

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	Travellers Suraksha	
2	Policy Number	XXXXXX	
3	Type of Insurance Product / Policy	Travel	
	Sum Insured (Basis) (Along with amount)	Individual Sum Insured – Rs. 50000 USD	4
5	Policy Coverage (What the policy covers?)	1. Medical Expenses (including medical evacuation) Subject to the terms and conditions of the policy, the medical expenses covered under this section is on actual expenses incurred subject to the limits as specified in the Policy Schedule. Note: Any expenses due to Pre Existing Diseases will not be covered. Only in case of Life Threatening emergency, the expenses incurred abroad will be covered up to a max of USD 2000. 2. Sickness Dental Treatment The company will cover actual expenses incurred resulting from sickness sustained to Sound Natural Teeth during a Trip abroad subject to the limits specified in the Policy Schedule and the terms and conditions of the policy. 3. Accidental Death & Dismemberment Benefit (24 Hours as well as Common Carrier) In case of accidental death or disability arising out of and consequent (within 12 months) upon an injury sustained during the trip, the policy will pay to the Insured or nominee or legal heir, the limits specified in the Policy Schedule, as mentioned under the terms and conditions of the policy. In any case, the maximum liability of the company in the event of a claim shall not exceed 100% of the sum insured provided under this section. 4. Accidental Death & Dismemberment Benefit (Common Carrier) Under this section, if the insured sustains Accidental Bodily Injury during the course of their journey while travelling in a common carrier such as rail, bus, tram or aircraft and such bodily injury is the sole and direct cause of the Insured's death or Permanent Total Disablement and which was sustained within 12 months from the date, they would be provided the sum insured specified in the schedule in addition to the sum insured specified under the personal accident	Section: 3

