

Customer Information Sheet

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Saral Suraksha Bima, Royal Sundaram General Insurance Co. Limited	
2	Policy Number	xxxxx	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> Benefit 	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured – Rs._____ Floater Sum Insured – Rs._____ 	
5	Policy Coverage (What the policy covers?)	<p>Base covers:</p> <p>a) Death: Benefit equal to 100% of Sum Insured shall be payable on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.</p> <p>b) Permanent Total Disablement: Benefit equal to 100% of Sum Insured shall be payable if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:</p> <ol style="list-style-type: none"> 1. Total and irrecoverable loss of sight of both eyes or 2. Physical separation or loss of use of both hands or feet or 3. Physical separation or loss of use of one hand and one foot or 4. loss of sight of one eye and Physical separation or loss of use of hand or foot 5. If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person 	Section D D.1.1 D.1.2

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	<p>from engaging in any employment or occupation of any description whatsoever.</p> <p>c) Permanent Partial Disablement:</p> <p>Sum Insured specified in the policy shall be payable if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.</p> <p>Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder</p> <p>Note:</p> <p>a) The base sum insured chosen and cumulative bonus, if any is applicable cumulatively for all the three covers specified under (a), (b) and (c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.</p> <p>b) If the accident occurs during the policy period, benefits covered under (a), (b) and (c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.</p> <p>Optional Covers:</p> <p>a) Temporary Total Disablement:</p> <p>If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), compensation shall be payable, at the rate of 0.2% of the base sum insured per week, till the time the insured person is able to return to work, provided that:</p>	D.1.3
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	<p>(i) Such period of temporary total disablement exceeds 4 weeks, however, benefit shall be payable for the entire duration of disablement.</p> <p>(ii) The compensation payable under this benefit mentioned under Section (a) of optional cover, shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.</p> <p>(ii) The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.</p> <p>(iv) The compensation payable, shall be paid by the insurer at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.</p> <p>(v) During the course of payment under this benefit, the insurance company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.</p> <p>b) Hospitalisation Expenses due to Accident: Hospitalisation expenses arising due to accident (during the policy period) shall be indemnified up to the limit of 10% of base sum insured.</p> <p>The hospitalisation expenses shall cover the following:</p> <ol style="list-style-type: none"> Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses. 	D.2.2
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(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)

iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses

v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy

vi. Expenses incurred on hospitalization due to accident, under AYUSH systems of medicine shall be covered without any sub-limits.

The following expenses necessitated due to injury shall also be covered under the optional cover:

i. Dental treatment.

ii. Plastic surgery.

iii. All the day care treatments.

iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/-per hospitalization.

c) Education Grant:

Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, a one-time Educational Grant of 10% of the Base Sum insured, per child, shall be payable, to all dependent children of the Insured provided that:

D.2.3

a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.

b) Age of the child or children as the case shall not be more than 25 completed years.

Note:

i. The benefits payable under each of the optional covers (a),(b) and (c) are independent and over and above the base sum insured.

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	<p>ii. Claim admissibility under the optional covers "Temporary total disablement" and "hospitalization due to accident" is independent of claim admissibility under the base covers.</p> <p>Cumulative Bonus (CB):</p> <p>Sum insured (excluding CB) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued. The cumulative bonus is applicable only in respect of base covers only.</p> <p>No deductibles will be applied.</p>	
6	<p>Exclusions (What the Policy does not cover)</p> <ul style="list-style-type: none"> • Investigation & Evaluation, • Rest Cure, rehabilitation and respite care, • Obesity/ Weight Control, • Change-of-Gender treatments, • Cosmetic or plastic Surgery, • Hazardous or Adventure sports, • Breach of law, • Excluded Providers, • Treatment for, Alcoholism, drug or substance abuse, Tobacco abuse or any addictive condition and consequences, • Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons, • Dietary supplements and substances that can be purchased without prescription, to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure, • Refractive Error, • Unproven Treatments, • Sterility and Infertility, • Maternity <p>• The expenses that are not covered in this policy are placed under List-I of Annexure-A</p> <p>(Note: the above is a partial/indicative list of the policy exclusions. Please refer to the policy clauses for the complete details/list on Exclusions.)</p>	Section D

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7	Waiting Period	Not applicable	
8	Financial limits of coverage	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>i.Sub-limit As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p> <p>ii.Co-payment Not applicable.</p> <p>iii.Deductible Not applicable</p> <p>iv.Any other limit As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p>	
9	Claims/Claims Procedure	<p>Notification of claim:</p> <ol style="list-style-type: none"> Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital. <p>Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.</p> <p>Documents to be submitted:</p> <p>G.1.2.I <u>Basic documents required for All claims</u></p> <ol style="list-style-type: none"> Duly completed claim form Photo Identity Proof of the insured person Copy of FIR/ Panchnama /Police Inquest 	Section G.1

