



**Royal Sundaram General Insurance Co. Limited**

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

**Part II- Policy Document**

**Policy Terms and Conditions**

**Preamble**

**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.
- This 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 telegent by You/Proposer, forms the basis of this Contract.
- 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.
- 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.
- 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.

**A. PERSONS WHO CAN BE INSURED**

This is a family policy. The family comprises of the policy holder, his/her legal spouse and all dependant children. The insurance is available to persons between the age of 91 days and 65 years at the policy start date. The policy holder should have minimum age of 18 years on policy start date.

**B. DEFINITIONS & INTERPRETATIONS**

In this Policy the singular will be deemed to include the plural, the male gender includes the female where The context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy.

**Accident**

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Company/We/Our/Insurer/Us** Royal Sundaram General Insurance Co. Limited. (Formerly known as Royal Sundaram Alliance Insurance Company Limited)

**Congenital Anomaly**

Congenital Anomaly refers to a condition(s) 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.

**Date of Commencement of Risk**

Date of Commencement of Risk is the date when the Company assumes risk under this Policy with respect to each Insured.

**Day Care Treatment**

Day care treatment refers to 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 a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**Family**

“Family” means the Proposer, his or her lawful spouse, all dependent children from 91 days upto age 21 years at entry.

**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. If the premium is paid in instalments, coverage will still be available during the grace period.

**Hazardous Sports/Activities**

Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, nuclear installations, handling hazardous chemicals circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, caving, potholing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters and persons whilst engaged in occupation/activities of similar hazard. Persons whilst engaged in the following occupations are also excluded.

- Aircraft pilots and crew.
- Armed Forces personnel.
- Artistes engaged in hazardous performances.
- Aerial crop sprayer.
- Bookmaker (for gambling).
- Demolition contractor.
- Entertainment Industry.
- Explosives users.
- Fisherman (seagoing).
- Jockey.
- Marine salvager.
- Miner and other occupations underground.
- Off-shore oil or gas rig worker.
- Policeman.
- Pop Musicians.
- Professional sports person.
- Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m.
- Saw miller.



- Scaffolder.
- Scrap metal merchant.
- Security guard (armed).
- Ship crew.
- Steeplejack.
- Stevedore.
- Structural steelworker.
- Towercrane operator.
- Tree feller.

**Hospital/Nursing Home**

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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- 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;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**Hospitalisation**

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

**Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period 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:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests. - it needs ongoing or long-term control or relief of symptoms.
- it requires your rehabilitation or for you to be specially trained to cope with it.
- it continues indefinitely.
- it comes back or is likely to come back.

**Injury**

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

**Insured/You/Your/Insured Person** is anybody shown on the Schedule as Insured in this Policy.

**Medical Practitioner**

A Medical Practitioner is 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 the scope and jurisdiction of license. The registered practitioner should not be the insured or close family members.

**Medically Necessary**

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

**Network Provider**

“Network Provider” means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

**Non-Network**

Any hospital, day care centre or other provider that is not part of the network.

**Policy Anniversary**

Policy Anniversary is the of end of every Policy Year.

**Policy Holder**

The Proposer shall be referred to as the Policy Holder upon issuance of this Policy.

**Policy Start Date**

Policy Start Date refers to the date and time of inception of this Policy.

**Policy Year**

Policy Year means the period of twelve consecutive calendar months starting from the policy start date or policy anniversary upto next policy anniversary.

**Portability**

Portability means transfer by an individual health insurance policy holder (including family cover) of transfer the credit gained for preexisting conditions and time bound exclusions if he/she chooses to switch from one insurer to another insurer.

**Pre-existing Condition**

Pre-existing condition means any condition, ailment or injury or related condition(s) for which you had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 36 months prior to your first Policy with us.

**Premium**

Premium refers to the payment or one of the regular periodic payments that the Insured pays or agrees to pay to the Company for effecting or continuing the coverage under this Policy.

**Premium Due Date**

Premium Due Date refers to the date on which the Premium is due and is same as the Policy Anniversary Date.



**Proposer**

The person who signs the proposal form on behalf of Insured Persons. A person who does not intend to be Insured under this Policy cannot be a Proposer. Proposer should be between 18 years to 60years at entry.

