

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 (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Accident Shield	
2	Policy Number	XXXXXX	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> Benefit 	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured – Rs. _____ Floater Sum Insured – Rs. _____ 	
5	Policy Coverage (What the policy covers?)	<p>Accident Shield is a worldwide Personal Accident (caused by external, violent and visible means) Cover that is specially designed to cover the following happening within 12 months from the date of accident:</p> <ul style="list-style-type: none"> Death: In unfortunate event of fatal accident the Sum stated in the Schedule/Certificate of Insurance will be paid to the nominee of Insured Person. Permanent Total Disablement: In unfortunate event of an accident resulting in Permanent Total Disablement the Insured Person will be paid the Sum stated in the Schedule/Certificate. Recovery Benefit: Fixed amount (as stated in Schedule/Certificate of Insurance) of Monthly benefit as compensation for every month upto 12 months for accidents resulting in Permanent Total Disablement 	Section D
6	Exclusions (What the Policy does not cover)	<p>Provided always that the Company shall not be liable under this Certificate for:</p> <ol style="list-style-type: none"> Compensation under more than one of the foregoing clauses in respect of the same incident. Any other payment after a claim under one of the foregoing clauses (a), (b) or (d) has been admitted and become payable. 	Section E

Customer Information Sheet

- | | | |
|--|---|--|
| | <p>3) Any payment in case of more than one claim under the Certificate during any one period of insurance, by which the maximum liability of the Company in that period for death and disablement payable shall exceed the sum stated in the relevant section of the Schedule of the Certificate.</p> <p>However in the event of a death claim, the sum payable shall be the Sum Insured under the relevant section of the Schedule of the Certificate after deducting the amount already paid for the earlier disablement claim, if any.</p> <p>4) Payment of compensation in respect of death, injury or disablement of the Insured Person</p> <ul style="list-style-type: none"> a) from intentional self-injury, suicide or attempted suicide. b) whilst under the influence of intoxicating liquor or drugs. c) whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. ["Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine]. d) directly or indirectly caused by venereal diseases, AIDS or insanity. e) arising or resulting from the Insured Persons committing any breach of law with criminal intent. f) as a result of, or which is contributed to by, the Insured Person suffering from any pre-existing condition or preexisting physical or mental defect or infirmity. <p>Pre-existing Condition means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/ or were diagnosed, and/ or received medical advice/treatment within 36 months to prior to the first policy issued by the insurer.</p> <p>5) Payment of compensation in respect of death, injury or disablement of the Insured Person due to or arising out of</p> | |
|--|---|--|

Customer Information Sheet

		<p>or directly or indirectly connected with or traceable to War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments .</p> <p>6) Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured Person.</p> <p>a) Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.</p> <p>b) Directly or indirectly caused by or contributed to by or arising from nuclear weapon material.</p> <p>7) Pregnancy Exclusion Clause: This Certificate shall not extend to cover death, disablement or any recovery benefit resulting directly or indirectly caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.</p> <p>8) Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, potholing, bungee jumping, skiing, icehockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation/ activities of similar hazard. Persons whilst engaged in the following occupations are excluded.</p> <p>Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing) Jockey, Marine salvager,</p> <p>Miner and other occupations underground, Off-shore oil or gas rig worker, Policeman (Full time), Pop Musicians,</p>	
--	--	---	--

Customer Information Sheet

		<p>Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffold Worker, Scrap metal merchant, Security guard (armed), Steeplejack, Stevedore, Structural steelworker, Tower crane operator , Tree feller, Ship crew.</p> <p>Nuclear, Chemical, Biological Terrorism (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>	
7	Waiting Period	Not applicable	
8	<p>Financial limits of coverage</p> <p>i.Sub-limit</p> <p>ii.Co-payment</p> <p>iii.Deductible</p> <p>iv.Any other limit</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p> <p>Not applicable.</p> <p>Not applicable</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p>	
9	Claims/Claims Procedure	<p>i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.</p> <p>ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.</p> <p>iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.</p>	Section G.1.1

