

**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

**This document provides key information about your policy. You are also advised to go through your policy document.**

<b>SI No</b>	<b>Title</b>	<b>Description</b> (Please refer to applicable Policy Clause Number in next column)	<b>Policy Clause Number</b>
1	Name of Insurance Product / Policy	<b>Room Rent Multiplier Add-on Cover</b>	
2	Policy Number	xxxxxxx	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> <li>• Indemnity</li> </ul>	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>• As per base</li> </ul>	
5	Policy Coverage (What the policy covers?)	<p><b>1.Room Rent Multiplier Add-on Cover:</b> By opting this add-on cover, the company will provide you the following benefits in addition to their base policy. Benefits covered under Add-on Cover</p> <p>A) No Capping on Room Rent By opting for this add-on cover, no restriction shall be applicable on Room Rent charges or ICU charges incurred towards the stay during Hospitalization. There shall be no proportional deduction applicable on Associate Medical Expenses.</p> <p>B )Shared Accommodation Benefit If We have accepted an Inpatient Care Hospitalization claim and the Insured Person has occupied a shared room accommodation during such Hospitalization. We will pay a bystander allowance amount as specified in the Policy Schedule for the Insured Person for each continuous and completed period of 24 hours of Hospitalization;</p>	<b>Section D</b>
6	Exclusions (What the	All exclusions as mentioned in the base policy unless otherwise stated.	<b>Section E</b>

	Policy does not cover)		
7	Waiting Period	All waiting period as mentioned in the base policy	
8	Financial limits of coverage  i.Sub-limit  ii.Co-payment  iii.Deductible  iv.Any other limit	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:  Not Applicable  Not Applicable  Not applicable.  Not applicable	
9	Claims/Claims Procedure	All claims must be made in accordance with the procedure set out in base policy.	<b>Section G</b>
10	Policy Servicing	Call Center number of the insurer: 1860 258 0000 / 1860 425 0000  Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	
11	Grievances / Complaints	In case of any grievance the insured person may contact the company through Website: <a href="https://www.royalsundaram.in">https://www.royalsundaram.in</a> Grievance Redressal: <a href="https://www.royalsundaram.in/customer-service">https://www.royalsundaram.in/customer-service</a> You may call us at – 1860 258 0000, 1860 425 0000 Email: 1. Please raise a complaint with us through e mail – <a href="mailto:care@royalsundaram.in">care@royalsundaram.in</a> , and we would come back to you with a response in 24 hours.	<b>Annexure 1</b>

		<p>2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to <a href="mailto:manager.care@royalsundaram.in">manager.care@royalsundaram.in</a></p> <p>3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to <a href="mailto:head.cs@royalsundaram.in">head.cs@royalsundaram.in</a></p> <p>4. In case you are not happy with our response or have not received any response in 2 business days, you may approach <a href="mailto:gro@royalsundaram.in">gro@royalsundaram.in</a> - GRO Contact Number – 9500413094</p> <p>Sr. Citizen can email us at : <a href="mailto:seniorcitizengrievances@royalsundaram.in">seniorcitizengrievances@royalsundaram.in</a> - Senior Citizen Grievance Number - 9500413019 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)</p> <p>Fax us at: 044 – 7117 7140          Courier us your complaint at:          Royal Sundaram General Insurance Co. Limited          Vishranthi Melaram Towers,          No.2/319, Rajiv Gandhi Salai (OMR)          Karapakkam, Chennai – 600097</p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at  <b>Mr. T M Shyamsunder</b>  <b>Grievance Redressal Officer</b>          Royal Sundaram General Insurance Co. Limited          Vishranthi Melaram Towers,          No.2/319, Rajiv Gandhi Salai (OMR)          Karapakkam, Chennai – 600097</p> <p>For updated details of grievance officer, kindly refer the link <a href="http://www.royalsundaram.in">http://www.royalsundaram.in</a></p> <p>If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.          Insurance Ombudsman addresses - <a href="https://www.ciains.co.in/ContactUs">https://www.ciains.co.in/ContactUs</a></p> <p><b>Grievance may also be lodged at –</b></p>	
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<b>12</b>	Things to remember	<p><b>Free Look Period:</b> As per base policy</p> <p><b>Cancellation:</b> As per base policy</p> <p><b>Policy Renewal:</b> As per base policy</p> <p><b>Renewal Benefits:</b> As per base policy</p> <p><b>Migration and portability:</b> As per base policy</p> <p><b>Portability:</b> As per base policy</p> <p><b>Change in Sum Insured:</b> As per base policy</p> <p><b>Moratorium Period :</b> As per base policy</p>	<b>Section F</b>
<b>13</b>	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	

		Disclosure of other material information during the policy period such as change in occupation.	
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Declaration by the policy holder:

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

Place:

Date:

(Signature of the Policy Holder)

Note:

- i. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.