

Introduction:

‘Parametric Insurance’ refers to a type of insurance providing policyholders with coverage based on pre-specified conditions, or parameters, instead of the loss amount of the insured asset’s actual value.

This is an index-based insurance product offering insurance coverage for economic loss of various sectors estimated through weather/satellite indices/ notification of natural calamity, etc.

It eliminates the requirement for costly and lengthy claims evaluations.

Who is providing the Coverage?

Royal Sundaram General Insurance Co. Limited is providing the coverage under this Policy.

Who can avail of “Parametric Insurance Policy – Group Variant 2”?

This Policy is suitable for anyone facing risks with clear, measurable outcomes and a strong correlation between the event and the loss. This product is applicable for individuals forming part of the group.

What is the coverage under the policy?

We agree to pay the insured the sum stated in the Master Policy Schedule/Certificate of Insurance upon the occurrence of the Event loss defined below, subject to the waiting period. (The number of days of the waiting period will be as stated in the Master Policy Schedule / Certificate of Insurance.)

Event Loss:

- **Section A:** The Excess Rainfall Observed Index is higher than the Excess Rainfall Threshold for the Cumulative Period (as stated in the Master Policy Schedule / Certificate of Insurance) associated to such Geographic Location.
- **Section B:** The Earthquake Observed Index is higher than the MMI scale as stated in the Master Policy / Certificate of Insurance

If any of the above is true, then the Event Loss shall be the aggregate value of the Notional Amounts over all Selected Risk Locations combined with True Excess Rainfall (the “Excess Rainfall Event Loss”), or True Earthquake (the “Earthquake Event Loss”).

The Insurer shall pay the Event Loss to the Insured within fifteen (15) days following the report by the Calculation Agent of the Event Loss.

Notional Amount means the agreed amount which is specified for each of the Risk Locations within the Geographical Scope as mentioned in the Master Policy Schedule / Certificate of Insurance. Each “Selected Risk Location” is designated by their so defined Risk Location ID. All “Selected Risk Locations” are combined together for the purpose of calculating the Sum Insured as well as for the purpose of calculating the Event Loss.

Waiting period means the number of days as stated in Master Policy Schedule/ Certificate of Insurance during which a claim will not be paid by us.

What is the Sum Insured under the Policy?

Sum Insured will be decided individually for each policyholder at the time of issuing the policy based on the economic values of the risk covered which will be arrived at using factors such as input cost, production cost, probable maximum loss, consequential losses etc. amount set out in the Schedule against each parameter covered in the Policy.

What are the exclusions under the policy?

1. Losses arising out of war, invasion, act of foreign enemies, hostilities or war-like operations, rebellion, revolution, insurrection, military or usurped power or civil commotion or loot or pillage in connection herewith.
2. Consequential loss of any kind or description.
3. Any weather/satellite parameter and/or natural calamity or any other parameter not specifically covered under the Policy.
4. Direct or consequential loss due to nuclear weapons material, ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
5. Losses arising due to any other reasons which are not specifically included in the Master Policy / Certificate of Insurance.
6. Any loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from, happening through, and arising out of or in connection with any act of terrorism, regardless of any other cause contributing concurrently or in any other sequence to the loss, damage, cost or expense. For the purpose of this exclusion, terrorism means an act or threat of violence or an act harmful to human life, tangible or intangible property or infrastructure with the intention or effect of influencing any government or of putting the public or any section of the public in fear. In any action, suit or other proceedings where the Insurer alleges that by reason of this definition a loss, damage, cost or expense is not covered by this Agreement, the burden of proving that such loss, damage, cost or expense is covered shall be upon the Insured.

What is the duration of the policy?

The policy will be issued for a maximum period of one year.

What is the procedure for cancellation of the policy?**a. Cancellation of Master Policy (Non-employer-employee Group)**

- i. The Master Policy may be cancelled by the Insured at any time during the policy period by informing the Company.

Provided, however, the respective Certificate of Insurance/s issued to various Insured Beneficiaries will be valid for the Covered Period.

- ii. The Master Policy may be cancelled by the Company, only on the grounds of established fraud, by giving minimum notice of 7 days to the Insured.

