

**Royal Sundaram General Insurance Co. Limited**

Corp. Office : Vishranthi Melaram Towers,  
No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097.  
Regd. Office : 21, Patullos Road, Chennai - 600 002

**Policy Terms and Conditions**

**B PREAMBLE**

WHEREAS the INSURED named in the Schedule hereto has made or caused to be made to Royal Sundaram General Insurance Co. Limited., (hereinafter called the “COMPANY”) a written proposal dated as stated in the Schedule hereto (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this Policy.

**NOW THIS POLICY WITNESSETH** that subject to the terms, exclusion, definitions and conditions contained herein or endorsed or otherwise expressed thereon the Company will pay the Insured as hereinafter mentioned.

**C DEFINITIONS**

**Standard Definitions**

**C.1.1 Accident**

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

**C.1.2 Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period

**C.1.3 Condition Precedent**

Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**C.1.4 Grace Period**

Grace period means the specified period of time immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

**C.1.5 Hospital**

- A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**C.1.6 Injury**

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner. Notification of Claim

**C.1.7 Notification of Claim:** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**C.1.8 Pre-Existing Disease**

Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or
- b) For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy or its reinstatement.

Provided that the definition of the pre-existing disease shall not be applicable for Overseas Travel Policies

**C.1.9 Renewal**

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**C.1.10 Medical Expenses**

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**C.1.11 Reasonable and Customary Charges**

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**C.1.12 Subrogation**

Subrogation means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source

**Specific Definitions**

**C.1.13 Accidental**

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**C.1.14 Company**

Company means the Royal Sundaram General Insurance Co. Limited (Formerly known as Royal Sundaram Alliance Insurance Company Limited)

**C.1.10 Migration**

Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

**C.1.11 Portability**

Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

**C.1.12 Specific Waiting Period**

Specific waiting period means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

**D BENEFITS COVERED UNDER THE POLICY**

**D.1.1** If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means anywhere in the world, then the Company shall pay to the Insured or his legal personal representative(s) as the case may be, the sum or sums hereinafter set forth, that is to say:

- a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured, the Capital Sum Insured (CSI) stated in the Schedule hereto.
- b) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
  - i) sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, of such loss of sight of one eye and such loss of one entire hand or one entire foot, the Capital Sum Insured stated in the Schedule hereto.
  - ii) Use of two hands or two feet or of one hand and one foot, or of such loss of sight of one eye and such loss

of use of one hand or one foot, the Capital Sum Insured stated in the Schedule hereto.

- c) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
- i) The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Capital Sum Insured stated in the Schedule hereto .
  - ii) Total and irrecoverable loss of use of a hand or a foot without Physical separation, fifty percent(50%) of the Capital Sum Insured stated in the Schedule hereto.

NOTE: For the purpose of Clause (b) and Clause (c) above, ‘physical separation’ of a hand means separation at or above the wrist and of the foot at or above the ankle.

- d) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description, whatsoever, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured stated in the Schedule hereto.
- e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and /or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Capital Sum Insured as indicated below shall be payable

<b>Table of Benefits</b>		<b>Percentage of Capital Sum Insured</b>
i) Loss of toes	- all	20 %
• Great	- both phalanges	5 %

• Great	- one phalanx	2 %
• Other than Great, if more than one toe lost,	- for each toe	1 %
ii) Loss of hearing	- both ears	75 %
iii) Loss of hearing	- one ear	30 %
iv) Loss of four fingers and thumb of one hand		40%
v) Loss of four fingers		35%
vi) Loss of thumb	- both phalanges - one phalanx	25 % 10 %
vii) Loss of index finger	- three phalanges - two phalanges - one phalanx }	10 %
viii) Loss of middle finger	- three phalanges - two Phalanges - one phalanx }	6 %
ix) Loss of ring finger	- three phalanges - two phalanges - one phalanx }	5 %
x) Loss of little finger	- three phalanges - two phalanges - one phalanx }	4 %
xi) Loss of metacarpals	- first or second (addl) - third, fourth, or fifth (addl) }	3 %
xii) Any other permanent partial disablement		percentage as assessed by the panel doctor of the Company.

**D.1.2 Temporary total Benefit:**

If such injury shall be the sole and direct cause of the temporary total disablement (TTD) then, so long as the Insured Person shall be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of one percentage (1%) of the Capital Sum Insured stated in the Schedule hereto per week but in any case not exceeding Rs.3000/- per week in all, under all Policies.

Provided that the compensation payable under the foregoing Sub-clause (f) shall not be payable for more than 104 weeks in respect of any injury calculated from the date of commencement of disablement and in no case shall exceed the Capital Sum Insured.

