

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company 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.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Suraksha Kawach	
2	Policy Number	xxxxxxx	
3	Type of Insurance Product / Policy	Benefit	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured – Rs. xxxx 	

Royal Sundaram General Insurance Co. Limited

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5	Policy Coverage (What the policy covers?)	<p>Benefits:</p> <p>Critical Illness Cover</p> <p>This cover is subject to; the diagnosis of a Critical illness must be verified by a Medical Practitioner. The Policy covers the Insured Person during the Policy/ Coverage Period for the listed Critical Illness, provided it occurs, manifests or diagnosed itself during the Policy/ Coverage Period as a first incidence and the Insured Person survives the specified Survival Period. The Policy shall pay lumpsum amount as mentioned in the Policy Schedule/ Certificate of Insurance, for the listed Critical Illness, provided it occurs, manifests or diagnosed itself during the Policy Period as a first incidence and the Insured Person survives the defined Survival Period, subject to terms, conditions, limitations and exclusions mentioned therein. Only one lump sum payment shall be provided during the Insured Person's lifetime regardless of the number of Critical Illnesses, incapacities or treatments suffered by him For the purpose of this Policy, 'Critical Illness' means the following illnesses;</p> <ul style="list-style-type: none"> a) CANCER OF SPECIFIED SEVERITY b) MYOCARDIAL INFARCTION c) OPEN CHEST CABG d) 4.OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES e) COMA OF SPECIFIED SEVERITY : f) KIDNEY FAILURE REQUIRING REGULAR DIALYSIS : g) STROKE RESULTING IN PERMANENT SYMPTOMS : h) MAJOR ORGAN /BONE MARROW TRANSPLANT i) PERMANENT PARALYSIS OF LIMBS : j) MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS k) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS l) BENIGN BRAIN TUMOR 	Critical Illness Section : 3
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		<p>m) BLINDNESS n) END STAGE LUNG FAILURE o) END STAGE LIVER FAILURE</p> <p>p) LOSS OF SPEECH q) LOSS OF LIMBS r) MAJOR HEAD TRAUMA s) PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION t) THIRD DEGREE BURNS</p> <p>Optional Benefit : Second Medical Opinion for Critical Illness</p>	
6	Exclusions (What the Policy does not cover)	<p>a. Any Illness, sickness or disease, other than specified as Critical Illness</p> <p>b. Behavioural, Neurodevelopment and Neurodegenerative Disorders: a. Disorders of adult personality including gender related problems, gender change; b. Disorders of speech and language including stammering, dyslexia c. All Neurodegenerative disorders including Dementia, Alzheimer's disease and Parkinson's disease; d. Other medical services for behavioural, neurodevelopment delays and disorders</p> <p>c. Alternative Treatments: Any covered Critical Illnesses diagnosed and/or treated by Medical Practitioner who practices Alternative Medicine.</p> <p>d. Conflict & Disaster: Treatment for any illness or injury resulting from willful participation in any illegal (non-accidental) activity such as , war, riot, revolution, acts of</p>	Critical Illness Section : 6

