTOMER INFORMATION SHEET

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

| S. No | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
|-------|--|---|----------------------|
| 1 | Product Name | Money Secure | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN152RP0129V02201718 | |
| 3 | Structure | State basis of Sum/Limit Insured <ul style="list-style-type: none"> • Indemnity | |
| 4 | Interests Insured | <p>The Policy broadly offers following 3 covers.</p> <ul style="list-style-type: none"> • Loss of Money in Transit – Money carried by the Insured or Insured’s Authorised Employee(s) and loss caused due to Robbery or Theft or any other fortuitous cause • Money in Safe – Loss of Money by Burglary or Housebreaking or Robbery from a Safe and/ or Strong Room in the Insured Premises • Money in Cash Counter – Loss of Money by Burglary or Housebreaking or Robbery from Insured’s cash counter in the Insured Premises during office hours | |

| 5 | Sum Insured | <table border="1"> <thead> <tr> <th data-bbox="480 230 855 434">Money in transit</th> <th data-bbox="855 230 1026 434">Single carrying limit (INR)</th> <th data-bbox="1026 230 1230 434">Total Estimated amount of money in transit per annum (INR)</th> </tr> </thead> <tbody> <tr> <td data-bbox="480 434 855 479">Part I</td> <td data-bbox="855 434 1026 479"></td> <td data-bbox="1026 434 1230 479"></td> </tr> <tr> <td data-bbox="480 479 855 651">Money in Transit from Bank/ Insured's premises/ place of collection to Insured's Premises/ Bank/ place of disbursement as applicable</td> <td data-bbox="855 479 1026 651"></td> <td data-bbox="1026 479 1230 651"></td> </tr> <tr> <td data-bbox="480 651 855 696">Part II</td> <td data-bbox="855 651 1026 696"></td> <td data-bbox="1026 651 1230 696"></td> </tr> <tr> <th data-bbox="480 696 855 831">Money in safe</th> <th data-bbox="855 696 1026 831">Per Location Limit (INR)</th> <th data-bbox="1026 696 1230 831">Total Sum Insured (INR)</th> </tr> <tr> <td data-bbox="480 831 855 875"></td> <td data-bbox="855 831 1026 875"></td> <td data-bbox="1026 831 1230 875"></td> </tr> <tr> <th data-bbox="480 875 855 1010">Money in counter</th> <th data-bbox="855 875 1026 1010">Per Location Limit (INR)</th> <th data-bbox="1026 875 1230 1010">Total Sum Insured (INR)</th> </tr> <tr> <td data-bbox="480 1010 855 1055"></td> <td data-bbox="855 1010 1026 1055"></td> <td data-bbox="1026 1010 1230 1055"></td> </tr> </tbody> </table> | Money in transit | Single carrying limit (INR) | Total Estimated amount of money in transit per annum (INR) | Part I | | | Money in Transit from Bank/ Insured's premises/ place of collection to Insured's Premises/ Bank/ place of disbursement as applicable | | | Part II | | | Money in safe | Per Location Limit (INR) | Total Sum Insured (INR) | | | | Money in counter | Per Location Limit (INR) | Total Sum Insured (INR) | | | | |
|--|-----------------------------|---|------------------|-----------------------------|--|---------------|--|--|--|--|--|----------------|--|--|---------------|--------------------------|-------------------------|--|--|--|------------------|--------------------------|-------------------------|--|--|--|--|
| Money in transit | Single carrying limit (INR) | Total Estimated amount of money in transit per annum (INR) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part I | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Money in Transit from Bank/ Insured's premises/ place of collection to Insured's Premises/ Bank/ place of disbursement as applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part II | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Money in safe | Per Location Limit (INR) | Total Sum Insured (INR) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Money in counter | Per Location Limit (INR) | Total Sum Insured (INR) | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Policy Coverage | <p>The Policy broadly offers following 3 covers.</p> <ul style="list-style-type: none"> • Loss of Money in Transit – Money carried by the Insured or Insured's Authorised Employee(s) and loss caused due to Robbery or Theft or any other fortuitous cause • Money in Safe – Loss of Money by Burglary or Housebreaking or Robbery from a Safe and/ or Strong Room in the Insured Premises • Money in Cash Counter – Loss of Money by Burglary or Housebreaking or Robbery from Insured's cash counter in the Insured Premises during office | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Add-on Cover | <ul style="list-style-type: none"> • Assault Risks: This cover will pay in case of death/ disablement of the owner, partner, proprietor, director or Authorised Employee of the Insured due to Injury during a Robbery/ Burglary/ House breaking/ Theft or attempted Theft. • Extension to cover Off roll/ Contractor's Employees: Policy extends to cover loss of Money In Transit, whilst carried by the Insured's Off roll Employees/ Contractor's Employees occasioned by Robbery, Theft or any other fortuitous cause. • Strike, Riot and Civil Commotion: The Policy stands extended to pay for loss of Money in counter or Safe due to Strike, Riot and Civil Commotion subject to no Employee or Insured or family members of Insured being privy to it. | Add-on Wording | | | | | | | | | | | | | | | | | | | | | | | | |