**Special free benefits**

**D.1.3 Carriage of Dead Body:** It is hereby agreed that in the event of the death of the Insured Person due to an accident, as defined in the Policy outside his/her residence the Company shall pay in addition to the amounts payable

under BENEFITS (1) for transportation of the Insured Person's dead body to the place of his / her residence a lump sum of 2% of the Capital Sum Insured or Rs. 5000 whichever is less.

**D.1.4 Educational Grant:** In the event of the death or permanent total disablement (PTD) of the Insured Person due to an accident as defined in the Policy, the Company shall pay educational grant for the dependent Children as below :

- a) If the Insured Person has one dependent child below the age of 25 years, an amount equal to 10% of the CSI subject to a maximum of Rs.5,000.
- b) If the Insured Person has more than one dependent children below the age of 25 years, an amount equal to 10% of the CSI subject to a maximum of Rs.10,000.

The payment as above will be made along with the CSI to the same person/s who is/are entitled to receive the CSI.

Provided that if there be any other subsisting Personal Accident Insurance/s covering the Insured Person, total benefits under this grant, under all such Policies, shall be limited to

- a maximum of Rs.5,000 in case there is one dependent child.
- a maximum of Rs.10,000 in case there is more than one dependent child.

The amount so payable shall be borne by all Policies in proportion to the original Capital Sum Insured.

**D.1.5 Recovery Benefit:** If such injury shall result in confinement to a hospital for a consecutive period of more than 25 days, then 5% of the sum insured subject to a maximum of Rs.50,000/- or the sum stated under the relevant section of the Schedule of the Policy. It is to be noted that this benefit is payable only once during the entire policy period.

#### **Cumulative Bonus**

Compensation payable under benefits (a),(b),(c) and (d) of the Policy arising out of accidental injuries, shall be increased by 5% thereof in respect of each completed claim free year, during which the policy shall have been in force. Amount of such increase shall not exceed 25% for the Capital Sum Insured stated in the Schedule herein or Rs.25 lakhs whichever is less. This Cumulative bonus is applied on CSI when the policy is renewed continuously. This clause shall not in any way alter the annual character of the insurance nor the right of the Company to decline or renew or to cancel this Policy as hereinafter provided.

The earned Cumulative Bonus will not be lost if the Policy is renewed within 30 days after its expiry.

(Not applicable when given as a group policy)

## **E EXCLUSIONS**

### **E.1 Specific Exclusions**

#### **PROVIDED ALWAYS THAT:**

The Company shall not be liable under this Policy for :

1. Compensation under more than one of the foregoing Sub- clauses in respect of the same period of disablement.
2. Any other payment after a claim under one of the Sub-clauses(a), (b) or (d) has been admitted and become payable. This would not apply to the payment made under medical expenses extension, education grant and expenses for carriage of dead body.
3. Any payment in case of more than one claim under the Policy during any one period of insurance, by which the maximum liability of the Company in that period would exceed the sum payable under the Sub-clause(a) of the policy. This would not apply to the payment made under medical expenses extension, educational grant and expenses for carriage of dead body.
4. Payment of weekly compensation until the total amount shall have been ascertained and agreed.
5. Payment of compensation in respect of death, injury or disablement of the Insured
  - (a) from intentional self injury, suicide or attempted suicide.
  - (b) whilst under the influence of intoxicating liquor or drugs.
  - (c) whilst engaging in aviation or ballooning, whilst mounting into or dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. ("Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or

operated by a regular airline or whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has single engine or multiengine

- (d) directly or indirectly caused by venereal diseases, AIDS or insanity.
- (e) arising or resulting from the Insured committing any breach of law with criminal intent.
- (f) as a result of, or which is contributed to by, the Insured person suffering from any pre-existing condition or pre-existing physical or mental defect or infirmity.

Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing condition.

- 6. Payment of compensation in respect of death, injury or disablement of the Insured due arising out of or directly or indirectly connected with or traceable to War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
- 7. Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured
  - (a) directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
  - (b) directly or indirectly caused by or contributed to by or arising from nuclear weapon material.

Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsement 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 be a condition precedent to any liability of the Company under this Policy.

- 8. **Pregnancy Exclusion Clause** : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused the contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
- 9. As a result of, or which is contributed to by, the Insured person suffering from any pre-existing condition or pre-existing physical or mental defect or infirmity.
- 10. **Nuclear, Chemical, Biological Terrorism Exclusion Clause**: The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

## **F GENERAL TERMS AND CLAUSES**

### **F.1 Specific terms and clauses**

- F.1.1 Upon the happening of any event which may give rise to a claim under this Policy, written notice with full particulars must be given to the Company immediately. In case of death, written notice also for the death must unless reasonable cause is shown, be so given before interment cremation and in case, within one calendar month after the death, and in the event of loss or sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.
- F.1.2 Proof satisfactory to the Company shall be furnished for all matters upon which a claim is based. Any medical or

other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company and in the event of death to make a post-mortem examination of the body of the insured. Such evidence as the Company may, from time to time required shall be furnished and postmortem examination report, if necessary be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight, the Insured shall undergo at his own expense such operation or treatment as the Company may reasonably deem desirable. Provided that all sums hereunder shall be payable.

