Royal Sundaram

Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097..Regd. Office : 21, Patullos Road, Chennai - 600 002.

MASTER PRODUCT

B Preamble

B.1 IMPORTANT NOTES ABOUT THIS INSURANCE

Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements.

- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person.
- The Policy is an evidence of the contract between You and Royal Sundaram General Insurance Co.Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer and/or over telephone to our tele-agent by You / proposer, forms the basis of this Contract. Any non disclosure or suppression of material information relating to any Insured Person will make the contract void. No claim shall be paid and policy will be cancelled
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied

B.2 PERSONS WHO CAN BE INSURED

This insurance is available to persons who are aged between 91 days and 65 years at the Commencement Date of the Policy.
However renewal is accepted up to the age of 21 years for dependent children

Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, we will provide the insurance described in the Policy

C Definitions

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

C.1. Standard Definitions

C.1.1 **Accident -** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.1.2 **Congenital Anomaly**

C.1.3 Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body

C.1.4 Co-Payment

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

C.1.5 **Critical Illness** means the following:

1. CANCER OF SPECIFIED SEVERITY

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma. II. The following are excluded – i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii.All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; ix. All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) ii. New characteristic electrocardiogram changes iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded: i. Other acute Coronary Syndromes ii. Any type of angina pectoris iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

3. OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded: i. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
II. The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. **MAJOR BURNS – 20%**

Third degree(full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of: i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
II. The following are excluded: i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted

9. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

C.1.6 **Day Care Treatment**

Day care treatment means medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

C.1.7 **Deductible**

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

C.1.8 **Domiciliary Hospitalisation**

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
ii) the patient takes treatment at home on account of non-availability of room in a hospital.

C.1.9 **Emergency Care**

Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

C.1.10 **Grace Period**

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

C.1.11 **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.1.12 **Hospitalization**

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours

C.1.13 **Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

4. it continues indefinitely
5. it recurs or is likely to recur

C.1.14 **Inpatient Care**

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event

C.1.15 **Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

C.1.16 **Medical Practitioner**

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license

C.1.17 **Medically Necessary**

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

i) is required for the medical management of the illness or injury suffered by the insured;
ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii) must have been prescribed by a medical practitioner;
iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

C.1.18 **Migration**

"Migration" means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

C.1.19 **Non- Network Provider:**

Non-Network means any hospital, day care centre or other provider that is not part of the network.

C.1.20 **Portability**

"Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer

C.1.21 **Post-Hospitalization Expenses**

Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

C.1.22 **Pre-Existing Disease -** Pre-existing disease means any condition, aliment, injury or disease

(a)That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

(b)For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

C.1.23 **Pre-Hospitalization Expenses**

Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

C.1.24 **Qualified Nurse**

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

C.1.25 **Reasonable 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.1.26 **Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

C.2 Specific Definitions

C.2.1 **Dependant Child -** A dependant child refers to a child (natural or legally adopted) upto the completed age of 21, who is financially dependant on the primary insured or proposer and does not have his / her independent sources of income.

C.2.2 **Diagnostic Centre** – Diagnostic Centre means the diagnostic centres which have been empanelled by Us (or Our TPA's) as per the latest version of the schedule of diagnostic centres maintained by Us, which is available to You on request

C.2.3 **Excluded Hospital** - An excluded hospital means any hospital which the company might discourage the insured to take treatment of any sickness or illness, due to fraud or moral hazard or misrepresentation indulged by the hospital.

C.2.4 **In Patient** – An Insured Person who is admitted to and requires stay in a hospital for a condition that cannot be treated as an Out patient and stays for a minimum period of 24 hours, for the sole purpose of receiving treatment for any illness which is medically necessary

C.2.5 **Network -** All such hospitals, day care centres or other providers that the insurance company/TPA has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the insurer/TPA and subject to amendment from time to time.

C.2.6 **Policy –** Policy means the complete set of documents consisting of the Proposal, Policy Wording, Schedule and Endorsements and Attachments, if any.

C.2.7 **Policy Period –** Policy Period means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule

C.2.8 **Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media

C.2.9 **Proposer:** Insured or any person who signs the proposal form on behalf of the insured

C.2.10 **Schedule –** Schedule means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the period and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule

C.2.11 **Sum Insured –** Sum Insured means the amount stated in the Policy Schedule, which is the maximum amount We will pay for all claims made by You in one policy period (per annum for multi year tenure) irrespective of the number of claims You make.

C.2.12 **Third Party Administrator –** Third Party Administrator [TPA] means the person or organization named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf and at its direction

C.2.13 **We, Our, Us, Company and Insurer** – We, Our, Us and Insurer means Royal Sundaram General Insurance Co. Limited

C.2.14 **You, Your Yourself and Insured –** You, Your and Yourself means the Insured Person shown in the Schedule

D Benefits Covered under the policy

D.1 Hospitalisation Benefit

The Policy covers Reasonable Charges for a medically necessary inpatient treatment incurred during the policy period towards hospitalization for the disease, illness, medical condition or injury contracted or sustained by the Insured Person during the Period of Insurance stated in the Schedule subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

In the event of any claim becoming admissible under the Policy, the Company will pay to the Proposer, the Reasonable and Customary expenses, subject to the various limits mentioned hereunder, but not exceeding the Sum Insured and the Cumulative Bonus, if any, mentioned in the Schedule for all claims admitted during the Period of Insurance.

D.1.1 Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home subject to a limit of ___% of the Sum Insured or Rs.____ per day whichever is lower and for Intensive Care Units subject to a limit of __ % of the Sum Insured or Rs.____ per day which ever is lower

D.1.2 Nursing Expenses incurred during In-Patient hospitalization.

D.1.3 Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees subject to a limit of 50% of the Sum Insured or Rs._____ whichever is lower

D.1.4 Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and Cost of Organs

D.1.5 Pre-hospitalization expenses – We shall pay for expenses incurred ___days prior to date of admission into the hospital. The maximum amount claimable will be 8% of the eligible hospitalization expenses per occurrence as per the Policy.

D.1.6 Post-hospitalization expenses - We shall pay for expenses incurred ___ days after the date of discharge from the hospital. The maximum amount claimable will be 10% of the eligible hospitalisation expenses per occurrence as per the Policy.

D.1.7 Day Care Treatment – We shall pay for medical expenses for day care procedures (as per the attached list) requiring less than 24 hours of hospitalisation but not towards expenses incurred in the out patient department of any hospital

D.1.8 Claim amount payable per person towards the treatment of following disease, illness, medical condition or injury during the period of insurance is subject to a limit of:

Treatment	Limit of claim
Cataract	7.5 % of the Sum Insured subject to a maximum of Rs.20,000
Dialysis, Chemotherapy and Radiotherapy	10% of the Sum insured per month
Physiotherapy Charges	Rs.250 per day

D.1.9 **Modern Treatments**: The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

i. Uterine Artery Embolization and HIFU
ii. Balloon Sinuplasty
iii. Deep Brain stimulation
iv. Oral chemotherapy
v. Immunotherapy- Monoclonal Antibody to be given as injection
vi. Intra vitreal injections
vii. Robotic surgeries
viii. Stereotactic radio surgeries
ix. Bronchical Thermoplasty
x. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
xi. IONM - (Intra Operative Neuro Monitoring)

xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Hospitalization Expenses incurred beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance shall not be payable.

D.2 Additional Features

D.2.1 Cashless Facility: (Through Third Party Administrators - TPA)

Cashless facility is offered through Third Party Administrators (TPA) who will be guided by TPA Regulations formed by IRDAI.

In network hospitals, provided pre-admission authorisation in writing is taken from TPA appointed by Us, Insured need not pay for the eligible expenses at the hospital. The TPA will pay it directly. The cashless facility can be availed subject to compliance of the procedure laid down in the information handbook issued along with this Policy.