Customer Information Sheet

		<p>Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.</p> <p>Documents to be submitted:</p> <p>G.1.2.I <u>Basic documents required for All claims</u></p> <ol style="list-style-type: none"> Duly completed claim form Photo Identity Proof of the insured person Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital Any other relevant document required by the Company for assessment of the claim <p>G.1.2.II <u>Documents required in case of Death covered under Section D.1</u></p> <ol style="list-style-type: none"> Death certificate; Post Mortem Report (if conducted); Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station Panchanama / Accident report Chemical analysis report of viscera / blood sample 	G.1.2
--	--	--	-------

Customer Information Sheet

		<p>vii. Admission / Discharge / Death summary issued by hospital authority</p> <p>viii. English translation of vernacular documents</p> <p><u>G.1.2.III Documents required in case of Permanent Total Disablement (PTD) / covered under Sections D.2</u></p> <p>i. Original treating Medical Practitioner's certificate describing the disablement</p> <p>ii. Original Discharge summary from the Hospital</p> <p>iii. Disability certificate issued by treating Medical Practitioner</p> <p>iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.</p> <p>v. Copy of FIR/MLC/Accident register</p> <p>Claim Settlement</p> <p>i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.</p> <p>ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.</p> <p>iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.</p> <p>iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.</p>	G.1.3
--	--	---	-------

Customer Information Sheet

		<p>v. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)</p> <p>Payment of Claim</p> <p>All claims under the policy shall be payable in Indian currency only</p>	G.1.4
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.1.10
11	Grievances / Complaints	<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>Step 1 : Please raise a complaint with us through our Online form, and we would come back to you with a response in 2 business days.</p> <p>Step 2 : In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai – 600097 Call us at 1860 425 0000 1860 258 0000 Drop us an email care@royalsundaram.in</p> <p>Step 3: In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers</p>	F.1.10

Customer Information Sheet

		<p>No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097 Senior Citizen Redressal : 9500413019 Grievance Redressal Officer : Mr. T M Shyamsunder, 9500413094 Drop us an email manager.care@royalsundaram.in Senior Citizen can Write to us at seniorcitizengrievances@royalsundaram.in</p> <p>Step 4 : In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097 https://www.cioins.co.in/Ombudsman Click here to view Office of the Executive Council of Insurers Drop us an email head.cs@royalsundaram.in</p> <p>Step 5 : In case you are not satisfied with the decision/resolution of the Company, you may approach the IRDAI Grievance Call Center IRDAI Grievance Call Center Insurance Regulatory & Development Authority of India United India Tower, 9th floor, 3-5-817/818 Basheerbagh, Hyderabad- 500 029. Contact Number: 040-66514888</p> <p>Call us at 1860 425 0000 1860 258 0000</p> <p>Drop us an email gro@royalsundaram.in</p>	
12	Things to remember	<p>Free Look: 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</p>	F.1.9

Customer Information Sheet

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.

Cancellation

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 fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.

The Schedule of the Certificate may be cancelled at any time, by the Insured Person on 15 days notice in writing sent under Registered Post Acknowledgement Due. The Insured Person shall be entitled to the return of premium less premium at Company's short period rates* for the period the Schedule of the Certificate has been in force.

Short Period Scales : One year policy

For a period not exceeding	15 days	10% of the Annual Premium
-do-	1 month	15% of the Annual Premium

F.1.4

Customer Information Sheet

			-do-	2 months	30% of the Annual Premium	
			-do-	3 months	40% of the Annual Premium	
			-do-	4 months	50% of the Annual Premium	
			-do-	5 months	60% of the Annual Premium	
			-do-	6 months	70% of the Annual Premium	
			-do-	7 months	75% of the Annual Premium	
			-do-	8 months	80% of the Annual Premium	
			-do-	9 months	85% of the Annual Premium	
			For a period exceeding	9 months	Full Annual Premium	
		Renewal of Policy: i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date. ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums				F.1.3

Customer Information Sheet

		<p>will not alter based on individual claims experience. We will intimate You of any such changes prior to date of such revision or modification.</p> <p>iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.</p> <p>iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.</p> <p>v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.</p> <p>vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.</p> <p>.</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 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 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.</p>	F.1.11
--	--	--	--------

Customer Information Sheet

13	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:

- 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.**