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		section. The limits would be as specified in the Policy Schedule, subject to the terms and conditions of the policy. 5. Repatriation of mortal remains In the event of the death of the Insured Person overseas due to illness/ injuries, the Company shall compensate the amount as specified in Policy Schedule for the transportation expenses reasonably incurred to return the mortal remains of the Insured Person to the place of residence in the Republic of India or the expenses for local burial or cremation in the country/location where the death occurred, subject to the terms and conditions of the policy. 6. Delay of checked-in baggage Subject to the terms and conditions of the policy, the Company will reimburse up to the limits specified under this section in the Policy Schedule for necessary emergency purchase of essential clothes, toiletries and essential medicines in the event that the Insured Person suffers a delay of more than period as specified in Policy Schedule from the Scheduled Arrival time at the destination for delivery of Baggage that has been checked by a Common Carrier for an international flight from the Republic of India. Amount payable will be only in excess of any amount paid or payable by the carrier responsible for the delay/loss. This benefit shall be payable only once during the policy period irrespective of the number of intermittent trips undertaken by the insured. 7. Loss of checked in baggage Subject to the terms and conditions of the policy, the Company will reimburse up to the limits specified in the Policy Schedule in the event of the Insured Person suffering Total Loss of entire piece of Checked in Baggage which is under the care control and custody of the Common Carrier, while the Insured Person is a ticketed passenger on the Common Carrier during the course of the Insured Period. The maximum amount reimbursable in case of one bag will be 100% of Sum Insured and in case of two or more bags, maximum reimbursable amount per bag is 50% of the Sum Insured and the maximum value per article contained in any bag is 10% the Sum Insured. 8. Loss of Passport Subject to the terms and conditions of the policy, in the event that the Passport, Visa belonging to the Insured Person is lost, the Company will reimburse up to the limit mentioned in the Schedule to cover only the direct expenses necessarily and reasonably incurred in connection with obtaining emergency travel documents in lieu of passport /visa or duplicate or new passport. Any loss should be reported to local Police within 24 hours. 9. Personal Liability Subject to the terms and conditions of the policy, in the event of the Insured Person becoming legally liable to a Third Party which results in death, injury of such third party or damage to their properties, the Company will compensate the Insured Person up to the limits as specified in the Policy Schedule. No claim will be payable in case the Insured Person does any such act willfully. To avail this benefit, the incident must occur whilst on a trip abroad during the policy period	
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		and the claim must be reported to the Company immediately. The Company will have rights to contest any unjustified claims or liabilities against the Insured Person as well as to take legal action in such cases. 10. Trip Delay Subject to the terms and conditions of the policy, the Company will pay a lump sum subject to the limits specified in the policy schedule under this section, if the Insured Person's Common Carrier commencement is delayed for more than period as specified in Policy Schedule for continuous hours due to any Covered Occurrence, as specified under the terms and conditions in the policy. This section provides coverage both for inbound and outbound journey out of India or within India. 11. Hijacking Subject to the terms and conditions of the policy, if the Common Carrier in which the Insured Person is traveling is hijacked on the trip abroad and the Insured Person is held captive for more than 12 continuous hours, a lump sum amount is payable subject to the limits as specified in schedule is payable for each 24 hours spent in captivity. 12. Automatic Extension of policy up to 7 days Subject to the terms and conditions of the policy, the period of insurance is automatically extended up to a period of 7 days when there is a delay in Common Carrier, due to a Covered Occurrence and when no alternative travel arrangement is available. 13. Emergency cash advance The company will provide an assistance service when the insured person requires emergency cash following incidents like theft/ burglary of luggage/money or hold up whilst on a overseas trip covered under policy. The service provider will coordinate with the insured person's family members in his country of residence to provide emergency cash advance to the insured person as per his requirement up to the limit specified (including service and delivery charges) in the Policy Schedule, subject to the terms and conditions as specified in the policy. 14. Trip Cancellation Subject to the terms and conditions of the policy, the Company will reimburse the unused and non-refundable portion of the pre-paid lodging cost and/or the ticket cancellation charges (up to the maximum amount specified in the Policy Schedule) if the overseas Trip is cancelled and the Insured Person is unable to undertake the Trip due to reasons as specified in the policy. 15. Trip Curtailment Subject to the terms and conditions of the policy, the Company will reimburse the proportionate expenses pre-paid but are not refundable including tickets for the return journey to return journey to place of country of origin (up to the maximum amount specified in the schedule) due to trip curtailment due to reasons as specified in the policy.	
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		16. Missed Connections/ Missed departures Subject to the terms and conditions of the policy, the Company shall reimburse cost of reasonable expenses towards actual boarding and lodging incurred if the insured misses the connecting flight at intermediate port due to a delay from the original schedule of the connecting flight in which insured is expected to travel, caused by Inclement weather, Equipment failure of the common carrier, strike or other job action by employees of the airlines. This benefit shall be payable either for a Missed connection or departure and not for both. This cover shall be payable only in case if there is gap of at least 3 hours between the schedule arrival of the initial flight and the scheduled departure of the immediate connecting flight. 17. Assistance services The Company shall provide assistance services such as Overview of country or cities, weather, currency exchange rates, vaccinations etc.	
6	Exclusions (What the Policy does not cover)	The Company shall not be liable to make any payment under this Benefit in connection with: 1. Events before commencement of coverage or outside the policy period. 2. Pre-existing conditions (except life-threatening cases, max USD 2,000). 3. Travel against medical advice; awaiting or receiving specified treatment; terminal prognosis; or participation in military operations. 4. Self-inflicted injuries, crime, intoxication, or substance abuse. 5. Mental disorders, suicide, or attempted suicide. 6. STDs, HIV/AIDS, or related conditions. 7. Air travel other than as a fare-paying passenger on licensed aircraft. 8. Riding two-wheelers without a valid international license, helmet, or adherence to local laws. 9. War, invasion, rebellion, or similar hostilities. 10. Riots, government seizure, or property damage by authority. 11. Nuclear/radioactive contamination, asbestos-related illness. 12. Wilful illegal acts (except to save a life). 13. Criminal activity or law violations by the insured. 14. Manual labor or hazardous occupation. 15. Expenses after policy expiry or return to India, whichever is earlier (unless otherwise stated). 16. Consequential loss or contractual liability. 17. Amounts within the policy excess. 18. Travel to restricted countries. 19. Fraudulent claims or false declarations. 20. Pregnancy-related claims (except as per Maternity Benefit in student plan). 21. Infertility or birth control treatments. 22. Experimental or non-standard treatments. 23. Non-Allopathic treatments.	Section: 4