The TPA / Insurers may reject a cashless claim if the timelines are not met or if information provided is not sufficient to decide on the admissibility of the claim. In such cases, Insured may approach the Insurer for a Reimbursement Claim.

In non-network hospitals, all admissible hospitalisation expenses will only be reimbursed.

The proposer can seek for a change of TPA within the list of empanelled TPAs with Us 30 days prior to the date of expiry of this policy. The list of empanelled TPAs shall be available upon request in writing

D.2.2 Ambulance Referral facility

TPA will be providing a referral facility for availing ambulance in case of emergency

D.2.3 Income Tax Relief

This insurance scheme is approved by IRDAI and the premium is eligible to get exemption under Section 80D of the Income Tax Act, 1961

D.2.4 Cumulative Bonus

The Limits under this Policy shall be progressively increased by slabs of 5% of the Sum Insured in respect of each claim-free year of insurance with Us, subject to a maximum accumulation of 10 slabs of cumulative bonus. Sum Insured for the purpose of calculation of Cumulative Bonus shall be the expiring Sum Insured or the revised Sum Insured whichever is lower.

Where a claim has arisen under the expiring policy, the earned cumulative bonus, if any, in respect of such insured person shall be reduced by the last 2 slabs of cumulative bonus However under no circumstances shall the Sum insured under the policy be reduced on account of reduction of cumulative bonus.

Cumulative bonus will not be considered for settling claims for pre existing diseases or any additional benefits, if any under the policy

In respect of Floater Policy, any claim admitted / settled under the policy shall lead to denial of the above benefit.

(OR)

D.2.5 No Claim Discount

The renewal premium applicable under this policy shall be reduced by 5% if there is no claim under the expiring policy

E Exclusions

E.1 Standard Exclusions

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

E.1.1 Pre-Existing Diseases - Code- Excl01

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 48 months of continuous insurance for any pre-existing disease from the Commencement Date of the cover with Us under this policy. If a person is suffering from diabetes or hypertension or both, then the policy would be subject to the following exclusions

E.1.2 Specified disease/procedure waiting period- Code- Excl02

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/24/48 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f) I) List of specific diseases/procedures is as under (12 months):

i. Congenital Internal Anomaly,
ii. Any type of Migraine/Vascular head ache,
iii. Stones in the Urinary and Biliary systems,
iv. Surgery on Tonsils/Adenoids,
v. Gastric and Duodenal Ulcer,
vi) Any type of Cyst/Nodules/Polpys/Benign Tumours/Breast Lumps

II) List of specific diseases/procedures is as under (24 months):

i. Spondylosis/Spondilitis.
ii. Any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders.
iii. Cataract,

iv. Benign Prostatic Hypertrophy,

v. Hysterectomy, Salphingo – Oophorectomy.

vi. Fistula,

vii. Fissure in Anus,

viii. Piles,

ix. Hernia,

x. Hydrocele,

xi. Sinusitis and Deviated Nasal Septum.

xii. Any type of cancer including but not limited to Carcinoma/Sarcoma, Blood Cancer,

xiii. Organ Transplant.

xiv. Chronic Renal Failure and End Stage Renal Failure

xv. Retinal detachment surgery with or without vitrectomy

III) List of specific diseases/procedures is as under (48 months):

i) Osteoarthritis of any joint ,
ii) Treatment of Joint replacement Surgery (other than due to accidents)
iii) Chronic Obstructive Pulmonary Disease (C.O.P.D).
iv) Operations for chroidial neo vascular membrane (CNVM).

E.1.3 30-day waiting period- Code- Excl03

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

E.1.4 Investigation & Evaluation- Code- Excl04

Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

E.1.5 Rest Cure, rehabilitation and respite care- Code- Excl05

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

E.1.6 Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
    a) greater than or equal to 40 or
    b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
        i. Obesity-related cardiomyopathy
        ii. Coronary heart disease
        iii. Severe Sleep Apnea
        iv. Uncontrolled Type2 Diabetes

E.1.7 Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

E.1.8 Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

E.1.9 Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

E.1.10 Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

E.1.11 Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

E.1.12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

E.1.13 Treatments received in heath 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. Code- Excl13

E.1.14 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

E.1.15 Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

E.1.16 Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

E.1.17 Sterility and Infertility: Code- Excl17

Expenses related to Sterility and infertility. This includes:

i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

E.1.18 Maternity (not to be included when Maternity extension is provided): Code - Excl18

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

In addition to the foregoing, the following shall not be covered under the policy unless specified otherwise in the schedule of the policy

E.1.19 Existing Diseases allowed to be permanently excluded. Excl36

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9
2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands •

		C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 - Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal

		varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 – Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 –Acute hepatitis B without delta-agent and without hepatic coma; B17.0 –Acute delta-(super)infection of hepatitis B carrier; B18.0 - Chronic viral hepatitis B with delta-agent; B18.1 - Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37
13	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease

14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15.	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16.	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

E.2 Specific Exclusions

E.2.1 Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.-Excl19

E.2.2 Implantable electronic devices (such as replacement batteries or replacement devices)-Excl20

E.2.3 Cost of cochlear implant(s)-Excl21

E.2.4 External Durable Devices – Commode, j. Spo2 Probe. Microshield. Oxygen Convertor.stockings Excl22

E.2.5 Claims directly or indirectly caused by or arising from or attributable to: -Excl23

i. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not)
ii. Biological, nuclear or chemical terrorism
iii. Nuclear weapons/materials or Radioactive Contamination.
iv. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
v. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

E.2.6 Any stay in Hospital not warranting inpatient treatment--Excl24

E.2.7 Any treatment received outside India. -Excl25

E.2.8 Any Ayurvedic, Homeopathic, Naturopathy or any other system of medication except Allopathy-Excl26

E.2.9 Any person whilst engaging flying an aircraft other wise than as a passenger on a regular air carrier , -Excl27

E.2.10 Charges for Nurses/Attendants, etc. incurred during Pre-hospitalisation period and / or Post-hospitalisation period. -Excl28

E.2.11 Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor -Excl29

E.2.12 The cost of spectacles, contact lenses and hearing aids -Excl30

E.2.13 Dental treatment or dental surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury -Excl31

E.2.14 Outpatient treatment charges -Excl32

E.2.15 Domiciliary Hospitalization. -Excl33

E.2.16 Hormone replacement therapy(Excl34)

E.2.17 Treatment taken from persons not registered as Medical Practitioners under respective medical councils or acting outside the scope of licence or registration granted to him by any medical council(Excl35)

E.2.18 The expenses that are not covered in this policy are placed under List-I of Annexure-A.

The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List- IV of Annexure-A respectively

F General Terms and Clauses

F.1 Standard general terms and Clauses

F.1.1 Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

F.1.2 Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

F.1.3 Claim Settlement (provision for Penal lnterest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the 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- ln 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.

F.1.4 Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

F.1.5 Multiple Policies

i. ln case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. ln all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. lf the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

F.1.6 Fraud

lf any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;

b) the active concealment of a fact by the insured person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

F.1.7 Cancellation

i. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Short period scales – Annual Policies

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

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.

ii. 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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

F.1.8 Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. lf such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer the link - https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf

F.1.9 Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an lndian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Portability.pdf

F.1.10 Renewal of Policy

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

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days in case of one year to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

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

F.1.11 Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

F.1.12 Moratorium Period:

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of eight 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 and permanent exclusions specified in the policy contract.

The policies would however be subject to all limits, sub limits, co-payments as per the policy.

