

## NAVI PRIVATE CAR LIABILITY ONLY INSURANCE - 3 YEARS

### CUSTOMER INFORMATION SHEET

S. No	Title	Description															
1	Product Name	Navi Private Car Liability Only Insurance - 3 Years															
2	What am I covered for	<p><b>A. Liability to Third Party:</b> 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"> <li>1) death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicles Act.</li> <li>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.</li> </ol> <p><b>B. Personal Accident Cover for Owner Driver:</b> 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. 15 lakh; 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><b>The Company shall not be liable -</b></p> <ol style="list-style-type: none"> <li>1. If the vehicle insured herein is used otherwise than in accordance with the 'Limitations as to Use' provision.</li> <li>2. If vehicle is driven by any person other than a Driver as stated in the Driver's Clause.</li> <li>3. In respect of any claim arising out of any contractual liability.</li> <li>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.</li> <li>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</li> </ol>															

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		<p>the Motor Vehicles Act.</p> <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><b>(Note: The above is a partial listing of the policy exclusions. Please refer to the policy document for the full listing)</b></p>
4	<b>Renewal Conditions</b>	<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	<b>Cancellation</b>	<p><b>Cancellation by Insured</b> - 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 in the running policy year and on a pro rata basis for the remaining full policy year(s) provided no claim has occurred up to the date of cancellation. Proof of insurance elsewhere must be provided to us for cancellation of policy.</p> <p><b>Cancellation by Insurer</b> - 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 and retained in full for the completed policy year(s), in accordance with company's short period rate for the period the Policy has been in force in the running policy year and on a pro rata basis for the remaining full policy year(s) provided no claim has occurred up to the date of cancellation.</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>In case of claim reported under the policy premium will be refunded on pro rata basis for the <b>remaining full policy year(s)</b>.</p>

		<p><b>Short Period Rates</b></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> <tr> <td>Exceeding 4 months but not exceeding 5 months</td> <td>60%</td> </tr> <tr> <td>Exceeding 5 months but not exceeding 6 months</td> <td>70%</td> </tr> <tr> <td>Exceeding 6 months but not exceeding 7 months</td> <td>80%</td> </tr> <tr> <td>Exceeding 7 months but not exceeding 8 months</td> <td>90%</td> </tr> <tr> <td>Exceeding 8 months</td> <td>Full annual premium/ rate</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%	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
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6	Claims	<p><b><u>Claim Notification &amp; Registration:</u></b></p> <p>Notify or submit a claim by following way;</p> <ul style="list-style-type: none"> <li>• By calling Toll Free 18001230004 OR</li> <li>• By sending an E Mail to <a href="mailto:insurance.help@navi.com">insurance.help@navi.com</a> OR</li> <li>• For Senior Citizens, we have a special cell and our Senior Citizen Customers can email us at <a href="mailto:seniorcare@navi.com">seniorcare@navi.com</a> for priority resolution</li> <li>• Through Customer Portal on website <a href="http://www.naviinsurance.com">www.naviinsurance.com</a> OR</li> <li>• Using Mobile App OR</li> <li>• Directly walk into branch</li> </ul> <p>While notifying the claim, following information should be provided:</p> <ul style="list-style-type: none"> <li>• Name of insured</li> <li>• Insured contact numbers</li> <li>• Policy number</li> <li>• Date and time of loss</li> <li>• Location of loss</li> <li>• Nature and approximate extent of loss</li> <li>• Place and contact details of the person at the loss location</li> </ul>																				

