

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Product Name	WORKMEN'S COMPENSATION POLICY	
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN102RP0011V01100001	Footer in all pages
3	Structure	Indemnity – The company will indemnify the insured against all sums for which the Insured shall be so liable and will in addition be responsible for all costs and expenses incurred with its consent in defending any claim for such compensation.	1 st page of the Policy wording
4	Interests Insured	<ul style="list-style-type: none"> ➤ This Policy provides your liability as an employer for employment injury of any of your employees who is an "Employee" defined under Employees Compensation Act. ➤ All eligible employees are to be insured without any selection. ➤ Employees covered under ESI (Employee State Insurance) are not covered under WC. Outside the purview of ESI, rest of the employees are to be insured without selection. Onus of proof at the time of claim is on the Insured company /employer. 	Details as per policy schedule
5	Sum Insured	<ul style="list-style-type: none"> ➤ The Sum Insured is calculated on the basis of monthly wages of employees. ➤ Section 5 of Employees Compensation Act defines monthly wages as an amount of wages considered to be payable for a month's service which now stands at Rs. 15,000. ➤ Monthly Wages is a variable and declared in official Gazette from time to time by The Ministry of Labour. 	Sum Insured Amount as per Policy Schedule
6	Policy Coverage	<p>The Workmen's Compensation Policy provides for payment of compensation to Employees on behalf of their employer, in case of accidental injury of the employees at workplace arising out of and in the course of employment against the following: -</p> <ul style="list-style-type: none"> ➤ Death ➤ Permanent Total Disablement ➤ Permanent Partial Disablement ➤ Temporary Total Disablement ➤ Legal expenses and cost incurred with the Company's consent. <p>The policy covers legal liability of an employer under:</p> <ul style="list-style-type: none"> ➤ The Employees' Compensation Act, 1923, and subsequent amendments to the said Act prior to the date of issue of the policy ➤ Common Law or ➤ The Law(s) set out in the Policy Schedule 	Page 1 of the policy wording

7	Add-on covers	Not applicable for this policy	
8	Loss Participation	As stated in Policy schedule	As per Policy Schedule
9	Exclusions	<p>The Company shall not be liable under the policy in respect of:</p> <p>(a) any injury by accident or disease directly attributable to war and allied perils.</p> <p>(b) the Insured's liability to employees of contractors to the Insured.</p> <p>(c) any liability of the insured which attaches by virtue of an agreement but which would not have attached in the absence of such agreement.</p> <p>(d) any sum which the Insured would have been entitled to recover from any party but for an agreement between the Insured and such party.</p>	Exceptions
10	Special conditions and warranties (if any)	<p>1. The name of every employee together with the amount of wages salary and other earnings shall be properly recorded and the Insured shall at all times allow the Company to inspect such records and shall supply the Company with a correct account of all such wages salaries and other earnings paid during any period of Insurance within one month from expiry date of such Period of Insurance. If the amount so paid shall differ from the amount on which premium has been paid the difference in premium shall be met by a further proportionate payment to the Company or by a refund by the Company as the case may be.</p> <p>2. The insurer can cancel the policy only on the ground of established Fraud, by giving minimum notice of 7 days of retail policy holder. However, you can cancel the policy at any time during the policy period by informing the Company.</p> <p>In the event of cancellation, the company will refund proportionate premium for the unexpired policy period, if the term of the policy is up to one year and there is no claim(s) made during the policy period.</p>	Conditions
11	Admissibility of Claim	<p><u>Admissibility of Claim:</u> The claim will be admissible as per the terms and conditions of the policy.</p> <p><u>Denial of Claim:</u> A claim under the policy can be denied -</p> <ul style="list-style-type: none"> • If the claim is false or fraudulent or if you support a claim with any false or fraudulent statement or documents. The policy will also be cancelled. • If the loss falls under Policy exclusion. <p>➤ The Insured shall take reasonable precautions to prevent accidents and disease and shall comply with all statutory obligations.</p>	<p>As per policy wording</p> <p>Conditions</p>
12	Policy Servicing – Claim intimation and Processing	<p>For queries related to policy/claim servicing, please contact us at 18602580000 /18604250000 or write to us at care@royalsundaram.in.</p> <p>Claim can be intimated by insured to any of Our offices or call centers at 1860-258-0000 / 1860-425-0000 with full information in writing about the claim.</p>	Conditions

		<p>Documents required for Claim processing:</p> <ul style="list-style-type: none"> ➤ Claim form ➤ Wage Register / Attendance Register ➤ Statement of the insured/claimant describing the cause of loss along with witness statement, ➤ FIR in support of accident, ➤ Post Mortem Report in case of Death Claim, ➤ Disability certificate in case of Disability claims, ➤ All Original Medical Bills / Receipts, Birth certificate for age proof, ➤ CKYC documents PAN, ROC certificate, Aadhaar, GST Registration Certificate ➤ Medical Certificate ➤ Wages Statement ➤ Proof of age – as recorded by the employer ➤ Any other Document, based on nature of claim <p>Turn Around Time for claims settlement: 15 working days from the date of receipt of survey report or last document / clarification from the Insured / Surveyor whichever is later / Court Award.</p>	
<p>13</p>	<p>Grievance Redressal and Policyholders Protection</p>	<p>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.</p> <p>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</p> <p>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.</p> <p>For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in.</p> <p>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.</p>	<p>Conditions - Grievance Redressal Procedure</p>

		<p>2. Consumer Affairs Department of IRDAI</p> <p>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/</p> <p>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.</p> <p>c. You can visit the portal https://bimabharosa.irdai.gov.in/ for more details.</p> <p>3. Insurance Ombudsman</p> <p>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 www.irdai.gov.in or of the General Insurance Council at https://www.ciains.co.in/ombudsman or on company website www.royalsundaram.in.</p>	
14	Obligations of the Policy holder	<p>a) 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.</p> <p>b) The Insured shall give all such information and assistance as the Company may reasonably require.</p>	Conditions

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.