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		<p>terrorism or any similar event (other than natural disaster or calamity).</p> <p>e. External Congenital Anomaly: Screening, counselling or treatment related to External Congenital Anomaly</p> <p>f. Cosmetic and Reconstructive Surgery: Any covered Critical Illnesses arising due to treatment undergone purely for cosmetic or psychological reasons to improve appearance.</p> <p>g. Experimental/ Investigational or Unproven Treatment: a. Services including device, treatment, procedure or pharmacological regimens which are considered as experimental, investigational or unproven. b. Biodegradable (bioresorbable, bioabsorbable) polymer drug eluting stents will be considered as experimental and investigational for all purpose</p> <p>h. Hazardous Activities: Any claim relating to Adventure or Hazardous Sports unless declared in the Enrolment Form beforehand and agreed by the Company.</p> <p>i. HIV, AIDS, and related complex: Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.</p> <p>j. Mental and Psychiatric Conditions: Treatment related to symptoms, complications and consequences of mental illness, mood disorders, psychotic and non- psychotic disorders</p> <p>k. Reproductive medicine & other Maternity Expenses: Any Critical Illness arising out of, directly/indirectly caused by, contributed to or aggravated by: a. Pregnancy or Child Birth Pregnancy (including voluntary termination),</p>	
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		miscarriage, maternity or child birth (including through caesarean section)	
7	Waiting Period	<p>1.1. Pre-existing Diseases Waiting Period : All Pre-existing Diseases that occurs/manifest or diagnosed during the Policy/ Coverage Period shall not be covered until such time of continuous coverage as specified in Policy Schedule/ Certificate of Insurance have elapsed since the inception of the First Policy with the Company.</p> <p>1.2. Initial Waiting Period: All the listed Critical Illnesses under the Policy, which occurs or manifests itself during the Policy Period/ Coverage Period, will be subject to a Waiting Period until such time of continuous coverage as specified in Policy Schedule/ Certificate of Insurance since the inception of the First Policy with the Company.</p> <p>1.3. Survival Period: The benefit payment shall be subject to survival of the Insured Person for the duration as specified in Policy Schedule/ Certificate of Insurance post the first diagnosis of the Critical Illness</p> <p>a. The Critical Illness cover is not applicable in the event of Death of Insured Person during the Survival Period as specified in Policy Schedule/ Certificate of Insurance following diagnosis of Critical Illness.</p> <p>b. If diagnosis takes place on or before the Policy/ Coverage expiry date, but the Survival Period expires after the Policy/Coverage expiry date, the Company will pay a claim provided that the Insured Person survives duration as specified in Policy Schedule/ Insurance Certificate from the date of diagnosis.</p>	Critical Illness Section : 5

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8	Financial limits of coverage	Not Applicable	
	i.Sub-limit	Not Applicable	
	ii.Co-payment	Not Applicable	
	iii.Deductible	Not Applicable	
	iv.Any other limit	Not Applicable	

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9	Claims/Claims Procedure	<p>Provided that the due 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. The Claims Procedure is as follows:</p> <p>Claim Documents</p> <p>The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days from the date of first diagnosis of the illness:</p> <ol style="list-style-type: none"> 1. Duly completed and signed claim form alongwith medical certificate from the attending physician forming part of the claim form 2. Discharge summary/Death Summary issued by the Hospital, in the event of a hospitalization, describing the nature of the complaints and its duration, treatment given, advice on discharge etc. 3. Test reports related to diagnosis of the illness including X-rays/MRI/CT scan reports/films etc. 4. All medical reports and prescriptions from first consultation leading to diagnosis of the illness 5. FIR/MLC in the case of Accident/Burns and English translation of the same, if in any other language. 6. Disability Certificate from the Specialist in the event of loss of speech/loss of limbs or blindness 7. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. 8. Any other claim document as may be required by the Company 	Critical Illness Section : 7
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		<p>Acceptance of photocopies – Since Critical Illness is a benefit policy, all medical records may be accepted in photocopies except in cases where genuineness is suspected.</p> <p>Payment of Claim</p> <ul style="list-style-type: none"> • All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached. • All claims under this Policy shall be payable in Indian Currency. • The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance. • The claim if admissible shall be paid to the legal heir/ nominee of the proposer in case if the proposer is not surviving at the time of payment of claim • If a claim is settled for an insured, cover for other insured members under the policy shall continue. • At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force. • All claims are to be notified to Us within a timeline. In case where the delay in intimation is proved to be genuine and for reasons beyond 	
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		<p>the control of the Insured Person or Nominee specified in the Policy Schedule/Certificate of Insurance, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.</p> <ul style="list-style-type: none"> The claim documents should be sent to: <p>Health Claims Department Royal Sundaram Alliance Insurance Co Ltd Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097</p>	
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>	Critical Illness Section : 5.1.14
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</p>	Critical Illness Section : 8.20