F.1.13 Possibility of Revision of Terms of the Policy lncluding the Premium Rates

The Company, with prior approval of lRDAl, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

F.1.14 Free Look Period:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

lf the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. 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;

ii. 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;

iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

F.1.15 Redressal of Grievance

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

i. Website: https://www.royalsundaram.in/customer-request
ii. Toll free: 1860 258 0000, 1860 425 0000
iii. E-mail: customer.services@royalsundaram.in
iv. Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in
v. Fax : 91-44-7113 7114
vi. Courier:

Grievance Redressal Unit
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
lf 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
lf 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 lnsurance Ombudsman Rules 2017.
Insurance Ombudsman addresses given in Annexure I.
Grievance may also be lodged at IRDAI Integrated Grievance Management System - https:/ligms. irda.qov. in

F.1.16 Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. ln the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

F.2 Specific terms and clauses

F.2.1 Payment of Claim

All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached.

All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

The Company shall not be liable to pay any interest/penalty for sums paid or payable under the policy other than as provided by IRDAI regulations

The claim if admissible shall be paid to the legal heir/ nominee of the proposer in case if the proposer is not surviving at the time of payment of claim

In case of a policy issued on an installment premium basis, balance premium due if any, shall be adjusted against the claim amount.

F.2.2 In case of non-disclosure of a condition which is other than list of Permanent exclusions under 4G, we can incorporate additional waiting period of not exceeding 48 months for the said undisclosed disease or condition from the date the un-disclosed condition was detected and continue with the policy subject to obtaining prior consent from you or Insured Person.

F.2.3 Transfer

Transferring of interest in this Policy to anyone else is not allowed.

F.2.4 Where the non-disclosed condition allows us to continue the coverage by levying extra premium or loading based on the objective criteria laid down in the Board approved underwriting policy, we shall levy the same prospectively from the date of noticing the non-disclosed condition. However, in respect of policy contracts for a duration exceeding one year, If the un-disclosed condition is surfaced before the expiry of the policy term, we may charge the extra premium or loading retrospectively from the first year of issuance of the policy or renewal, whichever is later

F.2.5 Automatic Termination

The cover shall terminate immediately on the earlier of the following events:

- Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon exhaustion of the sum insured.
- Upon non receipt of the installment premium when it becomes due

F.2.6 Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

F.2.7 Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

F.2.8 Geographical Area

The cover granted under this insurance is valid for treatments taken in India only.

F.2.9 Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss We shall not be liable to pay more than Our rateable proportion of the loss / expenses. Unless otherwise stated in the policy, this provision applies to claims where expenses incurred are reimbursed based on the submission of bills. This clause shall however not be applicable for benefit sections of the policy.

F.2.10 Continuation of terms and conditions

The Insured has to renew the Policy without any break to ensure continuity of cover from the Commencement. Even if grace period is allowed, the company shall not be liable for Hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

F.2.11 Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights. The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. This clause shall however not be applicable for benefit sections of the policy.

F.2.12 Renewals

The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof and in any case not later than 15 days from the date of expiry of the current policy. If, however, during the grace period of 15 days, any insured person incurs any hospitalization expenses, he shall not be entitled for any claim. The renewal premium shall be determined by the age of the insured person on the date of renewal, the sum insured opted and claims/renewal loading, where applicable. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured applies for renewal and remits the requisite premium before the expiry of this policy, renewal shall not be normally be denied other than on grounds of moral hazard, misrepresentation and fraud

A policy that is sought to be renewed after the grace period of 15 days will be underwritten as a fresh policy at the discretion of Us.

In the event, the insured seeks to request for a change of TPA, he/she should communicate in writing to the Company atleast 30 days in advance, before renewal.

In the event of a claim under the Policy, the renewal premium shall be loaded as below:

Ratio of Claims to Premium	**Premium Loading %**
Up to 400%	Nil
400%-800%	25%
800%-1200%	50%
1200%-1600%	75%
Above 1600%	100%

The renewal premium shall be subject to changes (as approved by IRDAI) if any, as specified in the prospectus.

F.2.13 Customer Service

If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hour.

F.2.14 Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this 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 difference 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 three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore 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.2.15 Disclaimer

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 made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

F.2.16 Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

F.2.17 Change of address

The Insured must inform in writing of any change in his/her address. This is to ensure better service in terms of communication and any failure to do so shall not amount to non-adherence to policy conditions so long as the changed address is within India.

F.2.18 Change in Sum Insured

Any change in the Sum Insured can be opted only at the time of renewal, subject to no claim under the expiring policy and the increase is restricted to 100% of the current Sum Insured and is at the discretion of company

When the Company is admitting liability for disease/illnesses /medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person in the policy during the first occurrence of such disease/ illness/medical condition/burns or the available Sum Insured under the current Policy, whichever is less.

When the Company is admitting liability for pre existing disease the least sum insured opted in all years of insurance will be considered.

F.2.19 Compliance with Policy provisions

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

G Other terms and conditions

G.1 Claims Procedure

Provided that the due observance and fulfillment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall, so far as they relate to anything to be done or not to be done by the Insured and / or Insured person, be a condition precedent to any liability of the Company under this Policy.

The Claims Procedure is as follows:

For admission in network Hospital - The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.

For admission in non-network Hospital - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us within seven days from the date of hospitalization /injury/ death, failing which admission of claim is at insurer's discretion.

- Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.
  - Original Bills, Receipt and Discharge certificate / card from the Hospital.
  - Original Cash Memos from Hospital(s)/Chemist(s), supported by the proper prescriptions.
  - Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
  - Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
  - Attending Doctor's / Consultant's / Specialist's / Anesthetist's original bill and receipt, and certificate regarding diagnosis- Medical Case History / Summary.

In the event if the Insured having multiple insurance policies and prefers to lodge a partial claim with the Company, the Company shall accept photo copies of the documents duly certified by the first insurance company.

Insured /Insured Person must give Us at his expense, all related information We ask for about the claim.

Insured must help Us to take legal action against anyone if required

If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at our expense.

If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.

If required, insured should procure from the hospital or cooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.

Insurers have the right to reject the claim if the documents are inadequate and if the requirements for additional documents by the Insurer are not complied with in reasonable time of not more than 45 days from the time of making such request.

The documents should be sent to:
Health Claims Department
M/s.Royal Sundaram General Insurance Co.Limited
3rd Floor , Deshbandhu Plaza
47, Whites Road, Royapettah,
Chennai 600 014.
Tel.No:044-42227373
Fax:044-28515500

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

A. DAY CARE LIST

I) Microsurgical operations on the middle ear

1) Stapedotomy
2) Stapedectomy
3) Revision of a stapedectomy
4) Other operations on the auditory ossicles
5) Myringoplasty (Type – I Tympanoplasty)

6) Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7) Revision of a tympanoplasty
8) Other microsurgical operations of the middle ear

II) Other operations on the middle & internal ear

9) Myringotomy
10) Removal of a tympanic drain
11) Incision of the mastoid process and middle ear
12) Mastoidectomy
13) Reconstruction of the middle ear
14) Other excisions of the middle and inner ear
15) Fenestration of the inner ear
16) Revision of a fenestration of the inner ear
17) Incision (opening) and destruction (elimination) of the inner ear
18) Other operations on the middle and inner ear

III) Operations on the nose & the nasal sinuses

19) Excision and destruction of diseased tissue of the nose
20) Operations on the turbinates (nasal concha)
21) Other operations on the nose
22) Nasal sinus aspiration

IV) Operations on the eyes

23) Incision of tear glands
24) Other operations on the tear ducts
25) Incision of diseased eyelids
26) Excision and destruction of diseased tissue of the eyelid
27) Operations on the canthus and epicanthus
28) Corrective surgery for entropion and ectropion
29) Corrective surgery for blepharoptosis
30) Removal of a foreign body from the conjunctiva
31) Removal of foreign body from the cornea
32) Incision of the cornea
33) Operations for pterygium
34) Other operations on the cornea
35) Removal of a foreign body from the lens of the eye
36) Removal of a foreign body from the posterior chamber of the eye
37) Removal of a foreign body from the orbit and eyeball
38) Operation of a cataract
39) Operations for retinal detachment
40) Operations for age related macular degeneration (ARMD) or chroidal neo vascular membrane (CNVM)
41) Operations for glaucoma