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	<p>Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station</p> <p>iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital</p> <p>v. Any other relevant document required by the Company for assessment of the claim</p> <p>G.1.2.II <u>Documents required in case of Death covered under Section D.1.1</u></p> <p>i. Death certificate;</p> <p>ii. Post Mortem Report (if conducted);</p> <p>iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.</p> <p>iv. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station</p> <p>v. Panchanama / Accident report</p> <p>vi. Chemical analysis report of viscera / blood sample</p> <p>vii. Admission / Discharge / Death summary issued by hospital authority</p> <p>viii. English translation of vernacular documents</p> <p>G.1.2.III <u>Documents required in case of Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD), covered under Sections D.1.2 and D.1.3</u></p> <p>i. Original treating Medical Practitioner's</p>	
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- ii. certificate describing the disablement
- iii. Original Discharge summary from the Hospital
- iv. Disability certificate issued by treating Medical Practitioner
- iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.
- v. Copy of FIR/MLC/Accident register

G.1.2.IV Documents required in case of Temporary Total Disablement (TTD), covered under Section D.2.1

- i. Original treating Medical Practitioner's certificate confirming the disability
- ii. Original Discharge summary from the Hospital
- iii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
- iv. Leave/Absence Certificate from Employer (If Employed)
- v. Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days
- vi. Fitness Certificate issued by the treating doctor.
- vii. Copy of FIR/MLC/Accident register

G.1.2.V Documents required for coverage under Section D.2.2 - Hospitalisation Expenses due to Accident:

- i. Discharge Summary from The Hospital
- ii. Medical & Investigation reports
- iii. Prescriptions, and consultation papers of the treatment
- iv. Any other medical, investigation reports, as applicable

G.1.2.VI Documents required for coverage under Section D.2.3 - Education Grant:

- i. Proof to establish relationship –

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	<p>Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.</p> <ul style="list-style-type: none"> ii. Photo Identity Proof of Child iii. Age proof of Child iv. Bonafide Certificate issued by the educational institution confirming that he/she is a fulltime student of the institution <p>Claim Settlement</p> <ul style="list-style-type: none"> i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document. ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. <p>(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)</p>	
10	<p>Policy Servicing</p> <p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer</p>	F.1.20
11	<p>Grievances / Complaints</p> <p>Grievances Redressal Procedure:</p>	F.1.20

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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.

Step 1: Raise a Complaint

Please raise your concern with us through our Online form / Call us at: 1860 425 0000 / 1860 258 0000 / mail us at care@royalsundaram.in &

write us at

Customer Services Team

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Senior Citizen can mail us at:

seniorcitizencomplaints@royalsundaram.in

We will acknowledge your grievance immediately and provide a resolution.

Step 2: Escalation 1

If you are not satisfied with the resolution provided or require any further assistance, you may escalate the matter to: manager.care@royalsundaram.in

Step 3: Escalation 2

If you feel your grievance has not been resolved satisfactorily, you may escalate further to: head.cs@royalsundaram.in

Step 4: Escalation to Grievance Redressal Officer - Final Internal Escalation

If you need further resolution, you may escalate it to:

Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094

Senior Citizen Redressal: 9500413019

Email: gro@royalsundaram.in

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	<p>For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in.</p> <p>If you are not satisfied with the Redressal of grievance through above methods, you may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.</p> <p>Insurance Ombudsman addresses can be accessed at - https://www.cioins.co.in/Ombudsman</p>	
12	<p>Things to remember</p> <ul style="list-style-type: none"> • 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: <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</p>	F.1.18
	<p>The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.</p> <p>The Company shall:</p> <ol style="list-style-type: none"> a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period. . 	F.1.11

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Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person.

The Company is not bound to give notice that it is due to renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 15 days in monthly and 30 days in case of quarterly, half- yearly and yearly payments to maintain continuity of benefits without break in policy. If the premium is paid in instalments, coverage will still be available during the grace period.
- iv. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
- v. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

F.1.13

No loading shall apply on renewals based on individual claims experience.

Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured

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	<p>Person will get all the accrued continuity benefits in waiting periods as per below:</p> <p>The waiting periods specified in Section D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.</p> <p>ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefits shall not apply to any other additional increased Sum Insured.</p> <p>For Detailed Guidelines on Migration, kindly refer the below link: - https://www.rolysundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf</p> <p>Portability</p> <p>The insured Person will have the option to port the policy to other insurers as an extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:</p> <p>i. The waiting periods specified in Section D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.</p> <p>ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.</p> <p>For Detailed Guidelines on Portability, kindly refer the below link:- https://www.rolysundaram.in/health-insurance/health-insurance-portability</p> <p>Moratorium Period</p> <p>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</p>	F.1.22
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		under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period such as change in occupation.</p>	

Declaration by the policy holder:

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

Place:

Date: (Signature of the Policy Holder)

Note:

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