**Qualified Nurse**

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**Reconstructive Surgery**

Reconstructive surgery refers to use of Surgery to restore the form and function of the body and excludes a Surgery for purely cosmetic reasons.

**Renewal**

Renwal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

**Surgery**

Surgery 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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**Third Party Administrator (TPA)**

Third Party Administrator (TPA) means any person or entity that, is licensed by the Insurance Regulatory and Development Authority as a TPA on the Date of Commencement of Risk and is engaged for a fee or remuneration by the Company for the provision of rendering health administration services as per the terms and conditions of this Policy.

**Unproven/Experimental Treatment**

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

**Waiting Period**

Waiting Period refers to the period from the Date of Commencement of Risk upto the date of Insured person undergoing the covered surgery during which the policy is in force, but the Company is not liable to pay any claim.

**C. DESCRIPTION OF INSURANCE BENEFITS**

All benefits under this Policy are payable subject to terms, conditions, limitations, Waiting Period and Exclusions mentioned in this document. Waiting Period shall not apply if a covered Surgery is required due to an Accident.

**1.0 Main Benefits 1.1 Surgical Benefit**

The Sum Insured under this policy is Rs.3,00,000 per Insured Person per policy year.

- This 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:

- The benefit is payable to only one Category-1 Surgery per annum per Insured OR for any Two.

- Surgeries from categories other than Category-1 per annum per Insured.
  - The amount of benefit payable is reduced by 20% for a claim arising from a Non-Network Hospital.
  - The fixed benefit amount depending upon the category in which the covered Surgery falls shall be the maximum amount payable irrespective of the number of Surgical Shield policy the insured person holds.
  - 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 treatment 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.
- The fixed benefit amount is payable subject to a waiting period mentioned against each surgical procedure. Wherever the surgical procedure is necessitated due to accident then the waiting period does not apply.

A detailed description of covered surgeries is as follows:

**CATEGORY 1**

Sl.No	Surgeries	Waiting Period
Cardio Vascular System		
1	Coronary artery bypass graft surgery for triple vessel disease or higher degree of blocks	90 days
2	Heart transplantation	90 days
3	Lung transplantation or combined heart-lung transplantation	90 days
Neurology		
4	Cranioplasty	90 days
5	Repair of cerebral/ spinal arteriovenous malformations/ cerebral aneurysms	90 days
6	Craniotomy for excision of malignant cerebral tumours	90 days
Urology		
7	Kidney transplantation as a recipient	90 days
General Surgery		
8	Major reconstructive oromaxillafacial surgery for trauma or burns (not for cosmetic purposes)	



ENT		
9	Block dissection of thoracic structures for cancers	90 days
15	Major surgery of the pulmonary artery	90 days
16	Permanent pacemaker implantation	90 days
Neurology		
17	Craniotomy for benign tumours/ space occupying lesions	90 days
18	Excision of spinal cord tumours	90 days
Urology		
19	Radical prosectomy	90 days
General Surgery		
20	Abdominoperineal resection	90 days
21	Hemi / Total colectomy	90 days
22	Hepatectomy	90 days
23	Oesophagectomy	90 days
24	Radical mastectomy	90 days
25	Radical thyroidectomy	90 days
26	Whipples operation	90 days
ENT		
27	Major Surgical treatment for Oropharangeal Malignancy (Excision Bidsy Excluded)	90 days
Gynaecology		
28	Wertheim's operation	90 days
Orthopaedics		
29	Total hip replacement	2 years
30	Total knee replacement	2 years

47	Major amputation ( Above knee/ Below knee, Above elbow/ Below elbow)	90 days
48	Open reduction with internal fixation of long bones of lower limb	
49	Surgical treatment of fracture neck femur with or without prosthesis	
50	Total elbow joint replacement	2 years
10	Extensive Surgery for oropharangeal malignancy accompanied with Radical neck dissection along with reconstructive surgery	90 days

**CATEGORY 2**

Sl.No	Surgeries	Waiting Period
Cardio Vascular System		
11	Coronary angioplasty	90 days
12	Coronary artery bypass grafting for single/double vessel blocks	90 days
13	Heart valve replacement using mechanical prosthesis via open heart surgery	90 days
14	Major surgery of the aorta	90 days