V) Operations on the skin and subcuntaneous tissues

42) Incision of a pilonidal sinus
43) Other incisions of the skin and subcutaneous tissues
44) Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
45) Local excision of skin and subcutaneous tissues
46) Other excisions of skin and subcutaneous tissues
47) Simple restoration of surface continuity of the skin and subcutaneous tissues
48) Free skin transplantation, donor site
49) Free skin transplantation, recipient site
50) Revision of skin plasty
51) Other restoration and reconstruction of the skin and subcutaneous tissues
52) Chemosurgery to the skin
53) Destruction of diseased tissue in the skin and subcutaneous tissues

VI) Operations on the tonsils and adenoids

71) Transoral incision and drainage of a pharyngeal abscess
72) Tonsillectomy without adenoidectomy

73) Tonsillectomy with adenoidectomy
74) Excision and destruction of a lingual tonsil.
75) Other operations on the tonsils and adenoids

X) Operations under Orthopaedics

71) Reduction of dislocation under GA
72) Arthroscopic knee aspiration

XI) Operations on the Breast

82) Incision of the breast
83) Operations on the nipple.

XI) Operations on the digestive tract

84) Incision and excision of tissue in the perianal region
85) Surgical treatment of anal fistulas
86) Surgical treatment of hemorrhoids
87) Division of the anal sphincter (sphincterotomy)
88) Other operations on the anus
89) Ultrasound guided aspirations.
90) Sclerotherapy.

XII) Operations on the urinary system

91) Cystoscopical removal of stones

XIII) Operations on the female sexual organs

92) Incision of the ovary
93) Insufflation of the Fallopian tubes
94) Other operations on the Fallopian tubes
95) Dilatation of the cervical canal
96) Conisation of the uterine cervix
97) Other operations on the uterine cervix
98) Incision of the uterus (hysterotomy)
99) Therapeutic curettage
100) Culdotomy
101) Incision of the vagina
102) Local excision and destruction of diseased tissue of the vagina and the pouch of Doughlas
103) Incision of the vulva
104) Operations on Bartholin's glands (cyst)

XIV) Operations on the Prostrate and seminal vesicles

105) Incision of the prostrate
106) Transurethral excision and destruction of prostate tissue
107) Transurethral and percutaneous destruction of prostrate tissue
108) Open surgical excision and destruction of prostrate tissue
109) Incision and excision of periprostatic tissue
110) Radical Prostatovesiculectomy
111) Other excision and destruction of prostate tissue
112) Operations on the seminal vesicles
113) Other operations on the prostate

XV)Operations on the scrotum and tunica vaginalis testis

114) Incision of the scrotum and tunica vaginalis testis
115) Operation on a testicular hydrocele
116) Excision and destruction of diseased scrotal tissue.
117) Plastic reconstruction of the scrotum and tunica vaginalis testis
118) Other operations on the scrotum and tunica vaganalis testis

XVI) Operations on the testes

119) Incision of the testes
120) Excision and destruction of diseased tissue of the testes
121) Unilateral orchidectomy
122) Bilateral orchidectomy
123) Orchidopexy

124) Abdominal exploration in cryptorchidism
125) Surgical repositioning of an abdominal testis
126) Reconstruction of the testis
127) Implantation, exchange and removal of a testicular prosthesis
128) Other operations on the testis

XVII) Operations on the spermatic cord, epididymis and ductus deferens

129) Surgical treatment of a varicocele and a hydrocele of the spermatic cord
130) Excision in the area of the epididymis
131) Epididymectomy
132) Reconstruction of the ductus deferens and epididymis
133) Other operations on the spermatic cord, epididymis and ductus deferens

XVIII) Operations on the Penis

135) Operations on the foreskin
136) Local excision and destruction of diseased tissue of the penis
137) Amputation of the penis
138) Plastic reconstruction of the penis
139) Operations on the penis

XIX) Orthopedic Surgeries

140) Incision on bone
141) Closed reduction on fracture, luxation or epiphysealolysis with osteosynthesis
142) Reduction of disclocation under GA

XX)Other Operations

143) Lithotripsy
144) Coronary angiography
145) Radiotherapy for Malignancies
146) Parenteral Chemotherapy
147) Haemodialysis

G.2 Additional Benefits

G.2.1 Accident Hospitalisaion

Subject otherwise to terms, conditions and exclusions of the policy, the following additional benefit/s are extended on payment of appropriate premium

The Company shall reimburse the Insured Person, Reasonable charges incurred in a Hospital as an Inpatient towards medical expenses for treatment of injury arising out of an accident, up to the Sum Insured mentioned in the Policy Schedule, which will be x times the available sum insured under the main benefit . Further, it is condition precedent that payment of any such claim under this benefit shall be payable after exhausting the available SI under the main benefit.

G.2.2 Accompanying Person

Subject otherwise to terms, conditions and exclusions of the policy, the following additional benefit/s are extended on payment of appropriate premium

For each completed 24 hour period of Hospital Confinement of children below 10 years covered under the policy, daily benefit shown on the Schedule is payable, in addition to the Hospitalisation Benefit, for a maximum period of 30 days under the policy. However for those who have opted for multi years coverage the benefit is payable for a maximum period of 30 days per annum. This benefit shall be payable only once per Insured Person irrespective of the no of policies. This benefit will not be applicable if only children below 10 years is covered under the policy with out the coverage of any of the parent.

This benefit shall be payable only if the hospitalization expenses are covered under the policy

G.2.3 Ambulance Charges

Subject otherwise to terms, conditions and exclusions of the policy, the following additional benefit/s are extended on payment of appropriate premium

Emergency ambulance charges for transporting the patient to the hospital upto a sum of Rs 1500 per admissible hospitalization and overall policy limit of Rs.3000 will be reimbursed on producing the bills in original.

G.2.4 Cost of contact lens, spectacles and hearing aids

The Insured is eligible, once in 4 years, for 2% of SI, subject to a maximum of 5000/- , on completion of four consecutive years under this policy with us towards the following:

a. One pair of spectacles or contact lenses, or

b. A hearing aid, excluding batteries.

Provided that the above are prescribed by a Medical Practitioner and does not include anything of cosmetic in nature.

i) The benefit under this section is subject to a co payment of 25% of the expenses incurred by the insured person.
ii) Under a Family Floater cover, the limits are per policy. .
iii) The prescription of the medical practitioner and the bills / receipts / invoices are necessary for making a claim.
iv) This benefit is payable once in 4 years only.

G.2.5 Critical Illness

The Policy shall pay lump sum amount as mentioned in the Schedule subject to terms, conditions, limitations and exclusions mentioned herein, if the Insured Person is Diagnosed to be suffering from any of the defined Critical illness, contracted or sustained by the Insured Person during the Period of Insurance, and if all of the following conditions are satisfied.

(a) The Insured Person experiences a Critical Illness specifically listed and defined in this benefit ; and
(b) The Critical Illness experienced by the Insured is the first incidence of that Critical Illness; and
(d) The signs or symptoms of the Critical Illness experienced by the Insured Person commenced more than one hundred and eighty (180) days following the Commencement Date; and
(e) The Insured Person should survive more than thirty (30) days from the date of Diagnosis of Critical Illness.

Only one lump sum payment shall be provided during the Insured's lifetime regardless of the number of Critical Illness, incapacities or treatments suffered by him/her.

