

| | | CUSTOMER INFORMATION SHEET | |
|---|--|---|---|
| This document provides key information about your policy. You are also advised to go through your policy document | | | |
| SI. No. | Title | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
| 1 | Product Name | Employees Compensation Insurance | Header |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN102CP0001V02201920 | Footer |
| 3 | Structure | Indemnity basis | Page No.1 |
| 4 | Interests Insured | Protects employers against legal compensation arising from work-related injuries to their employees. The list of employees is as per the policy schedule attached. | Details as per the policy schedule |
| 5 | Sum Insured | Sum insured will be based on the Total earning of the employees of the organisation ie., monthly/annual wages which needs to be specified by the insured. | Sum Insured Amount as per Policy Schedule |
| 6 | Policy Coverage | The policy provides coverage for Accidental death, Permanent total or Partial Disability, and Temporary total disability suffered by the employees at the workplace during working hours Pls refer to the policy schedule for additional | Policy wording, Page No.1 Policy |
| | | cover/endorsements opted under the policy | Schedule |
| 7 | Add-on covers | Not applicable | |
| 8 | Loss Participation | Not applicable | |



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| 9 | Exclusions | This Policy shall not cover liability of the Insured a) For Injury caused to Employee by accident directly or indirectly caused by or arising from or in consequence of or attributable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, mutiny, insurrection, rebellion, revolution or military or usurped power, nuclear weapons material, ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. b) For Accident occurring at any other place than the Place or Places of Employment specified in the Schedule, unless the Employee was at such other place whilst on duty for the purpose of the Business and on the directions of the Insured or any of its official authorized to exercise control and supervision over the Employee. c) For Occupational Diseases contracted by an Employee. d) For Interest and/or penalty imposed on the Insured under any law or otherwise. e) Under any Law for medical expenses in connection with treatment of any Injury sustained by an Employee. f) For persons employed in the Business under a | Standard Exclusions | |
| | | Contractor or Sub-Contractor of the Insured unless specifically covered in the Schedule. g) For Injury sustained by a person whilst in the employment of the Insured otherwise than in the Business and/or who is not declared for insurance under this Policy. h) Assumed by agreement which would not have attached in the absence of such agreement. | | |



Royal Sundaram General Insurance Co. Limited

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

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| | | For any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party. | |
| | | For any accident occurring whilst the Employee is under the influence of intoxicating liquor or drugs. | |
| | | k) For any Incapacity or death of an Employee resulting from his/her deliberate self-injury or the deliberate aggravation of an accidental Injury. | |
| | | For Injury caused to Employee by accident directly or indirectly caused by or arising from or in consequence of or attributable to any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. | |
| | | For the purpose of this exclusion, an act of terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes. | |



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| 10 | Special conditions and warranties (if any) | Declaration of Employees and Wages: It is clearly agreed and understood that the Insured shall be bound at all times to declare all Employees and Wages payable in respect of such Employees on the basis of which the Premium for this Policy is calculated. In case of increase in Employees or Wages subsequent to insurance, Insured shall keep the Company intimated and obtain Endorsement by payment of necessary additional premium. The Insured shall as and when required by the Company permit inspection of its records to verify the Wages and Employees and shall also provide duly authenticated copies thereof if so required by the Company. | Condition No.7 |
| 11 | Admissibility of Claim | The claim will be admissible based on the policy terms and conditions. However, the policy will become void if there is any mis-representation or non-disclosure in the Proposal. | Conditions No.3 |
| | | The claim will not be payable if it is found to be fraudulent. in which case and all the premium paid will be forfeited and the policy will become void | No.13 |
| | | At the time of claim, the Insured should take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations, manufacturer's recommendations and other safety regulations in conduct of the Business. | No.5 |



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| 12 | Policy Servicing – Claim intimation and Processing | For queries related to policy/claim servicing, please contact us at 18602580000 /18604250000 or write to us at care@royalsundaram.in. Claim can be intimated by insured to any of Our offices or call centers at 1860-258-0000 / 1860-425-0000. Document Submission: Insured should submit Claim Form and other documents that is directly related to claim. Claims processing: We will review the claim details, including medical reports and incident details. We may also investigate the claim to verify the details and determine liability. Claims settlement: The claim amount will be released by the Insurance Company once the compensation amount is finalised. | Condition No.17 |
| 13 | Grievance Redressal and Policyholders Protection | In case of any grievance the insured person may contact the company through Website: https://www.royalsundaram.in/customer-service Contact Numbers: 1860 258 0000, 1860 425 0000 GRO Contact Number – 9500413094 Senior Citizen Grievance Number - 9500413019 E-mail: manager.care@royalsundaram.in, care@royalsundaram.in, Head.cs@royalsundaram.in, GRO@royalsundaram.in Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in 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 | Grievance redressal Procedure |



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| | | 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. 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. 2. Consumer Affairs Department of IRDAI a. 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/ b. 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 <u>https://bimabharosa.irdai.gov.in/</u> for more details. | | |
| | | 3. Insurance Ombudsman | | |
| | | You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at <u>www.irdai.gov.in</u> or of the Council for Insurance Ombudsmen at <u>https://www.cioins.co.in/ombudsman</u> or on company website <u>www.royalsundaram.in</u> . | | |
| 14 | Obligations of the Policy holder | Maintenance of Record of Employees/Wages: The Insured undertakes to maintain an accurate record of the Employees and Wages in respect of the Business throughout the Period of Insurance, in compliance with all statutory requirements or otherwise, and allow the Company to inspect such records during or upon expiry of this Policy. | Condition No.9 | |

Declaration by the Policyholder:

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

Place: Date:

Signature of the Policyholder

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