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		24. Weight loss or obesity treatments. 25. Hazardous sports or activities. 26. Professional or semi-professional sports. 27. Gender reassignment or related complications. 28. Comfort, convenience, or hygiene-related items/services. 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.			
7	Waiting Period	Not Applicable			
8	Financial limits of coverage	SR NO:	BENEFITS	Classic	
			Sum Insured	50000	
	i.Sub-limit	1	Medical Expenses (including medical evacuation)	50000	
	ii.Co-payment	2	Sickness Dental Relief	300	
	iii.Deductible	3	Accidental Death & Dismemberment Benefit (Common Carrier)	2500	
		4	Accidental Death & Dismemberment Benefit (24 hrs)	10000	
	iv.Any other limit	5	Repatriation of mortal remains	5000	
		6	Delay of checked-in baggage	100	
		7	Loss of checked in baggage (Per Baggage maximum 50% and per item in the baggage 10%)	500	
		8	Loss of Passport	250	
		9	Personal Liability	100K	
		10	Trip Delay Benefit	USD 30 per 12hrs to max 180 USD (3 days)	
		11	Hijacking Benefit	USD100 per day (5 Days Max)	
		12	Automatic Extension of policy upto 7 days	Available	
		13	Emergency cash advance	500	
		14	Trip Cancellation	500	
		15	Trip Curtailment	500	
		16	Missed Connections/ Missed departures	500	
		17	Assistance services	Available	

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9	Claims/Claims Procedure	Following shall be the claims process: For claims submission, documents as applicable to each benefit have been specified under the respective benefit. In the case of claim, the specified documents shall have to be forwarded to the Insurance Company within a period of 30 days from the date of return to the Country of Residence of the Insured person. In case the Trip is terminated any time before the completion of the Trip covered hereunder, the Insured shall submit all the documents as soon as such termination shall take place, but before 30 days from the date of such termination. Each and every claim lodged under the policy irrespective of the Benefits covered shall invariably be supported by original used ticket/boarding pass together with a photocopy of the passport indicating the travel dates, in relation to all the travels being part of the Trip. Please also note the following additional aspects in connection with every claim: i. Submission of documents shall be a condition precedent to admission of liability under the Policy. ii. Wherever, details pertaining to a potential claim are reported to the Assistance Service Provider after the 30 days threshold period, reasons for the delay will have to be adduced. Upon submission of the same, depending upon the circumstances, the company may condone the delay in submission or restrict or deny liability depending upon the circumstances of each claim. iii. The Insured person shall at all times take steps to recover the loss from party who has been responsible for such loss. Wherever any recovery is effected, the company's liability shall only be in excess of such recovered amount subject to the policy terms and conditions. In the event of such recovery happening after the settlement of any claim by us, the insured shall repay the Company the actual amount recovered which has been additionally compensated by us. Claims Settlement: (a) Benefits payable under this policy will be paid within reasonable time upon receipt of due written evidence of such loss and any further documentation information and assistance that Service Provider and it's assistance cooperation partners or the Company may require. (b) Reimbursement of all claims will be in Indian Rupees at the exchange applicable on the date the amount is billed. If, however, it can be proved that the necessary foreign currency to pay the bill was obtained at a less favorable rate, this will be taken as the applicable exchange rate. (c) All admissible claims under this policy shall be offered for settlement within 15 days from the receipt of last necessary document. Wherever settlement offer has been made and accepted by Insured Person / Nominee / Legal heir as the case may be, the company shall pay the offered claim amount within 7 days from the date of such acceptance, failing which the Company shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed. (d) At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force. Claim Documentation:	Section : 5.3
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		(if available) Apart from list of claim documents specified in the respective section, please ensure to submit the following documents in respect of each and every claim: - Original Claim form duly filled in and signed (including attending Medical Practitioner's format where required) - The original bills and vouchers must be submitted along with all claims. - Air ticket copy and boarding pass together with copy of passport indicating travel dates together with visa stamping and entry and exit stamping. - KYC documents (address proof and ID proof for all claims exceeding INR 1,00,000. - Cancelled cheque leaf of SB account in the policy holder's name for effecting NEFT settlement. - Any other document(s) that the Company requires from the Insured Person to process the claim. - If Service Provider or it's assistance cooperation partners or the Company requests that bills/vouchers in a foreign language be accompanied by an appropriate translation in English then the costs of such translation must be borne by the Insured Person. Documents to be submitted if specifically, sought (if available) - Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart) - Attending Medical Practitioner's certificate clarifying. - reason for hospitalization and duration of hospitalization - history of any self-inflicted injury - history of alcoholism, smoking - history of associated medical conditions, if any - Medical records for treatment done in India. - Any other document necessary in support of the claim on case to case basis. The Claim documents should be sent to: Health Claims Department M/s.Royal Sundaram General Insurance Co. Ltd., Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097. Tel.No:044-7117 7117	
10	Policy Servicing	Call Center number of the insurer: 1860 258 0000 / 1860 425 0000 Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	Section : 5.27
11	Grievances / Complaints	Grievances Redressal Procedure We are concerned about you. If you are not happy with our service or in case you have any query or complaint/grievance against us, please follow the steps given below: Step 1: Customer Services Team Please raise a complaint with us through our Online form or Email us to our customer service desk at	Section : 5.28