| | | <ul style="list-style-type: none"> <p>• Theft: The Policy stands extended to include the Theft of Money in cash counter caused by persons other than cashiers/ Authorised Employees specifically entrusted with the responsibility of handling cash.</p> <p>• Damage to Safe: The Policy stands extended to include damage to Safe caused by perpetrators in attempt to cause loss.</p> <p>• Use of Duplicate Key: The Policy stands extended to include loss of Money in Safe by use of duplicate key.</p> <p>• Infidelity of Cash Carrying Employees: The Policy stands extended to include loss of Money In Transit caused by infidelity acts of cash carrying Employees specifically entrusted with the responsibility of cash carrying.</p> <p>• Cash kept overnight at Key Person’s house: The Policy stands extended to include Policy loss of Money kept at Insured’s/ Proprietor’s/ Partner’s/ Director’s house.</p> <p>• Loss of personal effects of Employees: The Policy stands extended to include loss or damage to personal effects of Employees caused during the acts of Burglary or Housebreaking, Hold up covered under the Policy.</p> <p>• Terrorism Damage Cover: The Policy stands extended to pay for loss of Money in counter or Safe/ Money in Transit due to Act of Terrorism subject to no Employee or Insured or family members of Insured being privy to it.</p> <p>• Floater Cover: The Policy stands extended to cover the sum insured in aggregate for any one, more, or all locations as specified in respect of Money in Safe and counter.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Sr. No</th> <th style="width: 65%;">Add ons</th> <th style="width: 30%;">Sum Insured</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Assault Risks</td> <td>INR XXXX</td> </tr> <tr> <td>2</td> <td>Extension to cover Off roll/ Contractor’s Employees</td> <td>INR XXXX</td> </tr> <tr> <td>3</td> <td>Strike, Riot and Civil Commotion</td> <td>INR XXXX</td> </tr> <tr> <td>4</td> <td>Theft</td> <td>INR XXXX</td> </tr> <tr> <td>5</td> <td>Damage to Safe</td> <td>INR XXXX</td> </tr> <tr> <td>6</td> <td>Use of Duplicate Key</td> <td>INR XXXX</td> </tr> <tr> <td>7</td> <td>Infidelity of Cash Carrying Employees</td> <td>INR XXXX</td> </tr> <tr> <td>8</td> <td>Cash kept overnight at Key Person’s house</td> <td>INR XXXX</td> </tr> </tbody> </table> | Sr. No | Add ons | Sum Insured | 1 | Assault Risks | INR XXXX | 2 | Extension to cover Off roll/ Contractor’s Employees | INR XXXX | 3 | Strike, Riot and Civil Commotion | INR XXXX | 4 | Theft | INR XXXX | 5 | Damage to Safe | INR XXXX | 6 | Use of Duplicate Key | INR XXXX | 7 | Infidelity of Cash Carrying Employees | INR XXXX | 8 | Cash kept overnight at Key Person’s house | INR XXXX | |
|--------|---|--|--------|---------|-------------|---|---------------|----------|---|---|----------|---|----------------------------------|----------|---|-------|----------|---|----------------|----------|---|----------------------|----------|---|---------------------------------------|----------|---|---|----------|--|
| Sr. No | Add ons | Sum Insured | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Assault Risks | INR XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Extension to cover Off roll/ Contractor’s Employees | INR XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Strike, Riot and Civil Commotion | INR XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Theft | INR XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Damage to Safe | INR XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Use of Duplicate Key | INR XXXX | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | <table border="1"> <tr> <td>9</td> <td>Loss of personal effects of Employees</td> <td>INR XXXX</td> </tr> <tr> <td>10</td> <td>Terrorism Damage Cover</td> <td>INR XXXX</td> </tr> <tr> <td>11</td> <td>Floater Cover</td> <td>INR XXXX</td> </tr> </table> | 9 | Loss of personal effects of Employees | INR XXXX | 10 | Terrorism Damage Cover | INR XXXX | 11 | Floater Cover | INR XXXX | |
| 9 | Loss of personal effects of Employees | INR XXXX | | | | | | | | | | |
| 10 | Terrorism Damage Cover | INR XXXX | | | | | | | | | | |
| 11 | Floater Cover | INR XXXX | | | | | | | | | | |
| 8 | Loss Participation | Deductible as per policy schedule/wording | | | | | | | | | | |
| 9 | Exclusions | <p>Loss of money in respect of or caused by or attributable to following, are not payable-</p> <ul style="list-style-type: none"> • Consequential loss or damage or legal liability of any kind. • Shortage due to errors or omission. • Loss of money whilst in the hands of person other than authorized employee • Loss of Money where the Insured or his Authorised Employee is involved as principal or accessory • Loss of money in safe after business hours unless the money is in safe or strong room • Money carried under a contract of affreightment or Theft of money from any unattended vehicle • Loss of money by use of duplicate key unless the key is obtained by use of violence • Loss or damage in connection with earthquake, volcanic eruption, typhoon and other natural calamities, riots, strikes, war, acts of terrorism, etc. • Loss or damage due to Nuclear Activity, radioactivity • Actions of insured due to which the risk stands aggravated • Money kept at private residence or in place other than the place mentioned in policy schedule • Loss outside the geographical area mentioned in the policy schedule • Loss due to actions of Government Authority, municipal or local authority • Any loss of or damage to any property • Any personal or bodily or mental injury or suffering of any description. • In any action suit or other proceeding where the Insurer 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. • For the amount of the Excess specified in the Schedule • Permanent or temporary dispossession by any lawfully constituted authority <p>For complete list of exclusions including Section-wise exclusions, refer the policy wordings</p> | | | | | | | | | | |
| 10 | Special Conditions and | As per policy schedule/wording | | | | | | | | | | |

