

**Customer Information Sheet**

**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<br>(Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Policy Clause Number |
|-------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 1     | Name of Insurance Product / Policy           | Travel Shield – Single Trip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |
| 2     | Policy Number                                | Xxxxxx                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |
| 3     | Type of Insurance Product / Policy           | <ul style="list-style-type: none"> <li>Travel</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |
| 4     | Sum Insured (Basis)<br>(Along with amount)   | <ul style="list-style-type: none"> <li>Individual Sum Insured – Rs. _____</li> <li>Floater Sum Insured – Rs. _____</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |
| 5     | Policy Coverage<br>(What the policy covers?) | <p>Cover commences from the time the insured person boards the conveyance to leave for onward overseas journey or the Contracted Departure Date as per the policy whichever is later and ends when the Insured Person first disembarks on return to India or the Contracted Return Date or the date of expiry of Insurance whichever is earlier. This travel insurance cover is available for up to a period of 180 days.</p> <p><b>Overseas Health Cover:</b> The expenses incurred for availing immediate medical assistance required for Insured Person on falling ill or sustaining an Accident whilst on a Trip abroad, but not exceeding the Sum Insured</p> <p><b>Emergency Dental Treatment:</b> The expenses resulting from Injury sustained to Sound Natural Teeth during a Trip abroad but not exceeding the Sum Insured and Only Dental services for the immediate relief of Dental pain are covered</p> <p><b>Emergency Evacuation:</b> The expenses in relation to emergency evacuation during a trip abroad</p> <p><b>Repatriation of Mortal Remains:</b> Transportation expenses to return the mortal remains of insured person to the place of residence in India or the burial/ cremation expenses in the country of death in the event of death of the insured person during the Trip due to illness/ injuries as per the policy Schedule</p> <p><b>Hospital Daily Allowance:</b> A lump sum benefit is applicable for each consecutive 24 hours of covered hospitalization exceeding the first 72 hours subject to Sum Insured</p> <p><b>Accidental death &amp; Dismemberment:</b> In unfortunate event of</p> | Section D            |

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accidental death and dismemberment during the trip the Sum stated in the Schedule/ Certificate of Insurance will be paid to the nominee/insured person

**Travel Inconvenience** - Loss of checked - in baggage: The Company will reimburse the specified limit as per the Schedule in the event of Total Loss of entire piece of Checked in Baggage while the Insured Person is a ticketed passenger on the Common Carrier.

**Delay of Checked-in baggage:** The Company will reimburse up to the Sum Insured for necessary emergency purchase of essential clothes and toiletries in the event of delay more than 12 hours from the Scheduled Arrival time at the destination specified in policy

**Loss of Passport, visa:** The company will reimburse direct expenses necessarily and reasonably incurred in connection with obtaining emergency travel documents in lieu of passport /visa or duplicate or new passport up to the limit as per policy schedule in the event of the loss of Passport, Visa belonging to the Insured Person.

**Hijack Distress Allowance:** A lump sum subject to the limits as specified in schedule is payable for each 24 hours in captivity in the event of any Common Carrier, in which the Insured Person is traveling being hijacked on the trip abroad and captivated for more than 24 continuous hours.

**Trip delay:** The Company will reimburse reasonable expenses towards food and beverages and emergency purchase of essential clothing, toiletries, if the Insured Person's Common Carrier commencement is delayed for more than 12 continuous hours due to any Covered Occurrence and when no alternative travel arrangement is available

**Trip cancellation:** The company will pay the unused and non-refundable portion of the pre-paid lodging cost and / or the ticket cancellation charges of the Common Carrier incurred due to the cancellation of trip due to Death of insured person/travelling companion/relative of insured person

**Home Insurance:** The Company will pay for the loss and/or damage caused by Fire and Allied Perils, House breaking and /or attempted House breaking of Contents, contained in the home of the Insured Person.

**Personal Liability:** The Company will compensate up to the sum insured of the policy to the Insured Person, in the event of the Insured Person becoming legally liable to a Third Party's death/injury or damage to his/ her properties, during the Period of Insurance and whilst on a Trip abroad.