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		<p>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 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</p>	
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		<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> <ul style="list-style-type: none"> 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. <p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy</p> <p>Cancellation/Termination</p>	<p>Critical Illness Section : 8.16</p> <p>Critical Illness section : 8.4</p>

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a. Cancellation/ Termination (other than Free Look cancellation)

1. Cancellation by Insured Person: You may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

i. Annual Policies

Completed tenure of Policy	Retention of Premium
less than 1 month	25% of annual rate
between 1 month and 3 months	50% of annual rate
between 3 months and 6 months	75% of annual rate
Above 6 months	full annual premium

ii. Policy with tenure more than one year

Policy year in which policy is cancelled , we shall retain the premium as per below grid. However, for rest of years 5% of the pro-rated annual Premium amount shall be retained. Pro-rated annual rate will be arrived on the basis of pro-rated rate from the entire tenure premium In the year of cancellation, below grid shall apply for more than one year policies.

Completed tenure of Policy	Retention of Premium
less than 1 month	25% of annual rate
between 1 month and 3 months	50% of annual rate
between 3 months and 6 months	75% of annual rate
Above 6 months	full annual premium

Renewal of Policy:

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	<p>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.</p> <p>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 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 15 days in case of monthly payments and 30 days in case of quarterly, half- yearly and yearly payments 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. If the premium is paid in instalments, coverage will still be available during the grace period,</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>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</p>	<p>Critical Illness Section : 8.6</p>
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	13. Your Obligation	<p>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> <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 	Critical Illness Section : 8.19
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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:

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UIN: RSAHLGP19010V011819



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- 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.

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CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Suraksha Kawach	
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. _____ 	
5	Policy Coverage (What the policy covers?)	<p>Personal Accident (caused by external, violent and visible means) Cover offers the following benefits:</p> <ul style="list-style-type: none"> • Accidental Death: covers death solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's death within three hundred and sixty- five (365) days from the occurrence of such Accident. • Permanent Total Disablement: covers Permanent Total Disablement as per grid solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's permanent total disability within three hundred and sixty- five (365) days from the occurrence of such Accident. • Permanent Partial Disablement: covers Permanent Partial Disablement solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's permanent partial disability within three hundred and sixty- five (365) days from the occurrence of such Accident. 	Personal Accident section : 3

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		<ul style="list-style-type: none"> • Temporary Total Disablement: Temporary Total Disablement (TTD) means disability which is temporary in nature and wholly and continuously prevents the Insured Person from performing each and every duty pertaining to his occupation during the period of such disablement. If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Temporary Total Disablement of the Insured Person within 365 days from the date of the Accident. The Company will pay an amount equal to 1% of the Sum Insured up to maximum of Rs.10,000 per week, for the duration of the Temporary Total Disablement. • Medical Expenses due to Accident If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and is hospitalized as an in-patient for 24 continuous hours and more, then the Company will reimburse the insured person the necessary usual and reasonable In-hospital Medical Expenses incurred within twelve months from the date of Accident up to forty percent (40%) of the compensation paid in settlement of a valid claim under this Policy or ten percent (10%) of the Sum Insured or actuals whichever is less . 	
6	Exclusions (What the Policy does not cover)	<ul style="list-style-type: none"> i. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane ii. Mental illness or sickness or disease including a psychiatric condition, mental disorders of or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction to the same. iii. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family. iv. Death or disablement arising out of or attributable to 	Personal Accident Section : 5