Sl.No	Surgeries	Waiting Period
Cardio Vascular System		
51	Percutaneous transluminal mitral valvulotomy/Valvuloplasty	90 days
Neurology		
52	Evacuation of brain abscess / hematoma through burrhole surgery	90 days
53	Facial nerve decompression	90 days
Urology		
54	Diathermy destruction of bladder neoplasm	2 years
55	Lithotripsy/Basketing/DJ stenting for renal calculus	90 days
56	Operations for injuries of the bladder	90 days
57	Pyeloplasty for hydronephrosis	90 days
58	Ureterolithotomy General Surgery	90 days
59	Appendicectomy (Open / Laproscopic)	90 days



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Category 4

60	Bypass procedure for inoperable cancer of pancreas	90 days
61	Cholecystectomy with or without chole biliary duct (CBD) exploration (Open / Lap)	2 years
62	Direct operation on oesophagus for portal hypertension	90 days
63	Fistulectomy for high rectal fistula/ complex fistulas	2 years
64	Herniorhaphy for external hernia with or without mesh repair	2 years
65	Herniotomy (Open / Laproscopic)	2 years
66	Laparoscopic adhesiolysis	90 days
67	Laparotomy for Peritonitis-Lavage and drainage	90 days
68	Lumbar sympathectomy	90 days
69	Operation for intestinal Obstruction	90 days
70	Pancreato duodenectomy	90 days
71	Partial / Total thyroidectomy	2 years for benign conditions & 90 days for malignant conditions
72	Surgery for prolapse rectum	2 years

**Category 3**

Sl.No	Surgeries	Waiting Period
Neurology		
31	Craniotomy for traumatic fracture of skull with intracranial haematoma evacuation	90 days
32	Major nerve repair with grafting to prevent muscle paralysis	90 days
33	Trans-sphenoidal surgery Urology	90 days
34	Nephrolithotomy	90 days
35	Major replacement/Reimplantation surgeries for reflux ureter General Surgery	90 days
36	Gastrectomy	90 days
37	Nephrectomy	90 days
38	Resection and anastomosis of intestine	90 days
39	Splenectomy	90 days
40	Surgery for major burns (third degree burns of more than 10% of the body surface area)	
41	Surgical treatment of diaphragmatic/hiatus hernia	90 days
ENT		
42	Radical glossectomy	90 days
43	Radical tonsillectomy Orthopaedics	90 days
44	Anterior cruciate ligament reconstruction(Arthroscopic/ Open)	
45	Anterolateral decompression and Spinal fusion	90 days
46	Excision of malignant bone tumours	90 days



73	Prostatectomy(Open/ Trans urethral resection of prostateTURP)	years
74	Simple mastectomy	days
75	Total Parotidectomy	days
76	Varicose vein stripping with or without sub fascial ligation (Non Cosmetic)	years
OPhthalmology		
77	Bilateral cataract extraction with intraocular lens implantation (half payment for one eye)	years
78	Corneal transplant	days
79	Evisceration/Excentration of eyeball	days
80	Retinal detachment surgery	days
81	Vitrectomy	days
ENT		
82	Angiofibroma excision	days
83	Excision of para thyroid adenoma/ carcinoma	days
84	Functional endoscopic sinus surgery (FESS) / Septoplasty	years
85	Mastoidectomy with tympanoplasty	days
86	Myringoplasty	days
87	Stapedectomy	days
88	Tracheostomy	days
Gynaecology		
89	Colporraphy/Colpoperinnioraphy	days
90	Hysterectomy (Abdominal / Vaginal / Laparoscopic / Pan)	years for benign conditions & 90 days for malignant conditions
91	Myomectomy	years
92	Ovarian cystectomy	days
93	Salphingo oophrectomy/ Oophorectomy	days
Orthopaedics		
94	Arthrodesis	days
95	Bi-polar hemi-arthroplasty	days
96	DHS Surgery of Hip	
97	Disarticulations/Amputation of digits	days



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98	Disc prolapse surgery-Discectomy	years except for with laminectomy / Excision of tumours & 90 days tumours for malignant conditions
99	Open Reduction with internal fixation of long bones of upper limb	
100	Total Shoulder joint replacement	years

**2.0 Supplementary Benefits**

The Supplementary Benefits are payable only if the Company admits liability on Surgical Benefit (Main Benefit 1.1). These benefits will not be payable if the Surgical Benefit as described in 1.1 is not availed at Network Hospital.

