

Royal Sundaram General Insurance Co. Limited
Corp. Office : Vishranthi Melaram Towers, No. 2 / 319,
Rajiv Gandhi Salai (OMR) Karapakkam, Chennai -
600097. Regd Office : 21, Patullos Road, Chennai -
600 002

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

(Description is illustrative and not exhaustive)

S.NO	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	Name of Insurance Product / Policy	DIVYANG PLUS, ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED	
2.	Policy Number	Xxxxx	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> • Indemnity or • Both Indemnity and Benefit 	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured – Rs. _____ 	
5.	Policy Coverage (What the policy covers?)	<p>Expenses in respect of:</p> <p>a) Hospitalization expenses — Expenses incurred on hospitalization for a minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post-hospitalization expenses for a period of 60 days. Time limit of 24 hrs shall not apply in respect of Day Care Treatment. In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits: i. Room Charges (Hospitalization): Room Rent— Up to maximum of 1% of SI, per day ICU charges— Up to maximum of 2 % of SI per day</p> <p>b) AYUSH Coverage — Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.</p> <p>c) Expenses incurred for treatment of cataract is covered up to</p>	Section 4

		<p>Rs. 40,000/- per each eye in one policy year</p> <p>d) Expenses incurred on hospitalisation for Modern Treatment listed procedures are covered Up to 50% of the Sum Insured.</p> <p>e) Expenses on road Ambulance are subject to a maximum of IRS. 2000/per hospitalization.</p> <p>f) HIV/AIDS cash benefit- Rs.500/ day hospital daily cash benefit for maximum 30days, Qualifying criteria: 48 hrs of hospitalization</p>	
6	Exclusions (What the Policy does not cover)	<p>Following is a partial list of the policy exclusions, please refer to the policy document for the complete list of exclusions:</p> <ol style="list-style-type: none"> Admission primarily for investigation & evaluation Admission primarily for rest Cure, rehabilitation, and respite care Expenses related to the surgical treatment of obesity that does not fulfil certain conditions Change of Gender treatments Expenses for cosmetic or plastic surgery expenses Hazardous or Adventure sports Breach of law Excluded Providers Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Treatments received in health spas, 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. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Refractive Error Unproven Treatments Sterility and Infertility Maternity 	Section 8
7	Waiting period	<ol style="list-style-type: none"> Pre-Existing Diseases (other than pre-existing HIV/AIDS and Disability) will be covered after a waiting period of thirty-six (36) months of continuous coverage. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident Expenses related to the treatment of Pre-existing Disability covered after 24 months of continuous coverage from date of commencement of policy. Specified surgeries/ treatments/ diseases are covered after a specific waiting period of 24 months. Specified surgeries/ treatments/ diseases are covered after a specific waiting period of 36 months. 	Section 5

8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:							
	i. Sub-limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.							
	ii.Co-payment	Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. This co-payment can be waived off by paying an additional premium.							
	iii.Deductible	Not applicable.							
	iv.Any other limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.							
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Procedure for Cashless claims:</p> <p>i. Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.</p> <p>ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</p> <p>iii. The Company/TPA upon getting cashless request form and related medical information from the insured person/network provider will issue pre-authorization letter to the hospital after verification.</p> <p>iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</p> <p>v. The Company/TPA reserves the right to deny pre-authorization in case the insure person is unable to provide the relevant medical details.</p> <p>vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim document to the Company/TPA for reimbursement.</p> <p>The reimbursement claim shall be processed subject to the admissibility of the claim as per the terms and conditions of the policy.</p> <p>Procedure for reimbursement of claims:</p> <p>For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.</p>	Section 10.1						
		<table><tr><th>Sl. No</th><th>Type of Claim</th><th>Prescribed Time limit</th></tr><tr><td></td><td>Reimbursement of hospitalization, day care and Pre hospitalization expenses</td><td>Within thirty days of date of discharge from hospital</td></tr></table>	Sl. No	Type of Claim	Prescribed Time limit		Reimbursement of hospitalization, day care and Pre hospitalization expenses	Within thirty days of date of discharge from hospital	Section 10.2
Sl. No	Type of Claim	Prescribed Time limit							
	Reimbursement of hospitalization, day care and Pre hospitalization expenses	Within thirty days of date of discharge from hospital							

		Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment		
		<p>Notification of Claim</p> <p>Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:</p> <p>i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.</p> <p>ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorisation of cashless facility is 1 hour</p> <p>ii. TAT for cashless final bill authorisation is 3 hours</p> <p>i. Network Hospital details: https://www.royalsundaram.in/cashless-hospital</p> <p>ii. Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000 MediAssist TPA – 04068213621 Paramount TPA – 1800226655</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.royalsundaram.in/claims/health-insurance-claims</p> <p>iv. Downloading / getting claim form https://www.royalsundaram.in/claims/claim-forms</p>			
10	Policy Servicing	Call Center number of the insurer: 1860 258 0000 / 1860 425 0000		Section 9.1.15	
		Details of Company Officials: Mr. T M Shyamsunder – Grievance Redressal Officer			
11	Grievances / Complaints	In case of any grievance the insured person may contact the company through Website: https://www.royalsundaram.in Grievance Redressal: https://www.royalsundaram.in/customer-service You may call us at – 1860 258 0000, 1860 425 0000 Email: 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		Section 9.1.15	

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

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)

Fax us at: 044 – 7117 7140
 Courier us your complaint at:
 Royal Sundaram General Insurance Co. Limited
 Vishranthi Melaram Towers,
 No.2/319, Rajiv Gandhi Salai (OMR)
 Karapakkam, Chennai – 600097

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
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 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 for Redressal of grievance as per insurance Ombudsman Rules 2017.

Insurance Ombudsman addresses - <https://www.cioins.co.in/ContactUs>

**Grievance may also be lodged at –
 Registration of Complaints in Bima Bharosa by Policyholders:**

1. Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to complaints@irdai.gov.in.
3. Can call Toll Free No. **155255** or **1800 4254 732**.
4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

		<p>General Manager</p> <p>Insurance Regulatory and Development Authority of India(IRDAI)</p> <p>Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.</p> <p>Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032.</p> <p>No loading shall apply on renewals based on individual claims experience.</p> <p>Insurance is the subject matter of solicitation.</p>	
12	Things to remember	<p>• Free Look:</p> <p>At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:</p> <p>a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;</p> <p>b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;</p> <p>c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.</p> <p>d) Free-look will not be applicable for policies with tenure less than one year.</p> <p>e) Free-look not applicable in case of renewals.</p> <p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</p> <p>Cancellation:</p> <p>The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.</p> <p>The Company shall:</p> <p>a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period.</p> <p>b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.</p> <p>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.</p> <p>The Company may cancel the Policy at any time on grounds of misrepresentative, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p>	<p>Section 9.1.14</p> <p>Section 9.1.7</p>

		<p>Renewal of Policy : The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due to renewal.</p> <ol style="list-style-type: none"> Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 15 days in monthly and 30 days in case of quarterly, half- yearly and yearly payments to maintain continuity of benefits without break in policy. If the premium is paid in instalments, coverage will still be available during the grace period. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. If not renewed within Grace Period after due renewal date, the Policy shall terminate. <p>No loading shall apply on renewals based on individual claims experience</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Migration The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below: The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus (as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured. Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI Regulations</p> <p>For Detailed Guidelines on Migration, kindly refer the below link:- https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf</p> <p>Portability</p>	<p>Section 9.1.10</p> <p>Section 9.1.8</p> <p>Section 9.1.9</p>
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13.	Your Obligations	<ul style="list-style-type: none"> Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of 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.