- i). In case of death or permanent total disablement only after deleting by an endorsement, the name of the Insured Person in respect of whom such amount shall become payable without any refund of premium.
  - ii). In case of permanent partial disablement only after reduction by an endorsement of CSI by the amount admissible under the claim in respect of the Insured Person to whom, such sum shall become payable.
  - iii). In case of temporary total disablement upon termination of such disablement. All admissible claims under this policy shall be offered for settlement within 30 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.
- F.1.3 The Company shall not be liable to make any payment under this Policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement of device whether by the Insured or by any person acting on behalf of the Insured.
- F.1.4
- a) The Insured shall give immediate notice to the Company of any change in his business or occupation.
  - b) The Insured shall on tendering any premium for the renewal of this Policy, give notice in writing to the Company of any disease, physical defect or infirmity with which he/she has become affected since the payment of last preceding premium.
- F.1.5
- 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.
  - 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.
  - iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.
  - 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.
  - 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.
  - vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.
- F.1.6 The Company may at any time by notice in writing terminate this policy in the event of fraud or misrepresentation by the Insured/Insured Person or non-cooperation by the Insured, provided that the company shall in that case return to the Insured the then last paid premium less a pro-rata thereof for the portion of the current insurance period which shall have expired. Such notice shall be deemed sufficiently given if posted and addressed to the insured at the address last registered in the Company's books and shall be deemed to have been received by the Insured at the time when the same would be delivered in the ordinary course of post.

OR

The policy may even be cancelled at any time by the insured by a notice in writing under a Certificate of posting or a Regd. A.D. Such notice shall be deemed to be effective from the date of despatch of the same by the insured.

PROVIDED no claim has arisen under the within mentioned policy prior to the despatch of such notice by the insured to the Company, the insured would be entitled to the return of premium less premium at company's \*Short period rates for the policy has been in force.

The Policy may be cancelled at any time, by the Insured on 14 days notice in writing (provided no claim has arisen during the currency of the Policy). The Insured shall be entitled to the return of premium less premium at Company's \*Short period rates for the period the Policy has been in force.

**\*Short Period Rates**

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of Premium
Up to 3 months	50% of Premium
Up to 6 months	75% of Premium
Up to 12 months	Full Premium

F.1.7 The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or any other dealings with or relating to this Policy but the receipt of the Insured or his legal personal representatives shall in all cases be effective discharges to the Company.

F.1.8 If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 Arbitrators comprising of two Arbitrators, one to be appointed by each of the parties to the dispute / difference and the third Arbitrator, one to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration

- a. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- b. Delay in settlement of claims.
- c. Non-issue of any insurance document to customer after receipt of the premium.
- d. Any other grievance.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram General Insurance Co. Limited is located. The Insurance Ombudsman's offices are located at Ahmedabad, Bengaluru, Bhopal, Bhubaneswar, Chandigarh, Chennai, Delhi, Guwahati, Hyderabad, Jaipur, Ernakulam, Kolkata, Lucknow, Mumbai, Noida, Patna, Pune. For Contact Details of Insurance Ombudsman, please visit website [www.royalsundaram.in](http://www.royalsundaram.in). (or)

<http://www.ecoi.co.in/ombudsman.html>

F.1.9 Medical expenses extension

**APPLICABLE ONLY IF ADDITIONAL PREMIUM HAS BEEN PAID AND COVERAGE CONFIRMED IN THE POLICY SCHEDULE**

In consideration of the payment of an additional premium and Condition Act, 1996. amounting to Rs. \_\_\_\_\_

it is hereby agreed and

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

F.1.10 It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been the subject matter of a suit in Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

F.1.11 Moratorium Period

After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently



completion of five continuous years would be applicable from data of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

**F.1.12 Claims in respect of Multiple Policies**

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person issued by us then we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited. If customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies

**F.1.13 Free Look in**

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:

- 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.

