CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	**Room Rent Restriction Add-on Cover**	
2	Policy Number	**xxxxxx**	
3	Type of Insurance Product / Policy	☐ Indemnity	
4	Sum Insured (Basis) (Along with amount)	☐ As per base	
5	Policy Coverage (What the policy covers?)	**Room Rent Type-** The company shall agree to indemnify reasonable cost incurred by the insured towards the room type availed, up to "Single Private A/C Room" during the hospitalization. This benefit shall supersede the room type eligibility available under the base product.	Section D.1
6	Exclusions (What the Policy does not cover)	All exclusions as mentioned in the base policy unless otherwise stated.	Section E
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.	
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	i. Website: https://www.royalsundaram.in ii. Grievance Redressal website: https://www.royalsundaram.in/app/customer-grievance. iii. Contact numbers: 1860 258 0000, 1860 425 0000 iv. E-mail: grievance.redressal@royalsundaram.in v. Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in vi. Fax : 044-7117 7140 vii. Courier: Grievance Redressal Unit Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097 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 Mr. T M Shyamsunder Grievance Redressal Officer Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097 For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in 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 -https://www.cioins.co.in/ContactUs **Grievance may also be lodged at –** **Registration of Complaints in Bima Bharosa by Policyholders:** 1. Can directly register complaint in the **Bima Bharosa Portal** https://bimabharosa.irdai.gov.in/	**Annexure 1**

		2. Can send the complaint through Email to complaints@irdai.gov.in. 3. Can call Toll Free No. **155255** or **1800 4254 732**. 4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to: General Manager Insurance Regulatory and Development Authority of India(IRDAI) Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell. Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032.	
12	Things to remember	**Free Look Period**: As per base policy **Cancellation :** As per base policy **Policy Renewal:** As per base policy **Renewal Benefits:** As per base policy **Migration and portability**: As per base policy **Portability:** As per base policy **Change in Sum Insured**: As per base policy **Moratorium Period :** As per base policy	**Section F**
13	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.	

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 doucments 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.