**2.1 Hospital Cash Benefit**

The Policy shall pay a fixed cash benefit of Rs.250 for each completed 24 hours of Hospitalisation to cover incidental expenses; subject to a maximum of 10 days per covered Surgery.

**2.2 Diagnostic Benefit:**

The Policy shall cover at actuals, subject to a limit of Rs.10,000 per Surgical claim, the cost of special diagnostic procedures which are listed below incurred during the period up to 30 days prior to the date of covered Surgery.

- Renal/Cardiac Angiogram.
- Intravenous Pyelogram.
- Ultrasonography.
- Ultrasound Guided FNAC.
- Colour Doppler.
- Mammography.
- CT Scan.
- MRI Scan.
- Treadmill Test ECHO.
- Cardiogram.

- Electrophysiology.
- Endoscopic Procedures.
- Special Radiological Procedures such as barium meal investigations,
- Arthrogram, ERCP, Intravenous Urogram, Cystourethrogram,
- Nephrostogram.
- Special Blood Investigations such as Assay of Various Blood Factors.
- Virology Markers, Complete Coagulation Work up

**2.3 Emergency Ambulance Benefit**

If the covered Surgery is necessitated due to a life threatening emergency as certified by the Medical Practitioner, the Policy shall pay for the actual cost of availing ambulance service for transportation of Insured to the Hospital, subject to a maximum payout of Rs.1000/- per Surgical claim.

**D. EXCLUSIONS**

**1.0 General Exclusions**

The Policy will not pay any benefits under following circumstances:

- 1.1 Any claim occurring as a result of Pre-existing Conditions disclosed (if any).during the underwriting process are excluded as per description in the Schedule.
- 1.2 Any claim occurring as a result of Pre-existing Conditions, even if not declared by the Proposer at inception will be excluded.
- 1.3 Treatment which is not taken from recognised hospitals or registered medical practitioners.
- 1.4 Any surgical procedure carried out on account of an opportunistic conditions associated with HIV/AIDS, AIDS Related Complex Syndrome (ARCS) and sexually transmitted diseases.
- 1.5 Where the surgery is being undertaken to correct congenital or hereditary Anomaly/ internal or external physical defects.
- 1.6 Any surgical procedure which is purely cosmetic or experimental in nature.
- 1.7 Any Surgery for treatment of a condition resulting from an intentional self injury whether arising from an attempt to commit suicide or otherwise.
- 1.8 Any covered Surgical Procedure necessitated as a result of the Insured Person(s) being under the influence of intoxicating drugs and/or alcohol ,surgical procedure necessitated due to medical conditions, diseases resulting from, or related to tobacco abuse.
- 1.9 Illness or bodily injury whilst performing duties as a serving member of a military, paramilitary or a police force.
- 1.10 Treatment traceable to pregnancy, ectopic pregnancy and childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization.
- 1.11 Any birth control procedures and/or hormone replacement therapy.
- 1.12 Cosmetic or aesthetic treatment of any description or plastic surgery unless necessitated for any of the covered Surgical Procedures under this Policy.
- 1.13 The performance of hazardous activities and or participation in hazardous sports of any kind or flying other than as a passenger on a scheduled regular carrier.
- 1.14 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 means
- 1.15 Any covered Surgical Procedure necessitated as a result of the Insured Person(s) committing any breach of law.



1.16 War, invasion, act of foreign enemy, war like operations whether war be declared or not.

1.17 Any losses caused directly or indirectly by or arising from or attributable to an act of terrorism by all means including biological, nuclear and chemical. (If the Company alleges 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).

1.18 Nuclear weapons, materials ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

1.19 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.

1.20 Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.

1.21 Treatment received outside India.

1.22 Any travel or transportation expenses other than those covered under this policy as described in Benefits section 2.3.