**Automatic Extension of the Policy:** The period of insurance is automatically extended up to a period of 7 days when there is a delay in Common Carrier, due to a Covered Occurrence and when no alternative travel arrangement is available.

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| <b>6</b> | Exclusions (What the Policy does not cover) | <ul style="list-style-type: none"> <li>Investigation &amp; Evaluation,</li> <li>Rest Cure, rehabilitation and respite care,</li> <li>Obesity/ Weight Control,</li> <li>Change-of-Gender treatments,</li> <li>Cosmetic or plastic Surgery,</li> <li>Hazardous or Adventure sports,</li> <li>Breach of law,</li> <li>Excluded Providers,</li> <li>Treatment for, Alcoholism, drug or substance abuse,</li> <li>Tobacco abuse or any addictive condition and consequences,</li> <li>Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons,</li> <li>Dietary supplements and substances that can be purchased without prescription, to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure,</li> <li>Refractive Error,</li> <li>Unproven Treatments,</li> <li>Sterility and Infertility,</li> <li>Maternity</li> </ul> <p>The expenses that are not covered in this policy are placed under List-I of Annexure-A</p> <p>(Note: the above is a partial/indicative list of the policy exclusions. Please refer to the policy clauses for the complete details/list on Exclusions.)</p> | Section E |
| <b>7</b> | Waiting Period                              | <p>First 72 hours for hospital daily allowance.</p> <p>First 24 hours for Hijack Distress Allowance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Section D |
| <b>8</b> | Financial limits of coverage                | <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>i.Sub-limit<br/>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p> <p>ii.Co-payment<br/>Not applicable.</p> <p>iii.Deductible<br/>Not applicable</p> <p>iv.Any other limit<br/>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |

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| 9 | Claims/Claims Procedure | <p><b>Claim Procedure:</b></p> <ol style="list-style-type: none"> <li>1. The Insured Person shall immediately contact the Alarm Center of TPA and it's assistance cooperation partners. stating the necessary details.</li> <li>2. TPA will verify the identity of the caller by asking his/her Passport Number.</li> <li>3. In the event of an Accident or sudden illness where it is not possible to do so before consulting a Physician or going to the Hospital, the Insured Person shall contact the Alarm Center as soon as possible. In either case, when being admitted as a patient, the Insured Person shall show the concerned Physician or personnel this Policy if requested.</li> </ol> <p><b>Claims Settlement:</b></p> <ol style="list-style-type: none"> <li>1. Benefits payable under this policy will be paid within reasonable time upon receipt of due written evidence of such loss and any further documentation information and assistance that TPA and it's assistance cooperation partners or the Company may require.</li> <li>2. Reimbursement of all claims will be in Indian Rupees at the exchange applicable on the date the amount is billed. If, however, it can be proved that the necessary foreign currency to pay the bill was obtained at a less favorable rate, this will be taken as the applicable exchange rate.</li> <li>3. All admissible claims under this policy shall be offered for settlement within 15 days from the receipt of last necessary document. Wherever settlement offer has been made and accepted by Insured Person / Nominee / Legal heir as the case may be, the company shall pay the offered claim amount within 7 days from the date of such acceptance, failing which the Company shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.</li> </ol> | Section G.1 to G.3 |
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4. At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

**Claim Documentation:**

- i) The original bills and vouchers must be submitted alongwith all claims.
- ii) Bills/ Prescriptions/vouchers/ reports/ discharge summary must contain the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed, the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed.
- iii) For reimbursement of the extra costs of transporting the mortal remains to the Republic of India or of the costs of burial abroad, an official death certificate and a physician's statement giving the cause of death. Medical statements from relations or spouses will not be accepted.
- iv) For reimbursement of extra expenses of transportation of Insured Person to the Republic of India, a medical statement indicating the cause of illness and the necessity of the transportation. Medical statements from relations or spouses will not be accepted.
- v) In case of loss of baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of baggage.
- vi) For personal liability, proof of judicial decision rendered by a court of law.
- vii) For personal Accident, bills/ vouchers/ reports/ discharge summary, Death Certificate, First Information Report, Post Mortem Report, Legal Heir Certificate and such other documents as may be required. The relevant documents must