Definition of Diagnosis: Diagnosis means the identification of a disease/illness/medical condition made by a Specialist Physician, based upon such specific evidence, as required, in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological, laboratory evidence or any other medical tests following medical advancement, acceptable to the Company.

Important Note:
This benefit shall become null and void in respect of the Insured Persons, where a claim has already been admitted under any of Our Critical Illness (Lumpsum) Policy.

1. CANCER OF SPECIFIED SEVERITY
I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
II. The following are excluded –
i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION (First Heart Attack of specific severity)
I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
II. The following are excluded:
i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic injury of the brain

iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. **MAJOR BURNS – 20%**

Third degree(full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

9. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following: i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

<u>Exclusions for Critical Illness</u>

1a) Pre Existing Disease

1b) Any heart, kidney and circulatory disorders in respect of Insured Persons caused by Hypertension / Diabetes.

2. 180 Days Waiting Period: Any Critical Illness of which, the signs or symptoms first occurred within One Hundred and Eighty (180) days from the Commencement Date.
3. Venereal disease, intentional self-injury, drug overdose or attempted suicide.
4. Claims directly or indirectly caused by or arising from or attributable to:
    a. War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not)

b. Biological, nuclear or chemical……..(terrorism)
c. Nuclear weapons/materials or Radioactive Contamination.
d. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
e. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

5. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
6. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.

Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and boxing, caving, horse racing, jet skiing, martial arts, off piste skiing, scuba diving, any flying activity (other than as a passenger in a commercially licenced aircraft) and activities of similar hazard.

7. Any Illness, sickness or disease, other than specified as Critical Illness.
8. Congenital anomalies or any complications or conditions arising there from.
9. Directly or indirectly contributed or aggravated or prolonged by childbirth or from pregnancy.
10. Any Critical Illness based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or other non-traditional health care provider.
11. Critical Illness when the Insured Person dies within 30 days from the date of the Diagnosis.
12. Any expenses towards test, visits, fees etc. relating to the Diagnosis.
13. Any illness/disease/injury/condition arising out of use / misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not) and tobacco (in any form).
14. Any condition, illness, sickness or disease arising out of self medication or any treatment that is not scientifically recognized
15. Any condition, illness, sickness or disease due to involvement in any activities resulting in any breach of law with criminal intent
16. Any condition, illness, sickness or disease arising out of any experimental or unproven treatment, diagnostic tests and treatment not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury
17. Unreasonable failure to seek or follow medical advice

Critical Illness Claims Procedure

The Claims Procedure is as follows:

Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/burns and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us within seven days from the date of Diagnosis, failing which admission of claim is at insurer's discretion.

- Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.
  - Discharge certificate / card from the hospital.
  - Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
  - Surgeon's certificate stating nature of treatment/operation performed.
  - Attending Doctor's / Consultant's / Specialist's / certificate regarding Diagnosis.
  - Medical Case History / Summary.
- Insured /Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

Payment of Claim

All claims under this Policy shall be payable in Indian Currency. The Company shall not be liable to pay any interest/penalty for sums paid or payable under the Policy. Any claim intimated after 90 days from the date of Diagnosis shall not be entertained.

If a claim is settled for an insured, cover for other insured members under the policy shall continue.

G.2.6 Dental Care

The Insured is eligible for 5% of SI, subject to a maximum of 10,000/- , on completion of four consecutive years under this policy with us towards the following

a. Fillings and Crowns
b. Emergency Tooth Replacement
c. Non-cosmetic Oral Surgeries
d. Dental x-rays

Provided that the above are prescribed by a Medical Practitioner and does not include anything of cosmetic in nature.

i) The benefit under this section is subject to a co payment of 25% of the expenses incurred by the insured person.
ii) Under a Family Floater cover, the limits are per policy. .
iii) The prescription of the medical practitioner and the bills / receipts / invoices are necessary for making a claim.
iv) This benefit is payable once in 4 years only

G.2.7 Co-payment

Each and every admissible claim under Benefit 1 Hospitalisation benefit is subject to a co-payment of ___%

G.2.8 Domiciliary Treatments

The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

i) The condition for which the medical treatment is required continues for at least 3 days, in which case we will pay the reasonable cost of any necessary medical treatment for the entire period, and

ii) No payment will be made if the condition for which the Insured Person requires medical treatment is:

    a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
    b. Arthritis, Gout and Rheumatism,
    c. Chronic Nephritis and Nephritic Syndrome,
    d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
    e. Diabetes Mellitus and Diabetes Insipidus,
    f. Epilepsy,
    g. Hypertension,
    h. Psychiatric or Psychosomatic Disorders of all kinds,
    i. Pyrexia of unknown Origin.

iii) No pre and post hospitalization expenses is payable under this benefit

G.2.9 Extended Physiotherapy

Reasonable Charges towards physiotherapy related to illness / accident for which hospitalisation was made and claim is admissible under the policy, is payable not exceeding Rs.250 per day incurred for the below conditions

- improving and maintaining functional independence and physical performance,
- preventing and managing pain, physical impairments, disabilities and limits to participation

Provided that

- The charges shall be payable for a maximum of 30 days immediately following the post hospitalisation period and
- The Attending Doctor's medical advise for extended physiotherapy session is made available.

G.2.10 Health Checkup

Reimbursement of expenses, subject to a maximum of Rs.-1,500/- per Insured Person, towards Master Health Check up for the Insured Person, after each 4 consecutive claim free years. This is payable once in 4 claim free years.

In respect of a floater policy, if a claim is admitted / settled under the policy, no insured member shall be eligible for the above benefit.

G.2.11 Maternity Benefit

1. The maximum amount payable under this Benefit is 10% of the Sum Insured subject to maximum of Rs.30,000/- irrespective of number of policies Any complication arising out of pregnancy will be deemed to be covered under this extension only, and the limits mentioned herein would apply.
2. This Benefit is admissible only if the expenses are incurred in Hospital/Nursing Home as In-Patient in India.
3. Expenses incurred towards Maternity Treatment shall not be payable during the first _____months from the Commencement Date of the cover for the insured person. The waiting period may be relaxed only in case of delivery / miscarriage / abortion induced by accident or other medical emergency.
4. Pre Hospitalization and Post Hospitalization expenses shall not be covered under this benefit
5. This benefit shall be applicable only in respect of delivery of first two living children. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
6. The Company will reimburse cost incurred towards
   a) Abnormal presentation
   b) Ectopic pregnancy
   c) Missed abortion
   d) Still births
   e) Post partum hemorrhage
   f) Retained placental membrane
7. Hospitalization expenses incurred up to 3 days after a regular delivery and 5 days after a cesarean delivery shall be covered. Any extended stay, , shall be covered only if medically necessary.

G.2.12 Outpatient Treatment

The Company hereby agrees subject to the terms, conditions herein contained or otherwise expressed herein, that, if during the Period of Insurance stated in the Schedule of the policy, the Insured shall incur any medical charges related to medical treatment taken at a Hospital (or any clinic) , the Company shall pay to the Insured, the amount of such Medical Charges as are reasonably and necessarily incurred thereof, but not exceeding the aggregate Sum Insured under this benefit for a particular Insured as appearing in the Schedule of the policy hereto.

a) Basis of assessment of Claims

The claim payable under this benefit shall be such Medical Charges incurred by the Insured for medical treatment of the Insured for any Illness or Bodily Injury but not exceeding the Limit of Indemnity as specified under this benefit in respect of such Insured.

b) Claims Procedure

- **Claim Documents:**

The Insured shall be required to furnish the following documents in original for or in support of a claim:

- Duly completed claim form.
- Discharge Card (if applicable) or OPD card of the Hospital.
- Prescription of the treating Medical Practitioner, bills, receipts, etc.
- Bills from chemists supported by proper prescription.
- Test reports and payment receipts.
- Any other document as required by the Company

- **Payment of Claims:**

Claims pertaining to each Insured can be lodged only once during the Period of Insurance. The Company shall not receive any claims prior to completion of 90 days of the commencement of the Policy. Claims under this benefit shall be payable only on re-imbursement basis. No claim shall be admissible under this benefit, 30 days after expiry of the Period of Insurance, whether the policy is renewed or not.