| | Warranties (if any) | | | | | | | | | | | | | | |
|------------------------------------|------------------------|---|---------|--------------|-------------------------|----------|-----------------------------|----------|--------------------------------|--------|------------------------------------|-------|----------------------------|-----------------|---|
| 11 | Admissibility of Claim | <p>Claim Notification and Proof of Loss</p> <p>It is a condition precedent to the Company's liability hereunder that the Insured shall:</p> <ul style="list-style-type: none"> i) Immediately and in any event within 24 hours of the happening of any insured event giving rise to or likely to give rise to any Claim under this Policy give written notice to the Company to the address shown in the Schedule; ii) Immediately and in any event within 24 hours lodge a complaint with the police detailing the Money lost in respect of which the Insured intends to submit a Claim, and within the same period provide a copy of that written complaint, the First Information Report to the Company, or the circumstances which might reasonably be expected to give rise to a Claim; iii) Within 7 days deliver to the Company a detailed written statement of the Money lost and an estimate of the quantum of any Claim along with all documentation required to support and substantiate the amount sought from the Company. In the case of the notification of an event likely to give rise to a Claim, the Insured shall specify in writing the grounds for holding such belief. iv) Expeditiously provide the Company and its representatives and appointees with all the information, assistance and documentation that they might reasonably require. v) take all reasonable steps to identify the perpetrators of the Burglary and/or Robbery and discover and recover any Money lost; vi) Take all reasonable steps to secure the Insured Premises and Money against a repeat of any Burglary and/or Robbery and/or fortuitous event, and/or prevent the same from occurring. <p>• Sample claim calculation process</p> <p>Enterprise ABC has Money Secure policy and their Insured suffered a loss due to any of the insured peril. The claim amount for this will be calculated as below:</p> <table border="1" data-bbox="480 1653 1235 1888"> <thead> <tr> <th>Details</th> <th>Amount (INR)</th> </tr> </thead> <tbody> <tr> <td>Gross loss/Policy Limit</td> <td>1,50,000</td> </tr> <tr> <td>Amount assessed by surveyor</td> <td>1,30,000</td> </tr> <tr> <td>Less: Recovery (if applicable)</td> <td>10,000</td> </tr> <tr> <td>Deductible/Excess, (As per Policy)</td> <td>5,000</td> </tr> <tr> <td>Total Claim payable</td> <td>1,15,000</td> </tr> </tbody> </table> <p><i>** The above claim calculation is subject to change as per Add on covers opted and policy terms and conditions.</i></p> | Details | Amount (INR) | Gross loss/Policy Limit | 1,50,000 | Amount assessed by surveyor | 1,30,000 | Less: Recovery (if applicable) | 10,000 | Deductible/Excess, (As per Policy) | 5,000 | Total Claim payable | 1,15,000 | Policy Wording – General Terms and Conditions |
| Details | Amount (INR) | | | | | | | | | | | | | | |
| Gross loss/Policy Limit | 1,50,000 | | | | | | | | | | | | | | |
| Amount assessed by surveyor | 1,30,000 | | | | | | | | | | | | | | |
| Less: Recovery (if applicable) | 10,000 | | | | | | | | | | | | | | |
| Deductible/Excess, (As per Policy) | 5,000 | | | | | | | | | | | | | | |
| Total Claim payable | 1,15,000 | | | | | | | | | | | | | | |

