

Registered Office: 21, Patullos Road, Chennai 600 002.

Corporate Office: "Vishranthi Melaram Towers", 2/319, Rajiv Gandhi Salai, Karapakkam,

Chennai 600 097. Ph: 91-44-7117 7117, 1860 258 0000 / 1860 425 0000 Email: care@royalsundaram.in Website: www.royalsundaram.in

IRDAI Reg. No. 102 | CIN-U67200TN2000PLC045611

			CUSTOMER	NFORMATION SHEET				
Th	is document provide	es key informatio	on about your p	oolicy. You are also advised to a	go through your p	olicy document		
SI. No.	Title	Description (Description (Please refer to applicable Policy Clause Number in next column)					
1	Product Name	Insure 123 pe	olicy			Header in all pages		
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN102RI	Footer in all pages					
3	Structure	Section No.	Section Nam	ne	Structure	As per policy wording		
		Section I	Burglary		Indemnity	wording		
		Section II	Money		Indemnity			
		Section III	Fidelity guar	antee	Indemnity			
		Section IV	, -	cident Insurance	Benefit			
		Section V	Public Liabili		Indemnity			
4	Interests Insured	Section No.	Section Name	Interests Insured		Details of		
		Section I	Burglary	Plant and Machinery, Furrand Fittings, Stocks and Contents that are insured Policy, and are located in the stated in the policy schedule.	d any other d under this he Premises as	insured property/ persons covere / liability as specified in the policy schedule		
		Section II	Money	Money shall mean cash, currency notes, treasury uncrossed cheques other the blank cheques, travelers chexchange, trading stamps, custamps and stamps of any of in normal commercial activities.	notes/bills, an pre-signed eques, bills of urrent postage ther kind used	, , , , , , , , , , , , , , , , , , ,		
		Section III	Employee Dishonesty	Fraud or dishonesty o resulting in monetary loss to	the insured			
		Section IV	Accident to Employees	Unfortunate Death or dis- employees listed in the police	cy schedule			
		Section V	Public Liability	Third party liability arising premises and operations/brinsured.				



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SI. No.	Title	Description (Policy Clause Number			
5	Sum Insured	Business as r across all in	nentioned in the Po surable asset class	your insured propert licy Schedule, where th es at one location is of at the policy Commen	ne total value at risk not exceeding Rs.5	Sum Insured amount as per Policy Schedule
6	Policy Coverage	-		inesses such as retaile red as stated above.	ers, manufacturers,	
		Section No.	Section Name	Policy Coverage		
		Section I	Burglary	Loss of or damage to Property at the insur- direct result of burgla	ed premises as a	
		Section II	Money	Cover Money in trans safe at premises agai dacoit, burglary and I	nst robbery,	Clause B i) insured events
		Section III	Employee Dishonesty	Covers Loss of money by fraud or dishonest	•	Policy schedule
		Section IV	Accident to Employees	Fixed Compensation as stated below is pa Unfortunate event of disability of the empl	yable in an Death or	to be referred to for details of selected / opted sections
				Personal Injury resulting in:	Scale of Compensation	
				Death	100% of SI	
				Loss of both eyes or Loss of limbs or Loss of one eye and one limb	100% of SI	
				Loss of sight of one eye or one limb	50% of SI	
				Permanent Total Disablement	100% of SI	
				Special Free Benefit:		
				A lump sum of 2% of subject to max of transportation of mo	Rs.2500 towards	



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SI. No.	Title	Title Description (Please refer to applicable Policy Clause Number in next column)			
		Section V	Public Liability	Covers legal liability to pay, including costs and expenses incurred on account of legal liability arising out of accidental bodily injury and/or property damage to third parties happening in your premises arising out of insured's business activities.	
7	Add-on covers	Add-on cover	s are not applicable	e for this product	
8	Loss Participation		Rs.XXXX for each c	laim under Section V.	As per Policy Schedule
9	Exclusions	of the Insure arising from 6 1. Ionizing fuel or 2. Nuclea 3. War or 4. Perma confisc author de-jure 5. Pressu or abo 6. Any comme 7. Any cri 8. E-risks	over losses or experimental devents, stated below gradiations or range from any nuclear war weapons material warlike activities. The ment or temporar cation, nationalization, nationalization, or the destruction or de-facto or any re waves caused by the speed of solloss, damage of encement of the Poliminal, intentional devents.	dioactive contamination from any nuclear waste. al. y dispossession of any building or from ion, requisition by any lawfully constituted on of Property by order of any government y public authority. y aircraft or other flying objects moving at und. or destruction, occurring before the	As mentioned in Exclusions clause under each Section