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		<p>foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or</p> <p>v. air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.</p> <p>vi. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease</p> <p>vii. Congenital external diseases, defects or anomalies or in consequence thereof.</p> <p>viii. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.</p> <p>ix. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule/ Certificate of Insurance.</p> <p>x. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.</p> <p>xi. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.</p> <p>xii. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic</p>	
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		<p>pregnancy unless specifically arising due to accident;</p> <p>iii. Death or disablement caused by participation of the Insured Person in any flying activity including chartered flights except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.</p> <p>iv. Insured Persons whilst engaging in adventure and hazardous sport, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule/ Certificate of Insurance.</p> <p>xv. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Sports/Activities.</p> <p>vi. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p> <p>vii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death</p> <p>viii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</p>	
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		Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy.	
7	Waiting Period	Not applicable	
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder	
	i.Sub-limit	For Temporary Total Disablement, the Company will pay an amount equal to 1% of the Sum Insured up to maximum of Rs.10,000 per week, for the duration of the Temporary Total Disablement. For Medical expenses, up to forty percent (40%) of the compensation paid in settlement of a valid claim under this Policy or ten percent (10%) of the Sum Insured or actuals whichever is less For Carriage of Dead Body, 2% of the Sum Insured or Rs. 10000 whichever is less For Monthly Income Benefit, options of 12/24/36 months with benefit ranging from minimum of Rs.5,000 upto a Maximum amt Rs.50,000 per month For Emergency Domestic Evacuation, Rs.1 to 3 lakhs For Home Alteration & Vehicle Modification benefit, Reimbursement of actual expenses incurred subject to a maximum of 20 % of SI or Rs.1 lac whichever is lower	
	ii.Co-payment	Not applicable.	
	iii.Deductible	Not applicable.	
	iv.Any other limit	Not applicable.	
9	Claims/Claims Procedure	The Claims Procedure is as follows: Claim Documentation The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days from the date of occurrence:	Personal Accident Section : 6

Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

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Office : 21, Patullos Road, Chennai - 600 002

		<p>Death Claims</p> <ol style="list-style-type: none"> Duly completed claim form Original Death certificate Post-mortem report First Information Report Inquest report/Panchanama Report Extract of MLC/Accident Register Final report issued by Police Authorities if sought Chemical analysis report/viscera report if preserved for analysis Admission/Discharge/Death summary issued by the hospital authority Medical records pertaining to hospitalisation English translation of vernacular documents Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination Any other document sought by the Company <p>Disablement Claims</p> <ol style="list-style-type: none"> Duly completed claim form along with medical certificate forming part of claim form Attending physician's certificate certifying extent of disability First Information Report Medical records pertaining to hospitalisation Photographs of the insured exhibiting disability Any other document sought by the Company <p>Additional documents required:</p> <ol style="list-style-type: none"> Temporary total disablement (TTD) – leave certificate from employer confirming period of absence from work Medical Expenses due to accident – All bills in original (with serial number, date and stamp), all receipts for proof of payment, hospital records, doctors' prescriptions for lab tests/medicines 	
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		<p>The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days after the occurrence of the event.</p> <p>Payment of Claim</p> <ul style="list-style-type: none"> • All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached. • All claims under this Policy shall be payable in Indian Currency. • The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance. • The claim if admissible shall be paid to the legal heir/ nominee of the proposer in case if the proposer is not surviving at the time of payment of claim • If a claim is settled for an insured, cover for other insured members under the policy shall continue. • At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force. • All claims are to be notified to Us within a timeline. In case where the delay in intimation is proved to be genuine and for reasons beyond the 	
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		<p>control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.</p> <ul style="list-style-type: none"> The claim documents should be sent to: Health Claims Department Royal Sundaram Alliance Insurance Co Ltd Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097 	
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>	Personal Accident Section : 7.20
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</p>	Personal Accident Section : 7.20

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		<p>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 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</p>	
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		<p>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> <ul style="list-style-type: none"> 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. <p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy</p> <p>Cancellation/Termination</p> <p>a. Cancellation/ Termination (other than Free Look cancellation)</p>	<p>Personal Accident Section 7.16</p> <p>Personal Accident Section 7.4</p>

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1. Cancellation by Insured Person: You may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

i. Annual Policies

Completed tenure of Policy	Retention of Premium
less than 1 month	25% of annual rate
between 1 month and 3 months	50% of annual rate
between 3 months and 6 months	75% of annual rate
Above 6 months	full annual premium

ii. Policy with tenure more than one year

Policy year in which policy is cancelled , we shall retain the premium as per below grid. However, for rest of years 5% of the pro-rated annual Premium amount shall be retained. Pro-rated annual rate will be arrived on the basis of pro-rated rate from the entire tenure premium In the year of cancellation, below grid shall apply for more than one year policies.