1.23 Treatment taken from persons not registered as Medical Practitioners under respective medical councils.

1.24 Any treatment by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council.

**F. CLAIMS PROCEDURE**

All claims under this policy are administered by a Third Party Administrator (TPA) appointed by the company. Each Insured Person under this Policy will be issued an identity card by the TPA. It is necessary that all claim intimation should be sent to TPA and all claim documents should also be submitted to the

TPA.

**1.0 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.

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.

**2.0 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 bills, receipts, discharge summary sheet,
- Pathological and investigation reports including X ray films, Scan films and reports with Dr. Prescriptions,
- Copies of First Information Report (FIR) and Medico Legal Certificate (MLC) where required
- Self Declaration as to When, Where and how the accident / injury happened
- and any other relevant details & documents, indoor case records if specifically sought by Us.pertaining to the Hospitalisation.

The benefit payable for any claims arising from a Non Network Hospital get reduced by 20%.

**3.0 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.

If the Insured gets admitted to a Non-Network Hospital, he/she should be moved to a Network Hospital as soon as the condition stabilizes and would then be required to initiate preauthorisation. The Policy shall pay 100% of the benefits only if the preauthorisation takes place prior to the Surgery.

Claims for Hospital Cash Benefit (section C, article 2.1), Diagnostic Benefit (section C, article 2.2) and Emergency Ambulance Benefit (section C, article 2.3) 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.

**G. OTHER POLICY CONDITIONS**

**1.0 Applicability of Waiting Period**

The Waiting Period is applicable individually to all Insured Person(s) from their respective Date of Commencement of Risk under the Policy till the date of undergoing of covered surgery. The Waiting Period shall not re-apply if a new policy is issued in lieu of this Policy upon death of the Policy Holder as described in section 8 D below. Waiting Period shall not be applicable where the insured person undergoes covered surgery due to an Accident.

**2.0 Premium Payments and Policy Lapsation**

The Premium is payable every year by the Policy Holder to the Company on Premium Due Date(s) as mentioned in the Schedule without any break to ensure continuity of cover from the Commencement.

A grace period of 30 days is allowed to renew the policy and maintain continuity of coverage.

However during such grace period, 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.

**3.0 Policy Renewal and Premium Resets**

This Policy is a yearly policy with guaranteed renewability. The policy is renewed every year by payment of premium in accordance with article 2.0 mentioned above. The premium rates for such renewals are subject to revision, which shall be intimated by the Company at the time of renewal.

**4.0 Renewal Conditions:**

- i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.
- ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of





the **Grace Period**. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.

- iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.
- v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.
- vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.

**5.0 Transfer**

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

**6.0 Payment of Benefits**

- The benefits payable under this Policy shall be payable only in Indian Rupees in India subject to the Policy terms, conditions, limitations and exclusions.
- If the Policy Holder dies, the benefits are paid to the nominee.
- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

**7.0 Family Policy**

This Policy is a Family Policy and all the members of the Family should be compulsorily proposed in the Policy.

- a) **Addition of Spouse** – Addition of Spouse due to the marriage of the Policy Holder should be reported by the Policy Holder to the Company for inclusion in the Policy within 90 days of date of marriage. Coverage shall begin only upon receipt of premium by the Company and written confirmation from the Company.
- b) **Addition of Children** – Children are eligible to be added in the coverage from the age of 91 days.

The Policy Holder should report addition of Children to the Company for inclusion in the Policy within 90 days of date of eligibility. There is

no restriction on the number of Children that can be covered under this Policy. Coverage shall begin only upon receipt of premium by the Company

and written confirmation from the Company.

- c) **Deletion of Insured Person(s) from the Policy** – The coverage for the Insured shall cease automatically under following circumstances:

- Death of any Insured,

- d) **Death of the Policy Holder** – If the Policy Holder dies during the tenure of the Policy, the coverage for surviving Insured Persons shall continue until following Policy Anniversary. A new Policy may be issued for the surviving Insured Persons upon request to the Company from the spouse of the deceased Policy Holder. Such reissuance will not require underwriting. If there is no spouse, the coverage will not be renewed.

**8.0 Cancellation**

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact of the insured or non-cooperation by the insured by sending seven days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.

