

Customer Information Sheet – “Liability Only” Policy

S. No	Title	Description															
1	Product Name	“LIABILITY ONLY” POLICY															
2	What am I covered for	<p>A. Liability to Third Party: Provides Protection against -</p> <p>Any legal liability arising out of the use of the vehicle, towards third parties arising on bodily injury to / on death of a person and any damage caused to third party property.</p> <ol style="list-style-type: none"> 1) death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicles Act. 2) damage to property other than property belonging to the insured or held in trust or in the custody or control of the Insured upto the specified limit. <p>B. Personal Accident Cover for Owner Driver: Provides cover against -</p> <p>Bodily injury/death sustained by the owner-driver of the vehicle, in direct connection with the vehicle insured for Rs. 1 lakh –in case of two-wheelers and Rs. 2 lakhs in case of other class of vehicles; provided owner holds valid driving license. Compensation will be paid as per the following scale:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">Benefit</th> <th style="text-align: center;">Scale of Compensation</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">i</td> <td>Death</td> <td style="text-align: center;">100%</td> </tr> <tr> <td style="text-align: center;">ii</td> <td>Loss of two limbs or sight of two eyes or one limb and sight of one eye.</td> <td style="text-align: center;">100%</td> </tr> <tr> <td style="text-align: center;">iii</td> <td>Loss of one limb or sight of one eye</td> <td style="text-align: center;">50%</td> </tr> <tr> <td style="text-align: center;">iv</td> <td>Permanent total disablement from injuries other than named above.</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>		Benefit	Scale of Compensation	i	Death	100%	ii	Loss of two limbs or sight of two eyes or one limb and sight of one eye.	100%	iii	Loss of one limb or sight of one eye	50%	iv	Permanent total disablement from injuries other than named above.	100%
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3	General Exclusions	<p>The Company shall not be liable -</p> <ol style="list-style-type: none"> 1. If the vehicle insured herein is used otherwise than in accordance with the ‘Limitations as to Use’ provision. 2. If vehicle is driven by any person other than a Driver as stated in the Driver’s Clause. 3. In respect of any claim arising out of any contractual liability. 4. In respect of an employee during the course of employment except so far as is necessary to meet the requirements of the Motor Vehicles Act. 5. In respect of death or bodily injury to any person (other than a passenger carried by reason of or in pursuance of a contract of employment) except so far as is necessary to meet the requirements of the Motor Vehicles Act. 															

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		<p>6. War, Invasion, the Act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), Civil War, Mutiny, Rebellion Military or usurped power, nuclear weapons material.</p> <p>(Note: The above is a partial listing of the policy exclusions. Please refer to the policy document for the full listing)</p>										
4	Renewal Conditions	<p>The Policy can be renewed on or before the end of the Policy Period subject to realization of renewal premium. However, we shall not be bound to give notice that such renewal is due. Also, we may exercise option of not renewing the policy on grounds of fraud, misrepresentation, non-cooperation, moral hazard or suppression of any material fact either at the time of taking the Policy or any time during the currency of the policy. Policy coverage, premium, and terms and conditions of the policy may change on renewal.</p>										
5	Cancellation	<p>Cancellation by Insured - Policy/certificate can be cancelled at any time by giving 15 days' prior written notice to Insurer. Refund of premium shall be computed in accordance with company's short period rate for the period the Policy has been in force provided no claim has occurred up to the date of cancellation. Proof of insurance of vehicle elsewhere must be provided to us.</p> <p>Cancellation by Insurer - The Company may cancel the policy by sending fifteen days' notice by recorded delivery to the insured at insured's last known address on the grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation. In the event of cancellation of this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled on the grounds of non-cooperation of the insured then the premium shall be computed in accordance with company's short period rate for the period the Policy has been in force provided no claim has occurred up to the date of cancellation.</p> <p>Under any of the above cancellations, in the event a claim has occurred in which case there shall be no refund of premium.</p> <p>Return of the premium by the Company will be subject to retention of the minimum premium of Rs. 100/- (or Rs. 25/- in respect of vehicles specifically designed/modified for use by blind/handicapped/ mentally challenged persons). Where the ownership of the vehicle is transferred, the Policy cannot be cancelled unless evidence that the vehicle is insured elsewhere is produced.</p> <p>Short Period Rates</p> <table border="1"> <thead> <tr> <th>PERIOD</th> <th>% of Annual Premium Rate</th> </tr> </thead> <tbody> <tr> <td>Not exceeding 1 month</td> <td>20%</td> </tr> <tr> <td>Exceeding 1 month but not exceeding 2 months</td> <td>30%</td> </tr> <tr> <td>Exceeding 2 months but not exceeding 3 months</td> <td>40%</td> </tr> <tr> <td>Exceeding 3 months but not exceeding 4 months</td> <td>50%</td> </tr> </tbody> </table>	PERIOD	% of Annual Premium Rate	Not exceeding 1 month	20%	Exceeding 1 month but not exceeding 2 months	30%	Exceeding 2 months but not exceeding 3 months	40%	Exceeding 3 months but not exceeding 4 months	50%
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Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099
 Phone: 022 - 4001 8100/8200 "Liability Only" Policy- Customer Information Sheet IRDAI Reg No.: 155 CIN: U66000MH2016PLC283275
 Web: www.dhflinsurance.com PRODUCT UIN: Private Car IRDAN155RP0001VO1201718 Two Wheeler IRDAN155RP0002VO1201718
 Commercial Vehicle: IRDAN155RP0003VO1201718 Email: mycare@dhflinsurance.com