Provided however if the Company cancels the Master Policy even then the respective Certificate of Insurance/s issued to various Insured Beneficiaries shall be valid for the Covered Period.

b. **Cancellation of Certificate of Insurance (Non-employer-employee Group)**

- i. The Certificate of Insurance may be cancelled by the Insured/Insured beneficiary by informing the Company at any time without needing to provide a reason before the expiry of the Policy Period of the Master Policy. Upon cancellation, the insured shall be entitled to a refund of the proportionate premium for the unexpired period in the current year of insurance, subject to no claims being lodged.
- ii. The Certificate of Insurance may be cancelled by the Company, only on the grounds of established Fraud, at any time before the expiry of the Policy Period of Master Policy by giving minimum notice of 7 days to the Insured and/or Insured Beneficiary. Upon cancellation, the policy will be cancelled ab initio (from inception), meaning the policy will be treated as though it never existed, with forfeiture of the premium. Additionally, no claims made under the policy will be considered or paid.

c. **Cancellation of Master Policy (Employer-Employee Group)**

- i. The Master Policy may be cancelled by the Insured at any time by informing the Company without needing to provide a reason during the Policy Period. Upon cancellation, the insured shall be entitled to a refund of the proportionate premium for the unexpired period in the current year of insurance, subject to no claims being lodged.
- ii. The Master Policy may be cancelled by the Company, only on the grounds of established fraud, at any time by giving a minimum notice of 7 days to the insured. Upon cancellation, the policy will be cancelled ab initio (from inception), meaning the policy will be treated as though it never existed, with forfeiture of the premium. Additionally, no claims made under the policy will be considered or paid.

It may be noted that

- The refund will be made to the insured for all cases where the entire premium is borne and paid by the Insured.
- The refund will be made to the Insured beneficiary for all cases where the premium is borne by the Insured Beneficiary.

What is the Claims procedure?

- a) Data collected by the Company from the **Data Source** (specified by Government/Private/International agencies) shall be the only basis of determining the Claim payments to be made under this Policy.
- b) In cases of commercial **data sources**, the **Company** will take an undertaking from data provider, conforming the standards and norms of installation and maintenance of sources of data.
- c) A deviation in Observed **Index** in the data procured from **data source**, will form the basis of computation of claim payable to the insured and the insured is not required to submit the claim form.



d) **Claim Documents to be submitted by insured (if required):**

- i. Declaration of loss (if applicable)
- ii. Document proving insurable interest
- iii. Copy of Identity Proof submitted at the time of proposal
- iv. Original cancelled Cheque with payee name printed on the Cheque is required. If name of payee is not printed on the Cheque, please attach copy of the first page of bank passbook
- v. Bank Account details of Nominee
- vi. Any other relevant document directly related to claim.

e) **Claim Payment**

- i. The **Company** will offer to settle the claim under this **Policy** within 15 days from the date of intimation of the claim by **Calculation Agent**. Claim will be processed and payment shall be by online fund transfer.
- ii. In case that the **Company** decides to reject a claim made under this **Policy**, the **Company** shall do so within a period of 15 days from the date of such intimation.
- iii. Claims processing and settlement will be as per Master Circular on Protection of Policy Holder's Interest, 2024.
- iv. In the event the claim is not settled within 15 days as stipulated above, the **insurer** shall be liable to pay interest at a rate, which is 2% above the bank rate from the date of intimation by **Calculation Agent** till the date of actual payment.

Grievance Redressal Procedure:

1. In case of any grievance the insured/insured member may contact the company through
Website: <https://www.royalsundaram.in/customer-service>
Contact Numbers: 1860 258 0000, 1860 425 0000
E-mail: manager.care@royalsundaram.in
Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in
Senior Citizen Grievance Number - 9500413019
Fax: 044-7117 7140
Courier: Grievance Redressal Unit
Royal Sundaram General Insurance Co. Limited,
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097.

Insured/Insured member may also approach the grievance cell at any of the company's branches with the details of the grievance. If the insured /insured member is not satisfied with the redressal of the grievance through one of the above methods, the insured/insured member may contact the grievance officer: -

Mr. T M Shyamsunder,
Grievance Redressal Officer,
Royal Sundaram General Insurance Co. Limited,

Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam,
Chennai – 600097. GRO Contact Number – 9500413094

For updated details of grievance officer, kindly refer the link <http://www.royalsundaram.in>.

If **Insured / insured member** is not satisfied with the redressal of grievance through above methods, the **insured / insured member** may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Grievance may also be lodged at IRDAI Integrated Grievance Management system <https://bimabharosa.irdai.gov.in>.

2. Consumer Affairs Department of IRDAI

- a. In case it is not resolved within 15 days or if You are unhappy with the resolution, You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal – Bima Bharosa Portal by registering Your **complaint** at <https://bimabharosa.irdai.gov.in/>.
- b. You can send a letter to IRDAI with Your **complaint** on a **Complaint** Registration Form available by clicking here. You must fill and send the **Complaint** Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad-500032.
- c. You can visit the portal <https://bimabharosa.irdai.gov.in/> for more details.

3. Insurance Ombudsman

You can approach the Insurance Ombudsman depending on the nature of the grievance and the financial implications, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in or of the General Insurance Council at <https://www.ciains.co.in/ombudsman> or on company website www.royalsundaram.in.

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Section 41 in the Insurance Act, 1938

41. Prohibition of rebates

(1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.