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SI. No.	Title		Description (Please refer to applicable Policy Clause Number in next column) Section wise Key Exclusions: -		
		Section No.	Section Name	Key Exclusions	
		Section I	Burglary	Loss of Money and/or Property abstracted from any safe following the use of the key to the said safe or any duplicate thereof belonging to the Insured, unless such key has been obtained by assault or violence or any threat thereof.	
		Section II	Money	The Insured or his employee is involved as principal or accessory except loss due to act of infidelity by the employee of the Insured while committed carrying cash and discovered within 48 hours of the occurrence.	
				➤ loss of money from the premises kept outside a locked safe/strong room/ steel Amirah/steel cupboard beyond Working hours	
		Section III	Employee Dishonesty	The Company shall not be liable in respect of losses arising elsewhere than in India.	
		Section IV	Personal Accident	> intentional self-injury, suicide or attempted suicide.	
				Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.	
				➤ Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof	



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SI. No.	, , ,				Policy Clause Number		
		Section V	Public Liability	Injury to any Employee or any claim arising under any Workmen's Compensation law.			
				claims arising out of a breach of the duty owed in a professional capacity by the Insured.			
10	Special conditions andwarranties (if	following	a loss/damage to	surer to inspect and investigate a claim the insured property.	As per Conditions		
	any)	If there is insurer w applied o	more than one institution in the institution in the institution in the institution in an overall basis the institution in an overall basis the institution in the ins	Sank or other lending or financing entity surance policy covering the same risk, the bution clause. Under insurance will be taking into consideration the sum insured aring it with the value at risk.	clause mentioned in each section of the policy		
		3. Renewal of this policy is not automatic. If you wish to renew the Policy, you must apply for renewal before the end of the policy period and pay the required premium amount.					
				e a person as the beneficiary of the policy in emise of the insured.			
				e for other special conditions, clauses and reach section of the policy			
11	Admissibility of Claim	Denial of Cla	aim: er the policy can be	e denied due to any of the following	As per Claims procedure claus mentioned in th		
		1. We w	ill not pay the clair	m and will cancel the policy if the claim is you support a claim with any false or documents.	policy wording		
		2. The claim is not occurring within the policy period.					
		3. The a	ffected location is	not covered under the policy.			
		4. Losse	s not attributable t	to the listed insured events under the policy.			
		5. The cl	aim falling under t	he exclusions of the policy.			
		Steps to pre	vent loss and dam	nage			
			nust take all reasor insured property	nable steps to prevent further loss or damage			
			We have inspected ave given Our cons	I the Insured Property and Your Premises, sent,			



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		 i. You must not sell, give away or dispose of any damaged items of any property, 			
		ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity, and			
		 Immediate notice to Authorities (For Example, you must report to the concerned Authorities - Fire brigade / Police / district Administration in the event of loss or damage to your property) 			
12	Policy Servicing – Claim intimation	For queries related to policy / claim servicing, please contact us at 1860 258 0000 / 1860-425-0000 / or write to us at care@royalsundaram.in .			
	and Processing	Claim can be intimated by the insured to any of our offices or our customer care @ 1860 258 0000 / 1860-425-0000.	As per policy		
		The company will assign a surveyor to assess the damaged site for the loss evaluation.	condition		
		Documents to establish cause, extent, and adjustment of loss as per policy terms will be required to be submitted. In General, the following documents are required: (Other than Accident to Employees)			
		■ Claim form			
		Fire Brigade Report / FIR			
		 Meteorological Report in case of Act of God Perils, Books of Accounts 			
		Stock Register			
		Copy of Asset Register			
		 Repair / Replacement Estimate, Repair / Reinstatement Bills, Proof of Reinstatement 			
		 CKYC documents PAN, ROC certificate, Aadhaar, GST Registration Certificate 			
		 Any other Document that are directly related to the claim settlement. 			
		Documents to establish cause, extent, and adjustment of loss as per policy terms will be required to be submitted. In General, the following documents are required: (Accident to employees)			
		Death Claim:			
		Submit the duly filled in claim form with the following documents:			
		 Original Death Certificate 			
		Post Mortem Report			
		■ Inquest report			
		Accident report			
		■ FIR/MLC copy			
		 Hospital records 			