Note: The Company at its option can introduce plan with 100% network hospital / clinics for availing OP treatment benefit.

G.3 RIDERS

G.3.1 Convalescence / Recovery Benefits

A lump sum of Rs.15, 000/- is payable, if the period of hospitalization exceeds 15 days. This benefit is payable once for each Insured Person per year per illness, irrespective of number of policies. The benefit under this section is payable in addition to the hospitalization expenses only if a valid claim for hospitalization is admitted under this policy.

G.3.2 Hospital Cash

For each completed 24 hours of hospitalization the daily benefit as per the schedule will be payable. This benefit follows admitted liability under hospitalization cash benefit.

This benefit is not applicable in case of an admitted liability under hospitalization benefit for day care procedures where no inpatient treatment is involved.

The daily benefit as mentioned in the Schedule of the Policy is payable for a maximum period of 30 days per annum.

If more than one policy provides hospital cash benefit, the policy with highest benefit shall pay for the loss.

Exclusions for Hospital Cash

The Company shall not be liable for any claim in connection with or in respect of:

1.1 Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.
1.2 Any heart, kidney and circulatory disorders in respect of Insured Persons caused by Hypertension / Diabetes.
2.2 All exclusions flowing from base policy (except PED)

Hospital Cash Claims procedure

1. Preliminary notice of claim with particulars relating to Policy number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name, address Hospital/Nursing Home etc. should be given to Us 24 hours prior to admission in case of planned hospitalisation and not later than 24 hours after admission in case of an emergency hospitalisation.
2. The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.

a) Photo copy of bills, receipt and discharge certificate/card from the Hospital
b) Photocopy of F.I.R. copy in case of an accident.
c) Complete set of Hospital/medical records if specifically sought by Us.
d) If required, the Insured / Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
e) If required, the Insured / Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

G.3.3 Accidental Death and dismemberment Benefit

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 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 Sum Insured 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 or one entire foot, or such loss of sight of one eye and such loss of one entire hand or one entire foot, the 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 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 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 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 Sum Insured.
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 Sum Insured as indicated below shall be payable:

Sl. No		Percentage of Sum Insured
1.	Loss of toes – all	20%
	Great – both phalanges	5%
	Great –one phalanx	2%
	Other than great, if more than one toe lost each	1%

2.	Loss of hearing – both ears	75%
3.	Loss of hearing – One ear	30%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb – both phalanges	25%
	- One phalanx	10%
7.	Loss of index – three Phalanges	10%
	Finger – two phalanges	
	- one phalanx	
8.	Loss of middle finger – three phalanges	6%
	- two Phalanges	
	One phalanx	
9.	Loss of ring finger – three phalanges	5%
	- two phalanges	
	- one phalanx	
10.	Loss of little finger – three phalanges	4%
	- two phalanges	
	- one phalanx	
11.	Loss of metacarpals – first or second (additional)	3%
	- third, fourth or fifth (addnl)	
12.	Any other permanent – percentage as partial disablement assessed by the panel doctor of the Company	

Exclusions for Personal Accident Benefit:
The Company shall not be liable to make any payment under this Benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Payment of compensation in respect of death, injury or disablement of the Insured Person

   (a) from intentional self injury, suicide or attempted suicide.

   (b) whilst under the influence of intoxicating liquor or drugs.

   (c) whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any 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 has a single engine or multiengine)

   (d) directly or indirectly caused by venereal diseases, AIDS or insanity.

   (e) arising or resulting from the Insured/Insured Persons 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.

   Pre-existing disease/condition shall mean such injury/ diseases, which have been in existence at the time of proposing this insurance. Pre-existing condition means any illness/sickness/injury or its symptoms, which existed prior to the effective date of this insurance, whether or not the Insured Person had knowledge that the symptoms were relating to the sickness. Complications arising from pre-existing disease will be considered part of that pre-existing condition. Pre-existing condition also means any physical or mental

defect or infirmity or its symptoms, which existed prior to the effective date of this insurance, whether or not the Insured Person had knowledge that the symptoms were relating to the 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.

3. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or 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 action or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments.

4. Payment of Compensation in respect of Death of or bodily Injury or disablement or any disease or illness to the Insured person
   - directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity 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.
   - directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

5. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, Injury or Disablement resulting directly or indirectly, caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
6. Payment of compensation in the event of a rail accident except if the accident is directly caused / occurring while
   - Boarding / traveling / alighting from a train.
   - Within the railway area to which a public has got right of access

7. Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, Jockeys, Circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard. Persons while engaged in the following occupations are excluded:

   Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing) Jockey, Marine salvager, Miner and other occupations underground, Off-shore oil or gas rig worker, Policeman (Full time), Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffold Worker, Scrap metal merchant, Security guard (armed), Steeplejack, Stevedore, Structural steelworker, Tower crane operator, Tree feller, Ship crew.

8. 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.

   If the Company allege that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.

Personal Accident Claims Procedure

Preliminary Notice: Upon the happening of any event, which may give rise to a claim under the policy, a preliminary notice with all particulars shall be given to the Company, Immediately, in any case, not later than 30 days after the occurrence of the event.

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.

Claim Documentation:

a) Insured Person /his/her legal heir(s) shall have to produce bills/vouchers/ reports/ discharge summary, Death Certificate, Viscere Sample Report/ Forensic Science Laboratory report, First Information Report, Post Mortem Report (if conducted), Legal Heir Certificate, Succession Certificate and such other documents as may be required for processing the claim.
b) If the bills/ vouchers / Reports are in a language, other than English /Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person/ his/her legal heir(s)

Claims Settlement:

Benefits payable under this policy will be paid within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay insurance benefits if any of the obligations are breached.

G.3.4 Indexation

The Sum Insured under this Policy shall be progressively increased by slabs of 10% of the Sum Insured subject to a maximum accumulation of 5 slabs.. Sum Insured for the purpose of calculation of indexation shall be the original Sum Insured i.e Sum Insured of the first policy with us or the revised sum insured whichever is lower

The indexation benefit shall not be applicable for any claim relating to pre existing diseases.

The Indexation benefit shall be applicable only on the main benefit 1 `Hospitalisation Benefit.'

G.3.5 Surgicare

- Under this benefit the policy pays a fixed benefit amount on the Insured person undergoing of covered Surgery.
- The covered surgeries are classified as Category-1, Category-2, Category-3 and Category-4.
- The amount payable is 100% of the Sum Insured for all category-1 Surgeries, 50% of Sum Insured for all category-2 Surgeries, 25% of Sum Insured for all category-3 surgeries and 10% of Sum Insured for all category-4 surgeries subject to following limits:

  Maximum life time benefit payable under this policy is 4 times the annual Sum Insured at policy inception, opted by the individual Insured. Incase the life insured undergoes more than one type of surgical procedure, the payouts would be made as per the category of claim, subject to the annual and policy life limits

- The fixed benefit amount depending upon the category in which the covered Surgery falls shall be maximum amount payable, irrespective of the number of Surgicare benefit the Insured Person holds.
- In the event of the Insured Person(s) covered under more than one Surgicare benefit only one policy will pay the benefit
- The fixed benefit amount depending upon the category in which the covered Surgery falls shall be payable irrespective of the actual cost incurred by the Insured Person(s).

- If the actual cost incurred is lower than the benefit amount, the Policy Holder shall be entitled to the difference as cash payout.
- The cash payout shall be made only after completion of the surgery as certified by the attending Medical Practitioner.
- The cash payout will not be made if the surgical procedure is not conducted even though it may have been advised by the Medical Practitioner.