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		care@royalsundaram.in Royal Sundaram General Insurance Co. Ltd Vishranthi Melaram Towers No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097 Call us at: 1860 258 0000 / 1860 425 0000 Step 2: Manager - Care In case the response provided does not meet your expectation or have not received any response within 7 days, you may write to Manager.Care@royalsundaram.in Step 3: The Head – Customer Service In case the response provided does not meet your expectation or have not received any response within 7 days, you may write to Head.CS@royalsundaram.in Step 4: The Grievance Redressal Officer In case the response provided still does not meet your expectation or have not received any response within 10 days, you may write to Grievance Redressal Officer : Mr. T M Shyamsunder, 9500413094 Senior Citizen Redressal :9500413019 GRO@royalsundaram.in Step 5 : If after following Step 1,2,3 and 4 as stated above your issue remains unresolved, you may approach the Insurance Ombudsman for Redressal. Contact Details of Insurance Ombudsman Refer our Company Website for list of Insurance Ombudsman Insurance Ombudsman addresses - https://www.cioins.co.in/ContactUs Grievance may also be lodged at – Registration of Complaints in Bima Bharosa by Policyholders: Can directly register complaint in the Bima Bharosa Portal https://bimabharosa.irdai.gov.in/ Can send the complaint through Email to complaints@irdai.gov.in Can call Toll Free No. 155255 or 1800 4254 732. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to: General Manager Insurance Regulatory and Development Authority of India(IRDAI) Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell. Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032	
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12	Things to remember	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 7 days' notice in writing by Registered A/D to the insured at last known address in which case the Company shall not refund to the insured any portion of the premium Cancellation of policy by the Insured Person may be done only in the following cases: a. where a journey is not undertaken and only on production of the Insured Person's passport as a proof that the journey has not been undertaken. Any request for cancellation will be entertained up to 7 days after the first day of insurance as indicated in the schedule of the policy b. In case of an early return of the insured person under this policy prior to expiry of the policy period the company will refund premium on a proportionate basis. No refund of premium or part thereof will be allowed if any claim has been preferred or is intended to be preferred under the policy before invoking cancellation request. The Insured Person has to produce the Passport as proof of the Trip Days undertaken during the Policy Period.	Section : 5.19
13	Your Obligation	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.	

Declaration by the policy holder:

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

Place:

Date: (Signature of the Policy Holder)

Note:

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