		Exceeding 4 months but not exceeding 5 months	60%
		Exceeding 5 months but not exceeding 6 months	70%
		Exceeding 6 months but not exceeding 7 months	80%
		Exceeding 7 months but not exceeding 8 months	90%
		Exceeding 8 months	Full annual premium/ rate
6	Claims	<p><u>Claim Registration</u></p> <p>Notify or submit a claim by following way;</p> <ul style="list-style-type: none"> • By calling Toll Free # 0000000000 OR • By sending SMS as claims on 0000000 OR • By sending an E Mail to claims@dhflinsurance.com OR • Through Customer Portal on website OR • Using Mobile App OR • Directly walk into branch <p>For Liability cases: Claim payment will be settled as awarded by court or as agreed between the Company and Third Party.</p> <p>Personal Accident: Claims will be settled post receipt of necessary documents as per table of benefits. We will require following documents to process your claim. You may provide the same to enable us to promptly settle your claim.</p> <p><u>Documentation for Liability claims</u></p> <ul style="list-style-type: none"> • Policy Copy • Copy of Registration Book • Copy of Motor Driving License of the person driving the vehicle at the time of accident • Police Panchanama /FIR <p><u>Documents for Personal Accident Claims</u></p> <ul style="list-style-type: none"> • Policy copy • Certificate of from government hospital doctor confirming the nature and degree of disability • Discharge summary of the treating hospital clearly indicating the Hospital Registration No. • Diagnostic reports • FIR / Panchanama- (if Notified to Police) Attested or Original • Final Police Report- (if applicable) • Death Certificate* • Post Mortem report* 	

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		<ul style="list-style-type: none"> • Legal Heir certificate /nominee certificate* <p>(Marked with * are required only in death claims)</p> <p>The list of documents furnished herein below is illustrative but not exhaustive. We may request you to provide more documents depending upon the nature of loss and circumstances.</p>
7	<p>Policy Servicing / Grievances/ Complaints</p>	<p>Grievance Redressal Procedure:</p> <p>At DHFL General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if you aren't satisfied—please feel free to connect with us on the following channels.</p> <ol style="list-style-type: none"> Call us on our Toll Free 1800 123 0004 (From 8 am to 8 pm) for any queries that you may have! Email your queries to XXXXXX@dhflinsurance.com. Visit our website www.dhflinsurance.com to register & track your queries Please walk in to any of our branches or partner locations You can also dispatch your letters to us at Address Line 1, Address Line 2, Address Line 3, City & District, State Pin Code <p>We request you to please mention your complete details: Full Name, Policy Number and Contact Details in all your communications, to enable our customer experience expert to connect with you and provide you with quickest possible solution.</p> <p>We'll make sure to acknowledge your service request within 3 working days—and try and resolve it to your satisfaction within 15 working days. That's a promise!</p> <p>Escalation</p> <p>Level 1: While we attempt to give you best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If you felt that you weren't offered a perfect resolution, please feel free to share your feedback to our Customer Experience team at xxxxxx@dhflinsurance.com</p> <p>Level 2: If you still are not happy about the resolution provided then you may please write to our Head Customer Experience and Grievance Redressal Officer at xxxxxx@dhflinsurance.com</p> <p>Level 3: If you are not happy with the resolution, you may approach IRDAI by calling on the Toll-Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website http://igms.irda.gov.in.</p> <p>If your concern remains unresolved after having followed the above escalation procedure then you may please approach the Insurance Ombudsman for Redressal.</p>

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		OMBUDSMAN AND ADDRESSES: Refer the below link http://ecoi.co.in/ombudsman.html
9	Insured's Rights	Insured may renew the policy by paying the premium as and when policy is due for renewal provided insurer has not declined renewal on grounds of fraud, misrepresentation, non-disclosure and non-cooperation.
10	Insured's Obligations	The Insured Person must disclose all material facts about the risk. Non-disclosure of material fact may prejudice liability under the policy.
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>		

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