

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY
**This document provides key information about your policy. You are also
advised to go through your policy document.**

S.NO	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
1.	Name of Insurance Product / Policy	Surrosafe Health Insurance Plan	
2.	Policy Number	XXXXXX	
3.	Type of Insurance Product / Policy	<ul style="list-style-type: none"> Indemnity 	
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>1. Surrogate Cover Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person arising out of pregnancy and also covering post- partum delivery. Hospitalisation Expenses covers:</p> <ul style="list-style-type: none"> Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 1% of the sum insured per day. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to actuals amount subject to sum insured available in the policy. All day care procedure subject to that the procedures should be in connection with the pregnancy and postpartum delivery complications. Pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under this policy. Post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy. Expenses incurred on road Ambulance subject to a maximum of Rs.1000/- per hospitalisation. Modern Treatment related to complications related to pregnancy and post- partum delivery up to 50% of SI. AYUSH Treatment- Expenses incurred for inpatient care 	Section D.1



		<p>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>2. Oocyte Donor Cover: The Company shall indemnify medical expenses incurred for Hospitalization incurred by oocyte donor for all complications arising due to oocyte retrieval. Hospitalisation expenses covers:</p> <ul style="list-style-type: none"> • Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 1% of the sum insured per day. • Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to actuals amount subject to sum insured available in the policy. • All day care procedure subject to that the procedures should be in connection with the oocyte complications. • Pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under this policy. • Post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy. • Expenses incurred on road Ambulance subject to a maximum of Rs.1000/- per hospitalisation. • Modern Treatment related to complications faced due to oocyte retrieval up to 50% of SI. • AYUSH Treatment- 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. 	Section D.2
6.	Exclusions (What the Policy does not cover)	<ul style="list-style-type: none"> • Investigation & Evaluation (Code- Excl04) • Rest Cure, rehabilitation and respite care (Code- Excl05) • Obesity/ Weight Control (Code- Excl06) • Change-of-Gender treatments: (Code- Excl07) • Cosmetic or plastic Surgery: (Code- Excl08) • Hazardous or Adventure sports: (Code- Excl09) • Breach of law: (Code- Excl10) • Excluded Providers: (Code-Excl11) • Treatment for, Alcoholism, drug or substance abuse, Tobacco Abuse or any addictive condition and consequences thereof. (Code- Excl12) • Treatments received in health hydro's, 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. (Code- Excl13) 	Section E



		<ul style="list-style-type: none"> • 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 . (Code- Excl14) • Refractive Error (Code- Excl15) • Unproven Treatments (Code- Excl16) • Sterility and Infertility (Code- Excl17) • Maternity (Code – Excl18) • The expenses that are not covered in this policy are placed under List-I of Annexure-A <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	
7.	Waiting period	<ul style="list-style-type: none"> • Initial waiting Period: 30 days for all illness (not applicable for accidents) • Pre-existing diseases: 36 months waiting period • Personal waiting periods 	<p>E.1.2</p> <p>E.1.1</p> <p>E.2.1</p>
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	To be mapped if applied.	
	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>Claim Procedure : Provided that the due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and / or Insured person be a condition precedent to any liability of the Company under this Policy. Cashless and Reimbursement both Claims will be settled through TPA. The Claims Procedure is as follows:</p>	<p>G.1</p> <p>G.2</p>



		<p>For admission in Network Hospital (Cashless Claims) Insured Person shall call the TPA helpline and furnish Membership Number, Policy Number and the Name of the Patient within 72 hours before admission to hospital for planned hospitalization and not later than 48 hours of admission in case of emergency hospitalization. The insured shall also provide to the TPA by e-mail or through TPA's web portal, the details of hospitalization like diagnosis, name of hospital, duration of stay in hospital, estimated expenses of hospitalization etc. in the prescribed form available with the Insurance help desk at the Hospital. The Insured shall also provide any additional information or medical record as may be required by the medical panel of the TPA. After establishing the admissibility of the claim under the policy, the TPA shall provide a pre-authorisation to the hospital guaranteeing payment of the hospitalization expenses subject to the sum insured, terms conditions and limitations of the policy. The difference between the amount of pre-authorisation approved and the final hospital bill owing to deductions such as non-payable items, excluded items, policy sub-limits, copay amount, deductible amt etc, shall be borne by the insured.</p> <p>For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Re-imburement Claims)</p> <ul style="list-style-type: none"> • Notice of claim: Preliminary notice of claim with particulars relating to Policy number, Name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending hospital, should be given to the Insurer within 72 hours before admission in case of planned hospitalization, and not later than 48 hours or before discharge, in case of emergency hospitalization. • Submission of claim: The insured shall submit the claim form along with attending physician's certificate duly filled and signed in all respects with the following claim documents not later than 30 days from the date of discharge. • Turn Around Time (TAT) for claims settlement: <ol style="list-style-type: none"> TAT for preauthorisation of cashless facility is 1 hour. TAT for cashless final bill authorisation is 3 hours. <p>i. Network Hospital details: https://www.royalsundaram.in/cashless-hospital</p> <p>ii. Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000</p>	G.3
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10.	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials: Mr. T M Shyamsunder – Grievance Redressal Officer</p>	F.1.13
11.	Grievances / Complaints	<p>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 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</p> <p>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)</p> <p>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)</p>	F.1.13



		<p>Karapakkam, Chennai – 600097 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>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</p> <p>For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in</p> <p>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</p> <p>Grievance may also be lodged at – Registration of Complaints in Bima Bharosa by Policyholders:</p> <ol style="list-style-type: none"> 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: General Manager Insurance Regulatory and Development Authority of India(IRDAI) Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell. Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032. <p>No loading shall apply on renewals based on individual claims experience. Insurance is the subject matter of solicitation.</p>	
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12.	Things to remember	<p>Free look period 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: 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; 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; c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period. d) Free-look will not be applicable for policies with tenure less than one year. e) Free-look not applicable in case of renewals. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</p> <p>Cancellation The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall: 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. 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. 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. 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>Moratorium Period After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five continuous years would be applicable from the date of</p>	<p>F.1.12</p> <p>F.1.7</p> <p>F.1.9</p>
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		enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	
13.	Your Obligations	<ul style="list-style-type: none"> To 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 etc. 	

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.