Completed tenure of Policy	Retention of Premium
less than 1 month	25% of annual rate
between 1 month and 3 months	50% of annual rate
between 3 months and 6 months	75% of annual rate
Above 6 months	full annual premium

Renewal of Policy:

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	<p>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.</p> <p>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 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 15 days in case of monthly payments and 30 days in case of quarterly, half- yearly and yearly payments 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. If the premium is paid in instalments, coverage will still be available during the grace period,</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>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</p>	<p>Personal Accident Section 7.15</p>
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		<p>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>	Personal Accident Section 7.19
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 	Personal Accident Section 6.2

Declaration by the policy holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)



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Note:

- iv. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
- v. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- vi. Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.

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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	Suraksha Kawach	
2	Policy Number	XXXXXX	
3	Type of Insurance Product / Policy	Benefit : EMI Protection	
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>Benefits:</p> <p>EMI Protection Coverage in case of Accident :</p> <p>If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's inability to attend his work duties, the Company will pay the Sum Insured specified in the Policy Schedule.</p> <p>EMI Protection Coverage in case of Sickness :</p>	EMI Protection Section : 3

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		If the Insured Person suffers from sickness occurring during the Policy Period which solely and directly results in the Insured Person's hospitalization, the Company will pay the Sum Insured as specified in the Policy Schedule.	
6	Exclusions (What the Policy does not cover)	<ol style="list-style-type: none"> 1) Convalescence, general debility, 'Run-down' condition or rest cure, Congenital Anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury, drug overdose or attempted suicide. 2) All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS/HIV. 3) Claims directly or indirectly caused by or arising from or attributable to: War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not). a. b. Biological, nuclear or chemical terrorism. b. Nuclear weapons/materials or Radioactive Contamination. c. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or. d. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it. 4) Any claim arising out of use/misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not) 	EMI Protection Section : 5

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		<p>except burns.</p> <p>5) Any claim arising whilst engaging in speed contest or racing of any kind, bungee jumping, parasailing, ballooning, flying an aircraft otherwise than as a passenger on a regular air carrier, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet</p> <p>6) Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Specialist Medical Practitioner/Registered Medical Institution in their professional capacity.</p> <p>7) Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent.</p> <p>8) Any alternative treatment</p> <p>9) If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical/surgical procedure.</p> <p>10) Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.</p>	
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		<p>11) Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery/complications/illness arising as a consequence thereof.</p> <p>12) Any events occurring before the commencement of the cover or otherwise outside the Period of Insurance;</p> <p>13) Arising out of or as a result of attempted suicide or suicide, any sexually transmitted diseases, sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly</p>	
7	Waiting Period	<p>Pre-existing Disease Waiting Period All Pre-existing Diseases that occurs/manifest or diagnosed during the Policy shall not be covered until such time of continuous coverage as specified in Policy Schedule/ Certificate of Insurance have elapsed since the inception of the First Policy with the Company.</p> <p>Initial Waiting Period Daily benefit in respect of hospital confinement of any disease contracted by the Insured Person during the specified period of days as mentioned under the Policy from the Commencement Date of the Policy shall not be payable. This waiting period is not applicable in case of accidents.</p> <p>First Year Exclusions for 17 specific diseases (Optional) Insured Person has an option to opt for First year exclusion(claim will not be payable in the first year of policy for these specific ailments) for 17 specific disease viz; Cataract, Stones in biliary and urinary systems, Hernia / Hydrocele, Hysterectomy for any benign disorder, Lumps / cysts / nodules / polyps / internal tumours, Gastric and Duodenal Ulcers, Surgery on tonsils / adenoids, Osteoarthritis / Arthritis/ Gout / Rheumatism / Spondylosis /</p>	