A 90 day waiting period is applicable for all listed surgeries from date of inception except for those surgeries necessitated due to accident.

A 2 year waiting period is applicable for all surgeries towards treatment of any type of cancer

In addition to the above, a waiting period upto four years is applicable for some of the surgeries listed below from the date of inception unless necessitated due to accident

CATEGORY 1- Benefit scale 100% of the applicable SI

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
1	Coronary artery bypass graft surgery	2 years
2	Heart, Lung or combined heart-lung transplantation	2 years
	ENT	
3	Block dissection of thoracic structures for cancers	90 days
4	Extensive Surgery for oropharangeal malignancy accompanied with Radical neck dissection along with reconstructive surgery	90 days
	General Surgery	
5	Bone Marrow transplant	90 days
6	Kidney or Liver transplantation as a recipient	2 years
7	Major reconstructive oro-maxillofacial surgery for trauma or burns (not for cosmetic purposes)	90 days
	Neurology	
8	Craniotomy for excision of malignant cerebral tumours	90 days
9	Repair of cerebral/ spinal arterio-venous malformations/cerebral aneurysms	2 years
	Orthopaedics	
10	Head-Face, Trauma, Craniofacial Approach Open Reduction and Fixation	90 days

CATEGORY 2 - Benefit scale is 50% of the applicable SI

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
11	Coronary angioplasty with stenting	2 years
12	Heart valve replacement using prosthesis via open heart surgery	2 years
13	Major Surgery of the Aorta with graft	90 days

14	Major surgery of the pulmonary artery	90 days
15	Permanent pacemaker implantation	2 years
	ENT	
16	Major Surgical treatment for Oropharangeal Malignancy (Excision Biosy Excluded)	90 days
	General Surgery	
17	Abdominoperineal resection	90 days
18	Hemi / Total colectomy	90 days
19	Hepatectomy	90 days
20	Large Vessel, Injury, Repair with Grafting	90 days
21	Mandible, Tumours, Marginal Resection with/without Bone Graft	90 days
22	Oesophagectomy	90 days
23	Oesophagus, Tumour, Bypass with Stomach/Intestine	90 days
24	Open Thoracotomy for mediastinal mass	90 days
25	Radical Mastectomy / Modified Radical Mastectomy	2 Years
26	Radical nephrectomy	90 days
27	Radical thyroidectomy	90 days
28	Testis, Tumour, Retroperitoneal Lymph Node Dissection Following Orchidectomy	2 Years
29	Whipples operation	90 days
	Gynaecology	
30	Wertheim's operation	2 Years
	Neurology	
31	Craniotomy for benign tumours / space occupying lesions	90 days
32	Excision of benign / malignant spinal cord tumours	90 days
	Orthopaedics	
33	Open Reduction Of Fracture Dislocation & Internal Fixation of Spine/Pelvis	90 days
34	Total hip replacement	4years
35	Total knee replacement	4 years
	Urology	
36	Radical prostectomy	90 days

Category 3 - Benefit scale is 25% of the applicable SI

Sl.No	**Surgeries**	**Waiting Period**
	ENT	
37	Microlaryngeal Surgeries	90 days

38	Radical glossectomy	90 days
39	Radical tonsillectomy	**1 Year**
	General Surgery	
40	Adrenalectomy for carcinoma	90 days
41	Hepatico-jejunostomy	90 days
42	Nephrectomy	90 days
43	Open lobectomy/pneumonectomy	90 days
44	Repair of rupture of abdominal cavity viscus	90 days
45	Segmental Osteotomy of mandible	90 days
46	Segmental Osteotomy of maxilla	90 days
47	Skin grafting treatment for major burns (third degree burns of more than 10% of the body surface area)	90 days
48	Surgical treatment of diaphragmatic/hiatus hernia	2 years
49	Total Gastrectomy/ Gastroduodenectomy	
	Gynaecology	
50	Repair of Ruptured Uterus	90 days
	Neurology	
51	Cranioplasty	90 days
52	Craniotomy for traumatic fracture of skull with intracranial haematoma evacuation	90 days
53	Decompression of nerve entrapment syndromes of upper and lower limbs with nerve transposition and endoneurolysis	90 days
54	Major nerve repair with grafting to prevent muscle paralysis	90 days
55	Trans-sphenoidal surgery of intracranial tumors	90 days
	Orthopaedics	
56	Anterolateral decompresion and Spinal fusion	2 years
57	Excision of bone tumours – Deep	90 days
58	Extensive Crush Injuries (Lower limb and Upper limb), Debridement with repair of bone and soft tissues	90 days
59	Hand and Foot, Complex Injuries, Debridement with Repair/Reconstruction	90 days
60	Knee - ligament reconstruction(Arthroscopic / Open)	90 days
61	Major amputation (Above knee/Below knee, Above elbow/Below elbow)	90 days
62	Open reduction with internal fixation of long bones of lower limb	90 days
63	Surgical treatment of fracture neck of femur with or without prosthesis	90 days
	Urology	
64	Major replacement / Reimplantation surgeries for reflux ureter	90 days
65	Open Nephrolithotomy	2 Years

Category 4 - Benefit scale is 10% of the applicable SI

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
66	Percutaneous transluminal mitral valvulotomy/Valvuloplasty	2 Years
	ENT	
67	Angiofibroma excision	90 days
68	Excision of para thyroid adenoma/carcinoma	90 days
69	Functional endoscopic sinus surgery (FESS)	2 years
70	Mastoidectomy with tympanoplasty	90 days
71	Myringoplasty	90 days
72	Septoplasty	2 years
73	Stapedectomy	90 days
74	Tracheostomy	90 days
	General Surgery	
75	Appendicectomy (Open / Laproscopic)	90 days
76	Bypass procedure for inoperable cancer of pancreas	90 days
77	Cholecystectomy (Open / Lap)	2 years
78	Cholecystectomy with chole biliary duct (CBD) exploration (Open / Lap)	2 years
79	Direct operation on oesophagus for portal hypertension	90 days
80	Fistulectomy for high rectal fistula / complex fistulas	2 Years
81	Herniorhaphy for external hernia with or without mesh repair	2 Years
82	Herniotomy (Open / Laproscopic)	2 Years
83	Laparotomy for Peritonitis- Lavage and drainage	90 days
84	Laryngectomy	90 days
85	Lumbar sympathectomy	90 days
86	Operation for intestinal Obstruction	90 days
87	Pancreato duodenectomy	90 days
88	Partial / Total thyroidectomy	2 Years
89	Pharyngotomy	90 days
90	Prostatectomy(Open/ Trans urethral resection of prostate-TURP)	2 Years
91	Resection and anastomosis of intestine	90 days
92	Simple mastectomy	2 Years
93	Skin and suncutaneous tissue - malignant tumour Wide excision and Reconstruction	90 days
94	Skin grafting treatment for minor burns (third degree burns of less than 10% of the body surface area)	90 days
95	Splenectomy	90 days
96	Surgery for prolapse rectum	2 Years
97	Surgery for removal of liver abcess	90 days
98	Surgery for removal of lung abcess	90 days