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| 12 | Policy Servicing – Claim Intimation and Processing | <ul style="list-style-type: none"> • Toll free / IVRS number of the insurer: 1800 266 4545 (8 AM TO 8 PM) • Website / Email: www.zurichkotak.com/care@zurichkotak.com • Details of designated company officials to be contacted in time of claim: care@zurichkotak.com <p>Details of procedure to be followed for reimbursement of claim</p> <p>It is a condition precedent to the Company's liability hereunder that the Insured shall:</p> <ol style="list-style-type: none"> i) Immediately and in any event within 24 hours of the happening of any insured event giving rise to or likely to give rise to any Claim under this Policy give written notice to the Company to the address shown in the Schedule; ii) Immediately and in any event within 24 hours lodge a complaint with the police detailing the Money lost in respect of which the Insured intends to submit a Claim, and within the same period provide a copy of that written complaint, the First Information Report to the Company, or the circumstances which might reasonably be expected to give rise to a Claim; iii) Within 7 days deliver to the Company a detailed written statement of the Money lost and an estimate of the quantum of any Claim along with all documentation required to support and substantiate the amount sought from the Company. In the case of the notification of an event likely to give rise to a Claim, the Insured shall specify in writing the grounds for holding such belief. iv) Expeditiously provide the Company and its representatives and appointees with all the information, assistance and documentation that they might reasonably require. v) take all reasonable steps to identify the perpetrators of the Burglary and/or Robbery and discover and recover any Money lost; vi) Take all reasonable steps to secure the Insured Premises and Money against a repeat of any Burglary and/or Robbery and/or fortuitous event, and/or prevent the same from occurring. <p>The Insured shall also produce and give to the Company when where and to whom and in a manner required by the Company and at the Insured's own expense all such books of account, vouchers, invoices, documents, proofs and information as may be reasonably required and the Insured shall be bound to satisfy the Company by such reasonable evidence as the Company may require that the loss or damage claimed for has actually arisen from one of the causes insured against and that the property in respect of which a Claim is made is not merely mislaid or missing</p> | Policy Wordings- General Terms and Conditions |
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|-----------------------------------|--|--|-----------------------------|----|---------------------------------------|-----------------------------------|--|------------------------------|----------------------|----|---|---------|-----------------|--|-------|--|--------|--|---------|--|--|--|