All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

**F.1.14 Grievance Redressal**

In case of any grievance the insured person may contact the company through

Website: <https://www.royalsundaram.in>

Grievance Redressal: <https://www.royalsundaram.in/customer-service>

You may call us at – 1860 258 0000, 1860 425 0000

Email:

1. Please raise a complaint with us through e mail – [care@royalsundaram.in](mailto:care@royalsundaram.in), and we would come back to you with a response in 24 hours.
2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to [manager.care@royalsundaram.in](mailto:manager.care@royalsundaram.in)
3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to [head.cs@royalsundaram.in](mailto:head.cs@royalsundaram.in)
4. In case you are not happy with our response or have not received any response in 2 business days, you may approach [gro@royalsundaram.in](mailto:gro@royalsundaram.in) - GRO Contact Number – 7228087400

Sr. Citizen can email us at : [seniorcitizengrievances@royalsundaram.in](mailto:seniorcitizengrievances@royalsundaram.in) - Senior Citizen Grievance Number - 7228933501 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)

Fax us at: 044 – 7117 7140

Courier us your complaint at:

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at

**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

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

If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.

Insurance Ombudsman addresses -<https://www.cioins.co.in/ContactUs>

**Grievance may also be lodged at –**

**Registration of Complaints in Bima Bharosa by Policyholders:**

1. Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in).
3. Can call Toll Free No. **155255** or **1800 4254 732**.
4. 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.**

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

Insurance is the subject matter of solicitation.

#### **F.1.15 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 Person will get all the accrued continuity benefits in waiting periods as per below:

- 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.
- 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.

For Detailed Guidelines on Migration, kindly refer the below link:-

<https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf>

#### **F.1.16 Portability**

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:

- 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.
- 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.

For Detailed Guidelines on Portability, kindly refer the below link:- <https://www.royalsundaram.in/health-insurance/health-insurance-portability>

## **G OTHER TERMS AND CONDITIONS**

### **Age of insured**

The rates and conditions laid down are applicable to persons between the ages of 5 and 70 years (male and female), except in case of family package cover where the minimum age of children shall be 5 years and maximum 25 years. However, where the age of insured person is above 70, the premium should be suitably loaded at our discretion. Cover for children below 5 years may be avoided as far as possible. If allowed, this may be done at higher rates at our discretion

### **Claim Documentation:**

**Death Claim** (Submit the duly filled in claim form with the following documents)

- Original Death Certificate.
- Post Mortem Report.
- Inquest report.
- Accident report.
- FIR/MLC copy.
- Hospital records.
- News Paper cuttings if any and any other relevant records.
- Chemical Analysis Report if available.
- English Translation of vernacular documents.
- Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy.
- Any other document as may be required by the Company.

**Disablement Claim** (Submit the duly filled in Claim form with the following documents).

Permanent Total or Partial Disablement.

- Disability Certificate issued by attending physician.
- Accident report.
- FIR/MLC copy.
- Hospital Records.
- News Paper cuttings if any and any other relevant records.
- English Translation of vernacular documents.
- Latest IT return to show Proof of annual income.
- Any other document as may be required by the Company.

The Claim documents should be sent to:

Health Claims Department

M/s.Royal Sundaram General Insurance Co. Limited.,

Corporate office: Vishranthi Melaram Towers, No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Claim documents may be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Toll Number 1860 425 0000.

### **Medical Expenses Claim due to Accident Hospitalization**

1. Discharge summary.
2. Original Hospital Bills.

3. Advance and final receipts (All receipts shall be numbered, signed and stamped).
4. Prescriptions for medicines.
5. Diagnostic Test Reports, X Ray, Scan, ECG and others including doctor's advice demanding such tests.
6. Cash memos/bills for medicines purchased from outside.

**PROVIDED ALWAYS THAT:**

1. This insurance shall not apply in so far as it applies to female to expenses incurred in respect of any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequel arising from the foregoing, unless otherwise provided hereafter
2. The Company shall not be liable to make any payment under this Policy in respect of
  - a. Disease, Injury, Death or Disablement directly or indirectly due to War, Invasion, Act of Foreign Enemy, Hostilities or War like Operation (whether war be declared or not) or Civil Commotion or Rebellion Military, Naval or Air Service or Breach of Law, Hunting, Steeple chasing, Revolution, Insurrection, Mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed Standard type of Aircraft.
  - b. Circumcision or Strictures or Vaccination of Inoculation or change of life or beauty treatment of any description or dental or eye treatment or intentional self injury or insanity or dissipation or nervous breakdown (which expression shall cover also general debility "run down" conditions and general "overhaul") or venereal disease or intemperance of the use of intoxicating drugs or liquors or any diseased, injury, death or disablement directly or indirectly due to any one or more of them. Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.

**Council for Insurance Ombudsmen**

Contact details:

Address:

Council for Insurance Ombudsmen,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.

**INSURANCE OMBUDSMAN OFFICE LIST**

The contact details of **Insurance Ombudsman Office** details are as below:

<https://www.cioins.co.in/ContactUs>

---

**WHAT IF I EVER NEED TO COMPLAIN?**

We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.

In all instances, call our Customer Services at our Chennai office at 1860 258 0000 or e-mail at [care@royalsundaram.in](mailto:care@royalsundaram.in) or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611