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		Spondylitis / Intervertebral Disc Prolapse, Fissure / Fistula / Haemorrhoid, Sinusitis / Deviated Nasal Septum/ Tympanoplasty / Chronic Suppurative Otitis Media, Benign Prostatic Hypertrophy, Knee/Hip Joint replacement, Dilatation and Curettage, Varicose veins, Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis, Diabetes and related complications, Chronic Renal Failure or end stage Renal Failure	
8	Financial limits of coverage		
	i.Sub-limit	Not Applicable	
	ii.Co-payment	Not Applicable	
	iii.Deductible	Not Applicable	
	iv.Any other limit	Not Applicable	
9	Claims/Claims Procedure	<p>Claim Procedure</p> <p>Provided that the due 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. The Claims Procedure is as follows:</p> <p>6.1 Claim Documents :</p> <p>The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted</p>	EMI Protection Section : 6

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		<p>within 30 days from the date of such Accident/Hospitalization (as the case may be):</p> <ol style="list-style-type: none"> 1. Proof of hospitalization due of sickness i.e Hospital records such as discharge summary. 2. Proof of accident – FIR, medical records etc. 3. Confirmation from concerned company/institution on the quantum of EMI and no of EMIs outstanding 4. Certificate from employer confirming period of absence from duty. 5. Certificate from attending physician confirming period of sickness, advise on rest and date from which patient can resume normal duties <p>6.2 Payment of Claim</p> <ul style="list-style-type: none"> • All valid claims will be settled within 15 working days upon receipt of due written evidence of such incident and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached. • All claims under this Policy shall be payable in Indian Currency. • The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance. • The claim if admissible shall be paid to the legal heir/nominee of the proposer in case if the proposer is not surviving at the time of payment of claim • If a claim is settled for an insured, cover for other insured members under the policy shall continue. 	
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		<ul style="list-style-type: none"> • At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force. • All claims are to be notified to Us within a timeline. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Policy Schedule/Certificate of Insurance, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation. • The claim documents should be sent to: <p>Health Claims Department Royal Sundaram Alliance Insurance Co Ltd Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097</p>	
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>	EMI Protection Section : 7.21
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</p>	EMI Protection Section : 7.21

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		<p>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 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>	
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		<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 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> <ul style="list-style-type: none"> 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. 	EMI Protection Section : 7.17

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	<p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy</p> <p>Cancellation/Termination</p> <p>a. Cancellation/ Termination (other than Free Look cancellation)</p> <p>1. Cancellation by Insured Person: You may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below provided that no claim has been made under the Policy by or on behalf of any Insured Person.</p> <p>i. Annual Policies</p> <table><tr><td>Completed tenure of Policy</td><td>Retention of Premium</td></tr><tr><td>less than 1 month</td><td>25% of annual rate</td></tr><tr><td>between 1 month and 3 months</td><td>50% of annual rate</td></tr><tr><td>between 3 months and 6 months</td><td>75% of annual rate</td></tr><tr><td>Above 6 months</td><td>full annual premium</td></tr></table> <p>ii. Policy with tenure more than one year</p> <p>Policy year in which policy is cancelled , we shall retain the premium as per below grid. However, for rest of years 5% of the pro-rated annual Premium amount shall be retained. Pro-rated annual rate will be arrived on the basis of pro-rated rate from the entire tenure premium In the year of cancellation, below grid shall apply for more than one year policies.</p> <table><tr><td>Completed tenure of Policy</td><td>Retention of Premium</td></tr><tr><td>less than 1 month</td><td>25% of annual rate</td></tr></table>	Completed tenure of Policy	Retention of Premium	less than 1 month	25% of annual rate	between 1 month and 3 months	50% of annual rate	between 3 months and 6 months	75% of annual rate	Above 6 months	full annual premium	Completed tenure of Policy	Retention of Premium	less than 1 month	25% of annual rate	EMI Protection Section : 7.4
Completed tenure of Policy	Retention of Premium															
less than 1 month	25% of annual rate															
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Royal Sundaram General Insurance Co. Limited

