

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Income Protector Plus	
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>Income Protector Plus Policy is a worldwide Personal Accident Cover that is specially designed to cover the following, happening within 12 months from the date of accident (caused by external, violent and visible means):</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 of Insurance. Permanent Partial Disablement: In unfortunate event of an accident resulting in Permanent Partial Disablement, the Insured Person will be paid a specified percentage of sum stated in Schedule/Certificate of Insurance according to the disability which has been listed in the policy. Monthly Income Benefit: Monthly Benefit stated in the Schedule or Certificate of Insurance as compensation for accident resulting from covered Permanent Total Disablement of the Insured Person. 	D

		<p>• Medical expenses due to Accident Hospitalization: Reimbursement of medical Expenses for hospitalization due to accident resulting in Death/ Disablement.</p> <p>• Recovery Benefit: A lump sum stated in the Schedule/Certificate of Insurance or Policy condition shall be payable if hospital confinement due to accident is for a consecutive period of 30 days or more.</p> <p>• Transportation expenses of mortal remains: A lump sum, as stated in the Policy condition is payable for carriage of Insured person's dead body to the place of his/her residence from the place of accident.</p> <p>• Educational Grant: In the event of death of the insured person, Educational grant as stated in the Policy condition shall be payable.</p>	
6	Exclusions (What the Policy does not cover)	<p>The Company shall not be liable to make any payments in respect of:</p> <ol style="list-style-type: none"> Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance. Any claim in respect of Pre-existing conditions. Any claim if the insured acts against the advice of a physician. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs/alcohol). Any claim arising out of mental disorder, suicide or attempted suicide self-inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS(Acquired Immunodeficiency Syndrome), insanity and/or any mutant derivative or variations thereof howsoever caused. Insured Person engaging in Air Travel unless he/she flies as a fare paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure 	E

		<p>capture arrest restraints detentions of all kinds, princes and people of whatever nation, condition or quality whatsoever.</p> <p>8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.</p> <p>9. Any Act of Terrorism.</p> <p>10. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p> <p>a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.</p> <p>b) Nuclear weapons material.</p> <p>c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.</p> <p>11. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.</p> <p>12. Participation in Hazardous Sport/Hazardous Activities</p> <p>13. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.</p> <p>14. Self-exposure to needless peril (except in an attempt to save human life).</p> <p>15. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.</p> <p>16. Payment of compensation in the event of a rail accident except if the accident is directly caused/occurring while.</p> <ul style="list-style-type: none"> • Boarding/travelling/alighting from a train. • Within the railway area to which a public has got right of access. <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>	
7	Waiting Period	For Medical Expenses Due to Accident Hospitalization, the cover commences only after 7 days from the date of inception of the Policy.	D.3

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	<p>Claims/Claims Procedure</p>	<p>Claims Procedure</p> <p>Notification of claim:</p> <p>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>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>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> <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><u>Basic documents required for All claims</u></p> <ul 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 	<p>F.1.4</p> <p>F1.5</p> <p>F.1.6</p>

		<ul style="list-style-type: none"> Any other relevant document required by the Company for assessment of the claim <p><u>Documents required in case of Death covered under Section D.1</u></p> <ul 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 Admission / Discharge / Death summary issued by hospital authority English translation of vernacular documents <p><u>Documents required in case of Permanent Total Disablement (PTD) / covered under Sections D.1</u></p> <ul style="list-style-type: none"> Original treating Medical Practitioner's certificate describing the disablement Original Discharge summary from the Hospital Disability certificate issued by treating Medical Practitioner Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable. Copy of FIR/MLC/Accident register <p><u>Documents required for coverage under Section D.3 - Hospitalisation Expenses due to Accident:</u></p> <ul style="list-style-type: none"> Discharge Summary from The Hospital Medical & Investigation reports Prescriptions, and consultation papers of the treatment Any other medical, investigation reports, as applicable 	<p>F.1.7</p> <p>F.1.8</p> <p>F.1.9</p>
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10	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p>	F.1.31

		Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	
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:</p> <p>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:</p> <p>Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers 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>	F.1.31

		<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</p> <p>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 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>	F.1.25

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 Insured Person may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in such a case Insured shall be entitled for a return of premium less premium at Company's short period rates* for the period the policy has been in force. No refund will be made for such Insured Person for whom a claim has been paid or admitted.

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
-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

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-do-	9 months	85% of the Annual Premium
For a period exceeding	9 months	Full Annual Premium

Short period Scales: Two years Policy

For a period not exceeding	30 days	10% of the Premium paid
-do-	2 month	15% of the Premium paid
-do-	4 months	30% of the Premium paid
-do-	6 months	40% of the Premium paid
-do-	8 months	50% of the Premium paid
-do-	10 months	60% of the Premium paid
-do-	12 months	70% of the Premium paid
-do-	14 months	75% of the Premium paid
-do-	16 months	80% of the Premium paid
-do-	18 months	85% of the Premium paid
For a period exceeding	18 months	Full Premium paid

No refund will be made for such Insured Persons where a claim has been paid or admitted under the Schedule of the Certificate during such period.

Renewal of Policy:

- 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.
- 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

F.1.32

		<p>regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months 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>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.1.33
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	

		Disclosure of other material information during the policy period such as change in occupation.	
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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.