| | | <ul style="list-style-type: none"> • Turn Around Time (TAT) for claims settlement <table border="1" data-bbox="523 259 1206 600"> <tr> <td>Appointment of surveyor</td> <td>of</td> <td>Within 24 hours of reporting of claim</td> </tr> <tr> <td>Submission of final survey report</td> <td></td> <td>Within 15 days of allocation</td> </tr> <tr> <td>Settlement of claims</td> <td>of</td> <td>Within 7 days of receipt of the survey report or after expiry of 15 days from allocation of the claim to the surveyor whichever is earlier*</td> </tr> </table> <p><i>*This timeline will not apply in case of policies issued on the property/building on reinstatement value basis.</i></p> <p>Escalation Matrix when TAT is not satisfied</p> <table border="1" data-bbox="481 757 1222 999"> <tr> <td rowspan="3">Level 1</td> <td>East and North:</td> <td>CommercialclaimsNorth&East@zurichkotak.com</td> </tr> <tr> <td>West:</td> <td>CommercialclaimsWest@zurichkotak.com</td> </tr> <tr> <td>South:</td> <td>CommercialclaimsSouth@zurichkotak.com</td> </tr> <tr> <td>Level 2</td> <td></td> <td>CommercialclaimsHO@zurichkotak.com</td> </tr> </table> | Appointment of surveyor | of | Within 24 hours of reporting of claim | Submission of final survey report | | Within 15 days of allocation | Settlement of claims | of | Within 7 days of receipt of the survey report or after expiry of 15 days from allocation of the claim to the surveyor whichever is earlier* | Level 1 | East and North: | CommercialclaimsNorth&East@zurichkotak.com | West: | CommercialclaimsWest@zurichkotak.com | South: | CommercialclaimsSouth@zurichkotak.com | Level 2 | | CommercialclaimsHO@zurichkotak.com | |
| Appointment of surveyor | of | Within 24 hours of reporting of claim | | | | | | | | | | | | | | | | | | | | |
| Submission of final survey report | | Within 15 days of allocation | | | | | | | | | | | | | | | | | | | | |
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| | South: | CommercialclaimsSouth@zurichkotak.com | | | | | | | | | | | | | | | | | | | | |
| Level 2 | | CommercialclaimsHO@zurichkotak.com | | | | | | | | | | | | | | | | | | | | |
| 13 | Grievance Redressal and Policyholders protection | <p>For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free number 1800 266 4545 or may write an e- mail at care@zurichkotak.com</p> <p>In case the Insured is not satisfied with the response, Insured may contact the Grievance Officer of the Company at grievanceofficer@zurichkotak.com. In case if the Insured is not satisfied with the solution the Grievance Officer has provided, Insured can write to seniorgrievanceofficer@zurichkotak.com/ chiefgrievanceofficer@zurichkotak.com</p> <p>However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal: https:// bimabharosa.irdai.gov.in.</p> <p>You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. The details of the Insurance Ombudsman is available at Annexure I of Policy wordings.</p> <p>The details of the Insurance Ombudsman/ complete Grievance Redressal Process is also available at Company’s website: www.zurichkotak.com</p> | Policy Wording – Grievances | | | | | | | | | | | | | | | | | | | |

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| | | The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: www.cioins.co.in/Ombudsman | |
| 14 | 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. • Disclosure of other material information during the policy period. <p>Material Information for the purpose of this policy shall mean all the necessary and relevant information sought by the company in the proposal form and other connected documents to be read in conjunction with Policy Schedule and Policy Wordings</p> | |

Declaration by the Policyholder

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

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Please visit <https://www.zurichkotak.com/documents/customer-support/downloads> for product related documents including CIS
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.