The insured may at any time cancel this policy and in such event, the Company shall allow refund of premium less premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation

Short Period Scales: Two Years

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the insured by sending seven days notice in writing by Registered A/D to the insured at last known address in which case the Company shall not refund to the insured any portion of the premium.

The Policy may be cancelled at any time by the Proposer by giving notice in writing. Provided no claim has arisen under the within mentioned Policy prior to the receipt of such notice by the Company, the Proposer would be entitled to a return of premium less premium at Company's Short period scales as mentioned below for the period, the Policy had been in force. The refund shall apply only to the Annual Premium paid in the respective Policy Year.

If any claim is lodged after cancellation of the Policy for hospitalization during the period in which the policy was in force, then the premium refunded will be collected back prior to settlement of the admissible claim. But the policy will still be considered as cancelled.

Short Period Scales:

For a period not exceeding	15 days	10% of the Annual Premium
-do-	1 month	15% of the Annual Premium
-do-	2 months	30% of the Annual Premium
-do-	3 months	40% of the Annual Premium
-do-	4 months	50% of the Annual Premium
-do-	5 months	60% of the Annual Premium
-do-	6 months	70% of the Annual Premium
-do-	7 months	75% of the Annual Premium
-do-	8 months	80% of the Annual Premium
-do-	9 months	85% of the Annual Premium



For a period exceeding	9 months	Full Annual Premium
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**9.0 Incontestability and Duty of Disclosure**

The Policy shall be null and void and no benefits shall be payable all premium paid hereon shall be forfeited to the Company in the event of untrue or incorrect statements, misrepresentation, mis description or on non-disclosure in any material information in the proposal form, personal statement, declaration and other related document or any material information having been withheld or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on their behalf to obtain any benefit. If any benefit has already been given under this policy then the amount shall be recovered.

**10.0 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.

**11.0 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.

**12.0 Geographical Area**

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

**13.0 Company's Rights**

We have the right to do the following, in Insured Person's name at Our expense:

- Take over the defense on settlement of any claim.
- Start legal action to get compensation from anyone else.
- Start legal action to get back from anyone else for payments that have already been made by Us.

**14.0 Fraud**

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person.

**15.0 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.

**16.0 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 3 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.

**17.0 Jurisdiction**

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

**18.0 Change of Address**

The Insured must inform in writing of any change in his/her address.

**19.0 Compliance with Policy Provisions**

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

**20.0 Free Look Period**

At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

- a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;
- b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;
- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- d) Free-look will not be applicable for policies with tenure less than one year.
- e) Free-look not applicable in case of renewals.

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

**21.0 Grievance Redressal**

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

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

Grievance

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

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

Email:

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



[gro@royalsundaram.in](mailto:gro@royalsundaram.in) - GRO Contact Number - 7228087400

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

Fax us at: 044 – 7117 7140

Courier us your complaint at:

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

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

Karapakkam, Chennai – 600097

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

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

**Mr. T M Shyamsunder**

**Grievance Redressal Officer**

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

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

Karapakkam, Chennai – 600097

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

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

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

**Grievance may also be lodged at –**

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

1. Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in).
3. Can call Toll Free No. **155255** or **1800 4254 732**.
4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

**General Manager**

**Insurance Regulatory and Development Authority of India (IRDAI)**

**Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.**

**Sy.No.115/1, Financial District, Nanakramguda,**

## 25. Claims in respect of Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person issued by us then

**Gachibowli, Hyderabad – 500 032.**

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

Insurance is the subject matter of solicitation.

## 22.0 Migration

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

i. The waiting periods specified in Section D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.

ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), migration benefits shall not apply to any other additional increased Sum Insured.

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

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

## 23.0 Portability

The insured Person will have the option to port the policy to other insurers as an extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

i. The waiting periods specified in Section D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.

ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

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

<https://www.royalsundaram.in/health-insurance/health-insurance-portability>

## 24.0 Moratorium Period

After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.



we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited. If customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies.

#### **Council for Insurance Ombudsmen**

Contact details:

Address:

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

#### **INSURANCE OMBUDSMAN OFFICE LIST**

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

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

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

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

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

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611