

PRE-EXISTING DISEASE WAITING PERIOD WAIVER ADD-ON COVER

Sl. No	Title	Description	Policy Clause Number
1	Name of Insurance Product	Pre-Existing Disease Waiting Period Waiver Add-on Cover	
2	Policy Policy Number	xxxxxxx	
3	Type of Insurance Product / Policy	Indemnity	
4	Sum Insured (Basis) (Along with amount)	Not applicable	
5	Policy Coverage (What the policy covers?)	Pre-Existing Disease Waiting Period Waiver Add-on Cover: By opting this add-on cover, we shall reduce the pre-existing waiting period available under the base product as opted by Insured Person from the date when this add-on cover is purchased.	Section A
6	Exclusions (What the Policy does not cover)	All exclusions as mentioned in the base policy unless otherwise stated.	Section C
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	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: Not Applicable Not Applicable Not applicable.	



	iv.Any other limit	Not applicable	
9	Claims Procedure	All claims must be made in accordance with the procedure set out in base policy.	Section E
10	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer</p>	
11	Grievances / Complaints	<p>In case of any grievance the insured person may contact the company through</p> <p>Website: https://www.royalsundaram.in</p> <p>Grievance Redressal: https://www.royalsundaram.in/customer-service</p> <p>You may call us at – 1860 258 0000, 1860 425 0000</p> <p>Email:</p> <ol style="list-style-type: none"> 1. Please raise a complaint with us through e mail – care@royalsundaram.in, and we would come back to you with a response in 24 hours. 2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to manager.care@royalsundaram.in 3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to head.cs@royalsundaram.in 4. In case you are not happy with our response or have not received any response in 2 business days, you may approach gro@royalsundaram.in - GRO Contact Number – 9500413094 	Annexure 1



		<p>Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in - 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</p> <p>Courier us your complaint at:</p> <p>Royal Sundaram General Insurance Co. Limited</p> <p>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.</p> <p>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</p> <p>Mr. T M Shyamsunder Grievance Redressal Officer Royal Sundaram General Insurance Co. Limited</p> <p>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 http://www.royalsundaram.in</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</p>	
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12	Things to remember	<p>Free Look Period: As per base policy</p> <p>Cancellation : As per base policy</p> <p>Policy Renewal: As per base policy</p>	Section D

		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	
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 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.