## **Consumable Items Add-on Cover**

| Sl No | Title  | Description   | Policy<br>Clause<br>Number |
|-------|--|---|----------------------------|
| 1     | Name of<br>Insurance<br>Product /<br>Policy          | Consumable Items Add-on Cover   |                            |
| 2     | Policy<br>Number                                     | XXXXXXX   |                            |
| 3     | Type of<br>Insurance<br>Product /<br>Policy          | Indemnity   |                            |
| 4     | Sum Insured<br>(Basis)<br>(Along with<br>amount)     | Not applicable  |                            |
| 5     | Policy<br>Coverage<br>(What the<br>policy covers?)   | <ul> <li>Consumable Items: Coverage for expenses for<br/>consumables sanitary pads, crepe bandage,<br/>diaper of any type, nebulizer kit, diabetic<br/>footwear that are placed under List-I of<br/>Annexure-A which are consumed during the<br/>period of hospitalization related to the insured<br/>person's illness/disease/injury.</li> </ul> | Section A                  |
| 6     | Exclusions<br>(What the<br>Policy does not<br>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<br>of coverage<br>i.Sub-limit       | The policy will pay only up to the limits specified<br>hereunder for the following diseases/procedures:<br>Not Applicable   |                            |
|       |  | Not Applicable  |                            |
|       | iii.Deductible<br>iv.Any other<br>limit              | Not applicable.<br>Not applicable   |                            |



| 9 Claims/Claims<br>Procedure  | All claims must be made in accordance with the procedure Section E set out in base policy.  |
|-------------------------------|---|
| 10 Policy Servicing           | Call Center number of the insurer:<br>1860 258 0000 / 1860 425 0000<br>Details of Company Officials : Mr. T M Shyamsunder –<br>Grievance Redressal Officer  |
| 11 Grievances /<br>Complaints | <ul> <li>In case of any grievance the insured person may Annexure 1 contact the company through</li> <li>Website: https://www.royalsundaram.in</li> <li>Grievance</li> <li>Redressal: https://www.royalsundaram.in/customerservice</li> <li>You may call us at – 1860 258 0000, 1860 425 0000</li> <li>Email:</li> <li>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.</li> <li>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.</li> <li>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</li> <li>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</li> <li>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)</li> <li>Fax us at: 044 – 7117 7140</li> <li>Courier us your complaint at: Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR)</li> <li>Karapakkam, Chennai – 600097</li> <li>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</li> </ul> |

Customer Information Sheet

|    |           | Royal Sundaram General Insurance Co. Limited<br>Vishranthi Melaram Towers,<br>No.2/319, Rajiv Gandhi Salai (OMR)<br>Karapakkam, Chennai – 600097   |           |
|----|-----------|--|-----------|
|    |           | For updated details of grievance officer, kindly reference<br>the link http://www.royalsundaram.in<br>If Insured person is not satisfied with the Redressal of<br>grievance through above methods, the insured person<br>may also approach the office of Insurance<br>Ombudsman of the respective area/region for<br>Redressal of grievance as per insurance Ombudsman<br>Rules 2017.<br>Insurance Ombudsman addresses<br>https://www.cioins.co.in/ContactUs<br>Grievance may also be lodged at –<br>Registration of Complaints in Bima Bharosa by<br>Policyholders: |           |
|    |           | 1. Can directly register complaint in the <b>Bima</b><br><b>Bharosa Portal</b> <u>https://bimabharosa.irdai.gov.in/</u>  |           |
|    |           | 2. Can send the complaint through Emai to <u>complaints@irdai.gov.in.</u>  |           |
|    |           | 3. Can call Toll Free No. 155255 or 1800 4254 732.   |           |
|    |           | 4. Apart from the above options, if it is felt necessary by<br>the complainant to send the communication in<br>physical form, the same may be sent to IRDA<br>addressed to:  |           |
|    |           | General Manager  |           |
|    |           | Insurance Regulatory and Development Authority of India(IRDAI)   | r         |
|    |           | Policyholder's Protection & Grievance<br>Redressal Department – Grievance Redressa<br>Cell.  |           |
|    |           | Sy.No.115/1, Financial District, Nanakramguda,   |           |
|    |           | Gachibowli, Hyderabad – 500 032.<br>No loading shall apply on renewals based or<br>individual claims experience.<br>Insurance is the subject matter of solicitation.   |           |
| 12 | Things to | Free Look Period: As per base policy   |           |
| 14 | remember  | Cancellation : As per base policy  | Section D |
|    |           | 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  |  |
| 13 | Your<br>Obligations | Please disclose all pre-existing disease/s or condition/s<br>before buying a policy. Non-disclosure may affect the<br>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.

<u>Place:</u> 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.