		<p><b>For Liability cases:</b> Claim payment will be settled as awarded by court or as agreed between the Company and Third Party.</p> <p><b>Personal Accident:</b> Claims will be settled post receipt of necessary documents as per table of benefits.</p> <p>We will require following documents to process your claim. You may provide the same to enable us to promptly settle your claim.</p> <p><b><u>Documentation for Liability claims</u></b></p> <ul style="list-style-type: none"> <li>• Policy Copy</li> <li>• Copy of Registration Book</li> <li>• Copy of Motor Driving License of the person driving the vehicle at the time of accident</li> <li>• Police Panchanama /FIR</li> </ul> <p><b><u>Documents for Personal Accident Claims</u></b></p> <ul style="list-style-type: none"> <li>• Policy copy</li> <li>• Certificate of from government hospital doctor confirming the nature and degree of disability</li> <li>• Discharge summary of the treating hospital clearly indicating the Hospital Registration No.</li> <li>• Diagnostic reports</li> <li>• FIR / Panchanama– (if Notified to Police) Attested or Original</li> <li>• Final Police Report- (if applicable)</li> <li>• Death Certificate*</li> <li>• Post Mortem report*</li> <li>• Legal Heir certificate /nominee certificate*</li> </ul> <p><b><u>(Marked with * are required only in death claims)</u></b></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	Policy Servicing	<p>a. <b>Call Us:</b> Toll Free 1800 123 0004</p> <p>b. <b>Email:</b> <a href="mailto:insurance.help@navi.com">insurance.help@navi.com</a>  <b>Email for Senior Citizens-</b> <a href="mailto:seniorcare@navi.com">seniorcare@navi.com</a></p> <p>c. <b>Visit our website:</b> <a href="https://www.naviinsurance.com/service/">https://www.naviinsurance.com/service/</a></p> <p>d. <b>Walk in for assistance</b></p> <p>e. <b>Dispatch your letters to us at –</b>  <b>Corporate Office:</b> Navi General Insurance Limited  Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095</p> <p>f. <b>Escalation –</b></p> <ul style="list-style-type: none"> <li>• <b>First Escalation</b> – Contact Customer Experience Team at - <a href="mailto:Manager.CustomerExperience@navi.com">Manager.CustomerExperience@navi.com</a></li> <li>• <b>Second Escalation</b> - Email to Head Customer Experience and Grievance Redressal Officer at – <a href="mailto:Head.CustomerExperience@navi.com">Head.CustomerExperience@navi.com</a></li> </ul>

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	<p><b>Grievances / Complaints</b></p>	<p>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><b>1. Our Grievance Redressal Officer</b></p> <p>You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:</p> <p><b>Navi General Insurance Limited</b> (formerly known as DHFL General Insurance Limited)</p> <p><b>Corporate Office:</b> Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095</p> <p><b>E-mail:</b> <a href="mailto:gro@navi.com">gro@navi.com</a></p> <p><b>Toll free:</b> 1800 123 0004</p> <p><b>2. Consumer Affairs Department of IRDAI</b></p> <p>a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number <b>155255 (or) 1800 4254 732</b> or sending an e-mail to <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a>. You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at <a href="http://igms.irda.gov.in">igms.irda.gov.in</a>.</p> <p>b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking <a href="#">here</a>. You must fill and send the Complaint Registration Form along with any documents by post or courier 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>c. You can visit the portal <a href="http://www.policyholder.gov.in">http://www.policyholder.gov.in</a> for more details.</p> <p><b>3. Insurance Ombudsman</b></p> <p>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 <a href="http://www.irdai.gov.in">www.irdai.gov.in</a>, or of the General Insurance Council at <a href="http://www.generalinsurancecouncil.org.in">www.generalinsurancecouncil.org.in</a>, the Consumer Education Website of the IRDAI at <a href="http://www.policyholder.gov.in">http://www.policyholder.gov.in</a>, or from any of Our Offices.</p> <p>Ombudsman and Addresses: Refer the below link: <a href="http://ecoi.co.in/ombudsman.html">http://ecoi.co.in/ombudsman.html</a></p>
<p><b>9</b></p>	<p><b>Insured's Rights</b></p>	<p>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, mis-representation, non-disclosure and non-cooperation.</p>

10	<b>Insured's Obligations</b>	The Insured Person must disclose all material facts about the risk. Non-disclosure of material fact may prejudice liability under the policy.
<b>Legal Disclaimer Note:</b> 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.		