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		News Paper cuttings if any and any other relevant records	- rumber
		 Chemical Analysis Report if available 	
		 English Translation of vernacular documents 	
		 Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy 	
		 Any other document as may be required by the Company 	
		Disablement Claim:	
		Permanent Total Disablement	
		Submit the duly filled in Claim form with the following documents	
		 Disability Certificate issued by attending physician 	
		Accident report	
		■ FIR/MLC copy	
		Hospital Records	
		 News Paper cuttings if any and any other relevant records 	
		 English Translation of vernacular documents 	
		 Latest IT return to show Proof of annual income 	
		 Any other document as may be required by the Company 	
		Turn Around Time for claims settlement for other than Section XI Accident	
		to employees:	
		15 working days from the date of receipt of survey report or last document / clarification from the Insured / Surveyor whichever is later.	
		Turn Around Time for claims settlement for Section XI Accident to	
		employees:	
		i. 30 working days from the date of receipt of last necessary document.	
		ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.	
		iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.	
		iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.	



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SI. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number					
13	Grievance Redressal and Policyholders Protection	1. In case of any grievance You may contact the company through Website: https://www.royalsundaram.in/customer-service Contact Numbers: 1860 258 0000, 1860 425 0000 E-mail: manager.care@royalsundaram.in Sr. Citizen can email us at: seniorcitizengrievances@royalsundaram.in Fax: 044-7117 7140 Courier: Grievance Redressal Unit Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097. You may also approach the grievance cell at any of the company's branches with the details of grievance. If You are not satisfied with the redressal of grievance through one of the above methods, You may contact the grievance officer 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.	As per Grievances redressal mechanism under each section of the policy.					
		If You are not satisfied with the redressal of grievance through above methods, the You may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management system https://bimabharosa.irdai.gov.in .						
		 Consumer Affairs Department of IRDAI In case if 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 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal – Bima Bharosa Portal by registering Your complaint at https://bimabharosa.irdai.gov.in/ You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking here. 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. 						



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	c. You can visit the portal https://bimabharosa.irdai.gov.in/ for more details.				
		3. Insurance Ombudsman			
		If the Insured is not satisfied with the redressal of grievance through above methods, the insured may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. You can approach the Council for Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers are available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in . For the updated list of the offices of the Insurance Ombudsman, request you to visit the website of the Council for Insurance Ombudsman at https://www.cioins.co.in/ombudsman or on our company website at www.royalsundaram.in . You can also lodge online complaint with the Council for Insurance Ombudsman through the website of Council for Insurance Ombudsmen (CIO) at www.cioins.co.in			
14	Obligations of the Policy holder	 Make true statements and full disclosure in the proposal and claim documents. Non-disclosure or withhold of any material information may affect the claim settlement. Kindly ensure that Unauthorized persons do not occupy your premises Whenever you premise or any building in you premises is unoccupied, all security procedures on Your premises are in force Inform us immediately if there is any: Change in nature of your Business or any processes If you let your premises or any part, or Your premises will no longer be solely occupied by you Change in the use of your premises If the Premises or any building remains unoccupied for more than 30 days Allow inspection and investigation of claim by insurer 	Policy wording		

Declaration by the Policyholder:

Place:	I have read the above and confirm having noted the details.						
	Place:						
Date:	Date:						
Signature of the Policyholder		Signature of the Policyholder					

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Customer Information Sheet (CIS) of Insure 123 policy UIN - IRDAN102RP0028V01100001

Refer our website www.royalsundaram.in for Policy Wordings and CIS.