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|           |                         | <p>contain the name of the person treated, the cause of Accident, details of the individual items of medical treatment provided and the dates of treatment</p> <p>viii) Any other document(s) that the Company requires from the Insured Person to process the claim.</p> <p>If TPA or its assistance cooperation partners or the Company requests that bills/ vouchers in a foreign language be accompanied by an appropriate translation in English then the costs of such translation must be borne by the Insured Person.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |
| <b>10</b> | Policy Servicing        | <p>Call Center number of the insurer:<br/>1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | F.1.23 & F.1.24 |
| <b>11</b> | Grievances / Complaints | <p>Grievances Redressal Procedure:</p> <p>We promise to provide the service you want, but sometimes mistakes can happen. If you're not satisfied with our service, we're here to make it right. Your satisfaction is our main concern, especially when things haven't gone as planned.</p> <p><b>Step 1: Raise a Complaint</b><br/>Please raise your concern with us through our Online form / Call us at: 1860 425 0000 / 1860 258 0000 / mail us at <a href="mailto:care@royalsundaram.in">care@royalsundaram.in</a> &amp;</p> <p><b>write us at</b><br/><b>Customer Services Team</b><br/>Royal Sundaram General Insurance Co. Limited<br/>Vishranthi Melaram Towers<br/>No.2/319, Rajiv Gandhi Salai(OMR) Karapakkam, Chennai – 600097</p> <p>Senior Citizen can mail us at:<br/><a href="mailto:seniorcitizengrievances@royalsundaram.in">seniorcitizengrievances@royalsundaram.in</a></p> <p>We will acknowledge your grievance immediately and provide a resolution.</p> | F.1.24          |

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|    |                    | <p><b>Step 2: Escalation 1</b></p> <p>If you are not satisfied with the resolution provided or require any further assistance, you may escalate the matter to:<br/> <a href="mailto:manager.care@royalsundaram.in">manager.care@royalsundaram.in</a></p> <p><b>Step 3: Escalation 2</b></p> <p>If you feel your grievance has not been resolved satisfactorily, you may escalate further to:<br/> <a href="mailto:head.cs@royalsundaram.in">head.cs@royalsundaram.in</a></p> <p><b>Step 4: Escalation to Grievance Redressal Officer - Final Internal Escalation</b></p> <p>If you need further resolution, you may escalate it to:</p> <p>Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094<br/> Senior Citizen Redressal: 9500413019<br/> Email: <a href="mailto:gro@royalsundaram.in">gro@royalsundaram.in</a></p> <p>For updated details of grievance officer, kindly refer the link<br/> <a href="http://www.royalsundaram.in">http://www.royalsundaram.in</a>.</p> <p>If you are not satisfied with the Redressal of grievance through above methods, you may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.</p> <p><b>Insurance Ombudsman addresses can be accessed at -</b><br/> <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> |        |
| 12 | Things to remember | <p><b>Cancellation</b></p> <p>The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the insured by sending 7 days notice in writing by Registered A/D to the insured at last known address in which case the Company shall not refund to the insured any portion of the premium</p> <p><b><u>For Single Trip:</u></b></p> <p>Cancellation of policy by the Insured Person may be done only in cases where a journey is not undertaken and only on production of the Insured Person's passport as a proof that the journey has not been undertaken. Any request for cancellation will be entertained up to 7 days after the first day of insurance as indicated in the schedule of the policy subject to a deduction of Rs.250/-</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | F.1.18 |



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|           |                  | <p>No refund of premium or part thereof will be allowed:</p> <ul style="list-style-type: none"> <li>- in case Insured Person returns to India before the expiry of the Policy</li> <li>- if any claim has been preferred under the policy before invoking cancellation request</li> </ul> <p>The Insured Person has to produce the Passport as proof of the Trip Days undertaken during the Policy Period.</p> |  |
| <b>13</b> | Your Obligations | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period such as change in occupation.</p>                                                                                                                                                                |  |

Declaration by the policy holder:

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

Place:

Date:

(Signature of the Policy Holder)

Note:

- Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.**