99	Surgical treatment for pseudocyst of pancreas	90 days
100	Temporary / Permanent colostomy as a stand alone procedure	90 days
101	Thoracoplasty	90 days
102	Total Parotidectomy	90 days
103	Surgical treatment for gall bladder calculi (Lithotripsy)	2 Years
104	Varicose vein stripping with or without sub fascial ligation(Non Cosmetic)	2 Years
	Gynaecology	
105	Colporraphy/ Colpoperinnioraphy	90 days
106	Hysterectomy (Abdominal / Vaginal / Laparoscopic / Pan)	2 Years
107	Myomectomy	2 Years
108	Ovarian cystectomy	2 Years
109	Salphingo oophrectomy/ Oophorectomy	90 days
	Neurology	
110	Evacuation of hematoma through burrhole surgery	90 days
111	Facial nerve decompression	90 days
112	Primary Repair of Injury to Digital Nerve	90 days
113	Surgery for brachial plexus injury	90 days
114	Surgery for removal of brain abcess	90 days
	Opthalmology	
115	Corneal transplant	90 days
116	Evisceration / Excentration of eyeball	90 days
117	Retinal detachment surgery with or without vitrectomy	2 Years
118	Repair of penetrating injury of the eye / globe rupture	90 days
119	Surgery for glaucoma	2 Years
	Orthopaedics	
120	Arthrodesis for ankle / knee joint	2 years
121	Disarticulations / Amputation of digits	90 days
122	Disc Prolapse Surgery - Discectomy with laminectomy	2 years
123	Excision of bone tumours – superficial	90 days
124	Implant Removal from long bones - upper / lower limb	90 days
125	K-Wire fixation (Hand / Foot)	90 days
126	Open reduction and fixation of mandibular fracture	90 days
127	Open reduction and fixation of maxillary fracture	90 days
128	Open Reduction Of Dislocations of Joints	90 days
129	Open Reduction with internal fixation of long bones of upper limb	90 days
130	Repair of multiple tendon injury – Flexor / Extensor of both upper and lower limb	90 days

131	Total Ankle Joint replacement	2 years
132	Total Shoulder / Elbow joint replacement	2 years
	Urology	
133	Diathermy destruction of bladder neoplasm	90 days
134	Kidney cyst excision	90 days
135	Open drainage of perinephric abcess	90 days
136	Operations for injuries of the bladder	90 days
137	Operations for injuries of the kidney	90 days
138	Pyeloplasty for hydronephrosis	90 days
139	Treatment for renal/ureteric calculi - Lithotripsy / Cystoscopy and Basketting with/without stenting	2 Years
140	Ureterolithotomy	2 Years

Exclusions for Surgicare

1. Surgeries due to Pre Existing condition
2. Treatment which is either not taken from recognised Hospitals or not taken under the supervision of a registered Medical Practitioner.
3. Treatment by any Medical Practitioner acting outside the scope of licence or registration granted to him by any Medical Council
4. Any surgical procedure carried out on account of opportunistic conditions associated with HIV/AIDS, AIDS Related Complex Syndrome (ARCS) and sexually transmitted diseases.
5. Where the surgery is being undertaken to correct congenital or hereditary diseases / internal or external physical defects.
6. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including laser surgery for power correction, myopia, hyper metropia, astigmatism and any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
7. Suicide or attempted suicide or intentional self inflicted injury, by the Insured, whether sane or not at the time
8. Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered Medical Practitioner and surgical procedure necessitated due to Atherosclerosis, Ischemic Heart Disease, Coronary Artery Disease, hemorrhagic stroke, ischemic stroke, Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Emphysema, Chronic Bronchitis, Buerger's Disease (Thromboangitis Obliterans) All types of pre malignant conditions /cancer in situ, oral cancer, Leukoplakia, Larynx cancer, Cancer of Oesophagus, Stomach, Kidney, Pancreas and Cervical Cancers, resulting from, or related to tobacco abuse only.
9. Service in the military / Para-military , naval, air force or police organizations of any country in a state of war (declared or undeclared) or of armed conflict
10. Admission into a hospital for pregnancy and childbirth, pregnancy complications such as toxemia, or hyperemesis gravidarum, abortion, ectopic pregnancy.
11. Any birth control procedures and/or hormone replacement therapy, contraceptive measures, fertility tests and invitro fertilization.
12. Prosthesis, corrective devices, durable medical equipments and items and medical appliances/apparatus/machines, which are not required intra-operatively.
13. Participation by the Insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the Insured does not, at that time, have any duty on board such aircraft.
14. Insured engaging in or taking part in professional sport (s) or competitive sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping
15. Admission into a hospital for an organ transplant procedure, where the Insured himself acts as a donor

16. Any covered Surgical Procedure necessitated as a result of the Insured committing any breach of law with criminal intent.
17. War, invasion, act of foreign enemy, war like operations whether war be declared or not.
18. Treatment by
    a. A family member of the Insured, even though the family member may be a registered Medical Practitioner.
    b. Self-medication by Insured, even though the Insured may be a registered Medical Practitioner.
    c. Non Allopathic ways
19. Any act of terrorism.
20. Nuclear weapons, materials ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
21. Experimental and unproven treatment, any Illness or Injury caused by or as result or consequence of undergoing of any experimental or unproven treatment, diagnostic tests and treatment not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury for which Hospitalization is required.
22. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.
23. Treatment received outside India.
24. Any travel or transportation expenses

Claims Procedure

1. Claims Process at Network Hospitals

All Claims at Network Hospitals should be preauthorised by the Third Party Administrator of the Company. Preauthorisation of a claim allows cashless access at the Network Hospital. In case of hospitalisation, the treating hospital will send a completely filled 'Preauthorisation Request Form' to the nearest office of the TPA. Preauthorisation is completed upon issuance of an Authorisation Letter by the TPA.

For planned surgical admissions, preauthorization would be provided up to 96 hours prior to admission.

If the actual cost incurred by the Insured is lower than the entitled benefit amount, the Policy Holder/Insured shall be entitled to the difference as cash payout. Any Claims for cash payout should be reported to the TPA within 30 days from the date of discharge.

2. Claims process at Non-Network Hospitals

Reporting of Claim – All claims should be reported to the TPA within 30 days from the date of discharge from the hospital along with following documents.

Claims Document Submission – Duly completed and signed claim form, original or attested photo copies of bills, receipts, discharge summary sheet, pathological and investigation reports, copies of First Information Report (FIR) and Medico Legal Certificate (MLC) where required and any other relevant details & documents pertaining to the Hospitalisation.

3. Emergency Hospitalisation

In emergency, if the Insured gets admitted to a Network Hospital, the Hospital would then contact the TPA and request for the Authorisation.

For emergency claims on the network, the pre-authorization process would include a specific processing queue with an enhanced Turn Around Time.

Claims for Hospital Cash Benefit (section C, article 2.1) are payable after discharge from the Hospital and should be claimed along with excess cash payout (if any) arising from Surgical Benefit (section C, article 1.1). All such claims should be submitted to the TPA within 30 days from the date of discharge.

TAT for hospitalization in a Network hospital

1. 3 Hours for emergency hospitalization
2. 6 Hours for normal hospitalization
3. 48 Hours for planned hospitalization

Annexure A

List I – Items for which coverage is not available in the policy

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES

35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II — Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB

7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEX I MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKETS/VARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III — Items that are to be subsumed into Procedure Charges

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS

11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRITS DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

The contact details of the Insurance Ombudsman offices are as below-

Annexure I

Office Details	Jurisdiction of Office Union Territory,District)	Date Of Taking Charge
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road,	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	03/10/2019

Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in		
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.	
BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.	
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.	11/09/2019
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	
CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).	
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	12/09/2019
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh,	

Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Nagaland and Tripura.	
HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.	
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	07/11/2018
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	30/09/2019
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	11/09/2019
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	

Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in		
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	17/09/2019
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.	09/10/2019
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	03/12/2019

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL
EXECUTIVE COUNCIL OF INSURERS,
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Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949 Email: inscoun@ecoi.co.in
Shri M.M.L. Verma, Secretary General
Smt Moushumi Mukherji, Secretary

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 425 0000 or e-mail at customer.services@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

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
IRDAI Registration No.102. | CIN: U67200TN2000PLC045611