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		between 1 month and 3 months	50% of annual rate		
		between 3 months and 6 months	75% of annual rate		
		Above 6 months	full annual premium		
		Renewal of Policy: <ol style="list-style-type: none"> 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 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. 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 15 days in case of monthly payments and 30 days in case of quarterly, half-yearly and yearly payments 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. If the premium is paid in instalments, coverage will still be available during the grace period, 			EMI Protection Section : 7.7

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		<p>d. 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>e. 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>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>	<p>EMI Protection Section : 7.20</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 	
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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.

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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	Suraksha Kawach : Hospital Cash Benefit	
2	Policy Number	xxxxxx	
3	Type of Insurance Product / Policy	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>Benefits:</p> <p>Hospital cash Benefit :</p> <p>Coverage for Hospitalization :</p> <p>If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Illness or an accidental Injury that occurred during the Policy Period, the Company will pay the Daily Cash Benefit amount specified in the Policy Schedule/ Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization.</p> <p>ICU Hospitalization Coverage :</p>	Hospital cash benefit Section : 3

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		<p>If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary treatment of an Illness or an Injury that occurred during the Policy Period, the Company will pay 2 times the Daily Cash Benefit limit under Coverage for Hospitalization amount specified in the Policy Schedule/Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalisation. The above benefits are payable subject to;</p> <p>i. The Insured Person is Hospitalised for a minimum period of at least 48 hours with continuous and completed period of at least 24 hours following which it will be payable from the first day of Hospitalisation.</p> <p>ii. In any Policy Period, the Company shall not be liable to make payment of the Daily Allowance under this benefit for more than the number of days as specified in the Policy Schedule, including all days of admission to the Intensive Care Unit</p> <p>iii. Coverage under this benefit is limited to a maximum number of days per Insured Person as specified in the Policy Schedule/ Certificate of Insurance</p>	
6	Exclusions (What the Policy does not cover)	<p>a. Outpatient (OPD) treatment charges</p> <p>b. Alternative Treatment, Naturopathy, hydrotherapy, Ayurvedic, Homeopathy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine</p> <p>c. Dental treatment, dentures or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way,</p>	Hospital cash benefit Section : 5

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		<p>but not if it is related to gum disease or tooth disease or damage.</p> <p>d. Circumcision unless necessary for treatment of a disease, illness or injury.</p> <p>e. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception, surrogate or vicarious pregnancy.</p> <p>f. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarean section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.</p> <p>g. Alopecia, baldness, wigs, or toupees and hair fall treatment,</p> <p>h. Laser surgery for treatment of focal error correction other than for focal error of +/- 7 or more and is Medically Necessary.</p> <p>i. All conditions directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all diseases/Illness/Injury caused by and/or related to HIV.</p> <p>j. All sexually transmitted diseases including but not limited to Genital Warts, Syphilis, Gonorrhoea,</p>	
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		<p>Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.</p> <p>k. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.</p> <p>l. Developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD)</p> <p>m. Sleep Apnea Syndrome, general debility, ageing, convalescence, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, run down condition or rest cure, congenital external anomalies or defects, sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide (whether sane or insane), ailment requiring treatment due to use, abuse or a consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.</p> <p>n. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.</p> <p>o. A stay without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital.</p>	
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		p. Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganization of	
7	Waiting Period	<p>Pre-existing Disease Waiting Period All Pre-existing Diseases that occurs/manifest or diagnosed during the Policy shall not be covered until such time of continuous coverage as specified in Policy Schedule/ Certificate of Insurance have elapsed since the inception of the First Policy with the Company.</p> <p>Initial Waiting Period Daily benefit in respect of hospital confinement of any disease contracted by the Insured Person during the specified period of days as mentioned under the Policy from the Commencement Date of the Policy shall not be payable. This waiting period is not applicable in case of accidents.</p> <p>First Year Exclusions for 17 specific diseases (Optional) Insured Person has an option to opt for First year exclusion(claim will not be payable in the first year of policy for these specific ailments) for 17 specific disease viz; Cataract, Stones in biliary and urinary systems, Hernia / Hydrocele, Hysterectomy for any benign disorder, Lumps / cysts / nodules / polyps / internal tumours, Gastric and Duodenal Ulcers, Surgery on tonsils / adenoids, Osteoarthritis / Arthritis/ Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse, Fissure / Fistula / Haemorrhoid, Sinusitis / Deviated Nasal Septum/ Tympanoplasty / Chronic Suppurative Otitis Media, Benign Prostatic Hypertrophy, Knee/Hip Joint replacement, Dilatation and Curettage, Varicose veins, Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis, Diabetes and related complications, Chronic Renal Failure or end stage Renal Failure</p>	Hospital cash benefit Section : 4

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8	Financial limits of coverage		
	i.Sub-limit	Not Applicable	
	ii.Co-payment	Not Applicable	
	iii.Deductible	Not Applicable	
	iv.Any other limit	Not Applicable	
9	Claims/Claims Procedure	<p>Claim Procedure</p> <p>Provided that the due 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. The Claims Procedure is as follows:</p> <p>6.1 Claim Documents :</p> <ol style="list-style-type: none"> 1. Duly completed and signed claim form alongwith medical certificate from the attending physician forming part of the claim form 2. Discharge summary/Death Summary issued by the Hospital, in the event of a hospitalization, describing the nature of the complaints and its duration, treatment given, advice on discharge etc. 	Hospital cash benefit Section : 6

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		<p>3. Copy of hospitalization bill to confirm number of days stay in ICU</p> <p>4. All medical reports and prescriptions from first consultation leading to diagnosis of the illness</p> <p>5. Any other claim document as may be required by the Company</p> <p>Acceptance of photocopies – Since this is a benefit policy, all medical records may be accepted in photocopies except in cases where genuineness is suspected.</p> <p>6.2 Payment of Claim</p> <ul style="list-style-type: none"> • All valid claims will be settled within 15 working days upon receipt of due written evidence of such incident and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached. • All claims under this Policy shall be payable in Indian Currency. • The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance. • The claim if admissible shall be paid to the legal heir/nominee of the proposer in case if the proposer is not surviving at the time of payment of claim • If a claim is settled for an insured, cover for other insured members under the policy shall continue. 	
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		<ul style="list-style-type: none"> • At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force. • All claims are to be notified to Us within a timeline. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Policy Schedule/Certificate of Insurance, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation. • The claim documents should be sent to: Health Claims Department Royal Sundaram Alliance Insurance Co Ltd Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097 	
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>	Hospital cash benefit Section : 7.20
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,</p>	Hospital cash benefit Section : 7.20

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		<p>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 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>	
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		<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 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> <ul style="list-style-type: none"> 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. 	Hospital cash benefit Section : 7.16

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		<p>Renewal of Policy:</p> <p>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.</p> <p>i. 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 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>ii. 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 15 days in case of monthly payments and 30 days in case of quarterly, half-yearly and yearly payments 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. If the premium is paid in instalments, coverage will still be available during the grace period,</p>			Hospital cash benefit Section : 7.15

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		<p>iii. 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>iv. 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>v. 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>	<p>Hospital cash benefit Section : 7.19</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 	
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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:

- iv. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
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Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet