


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

CRITICAL ILLNESS LUMP SUM

Customer Information Sheet			
Description is illustrative and not exhaustive			
S. No	Title	Description	Refer to Policy Clause Number
1	Product Name	Critical Illness Lumpsum	
2	What am I Covered for	A lumpsum amount as per the Schedule is reimbursed to the Insured Person suffering from any of the defined Critical illness, contracted or sustained by the Insured Person during the Period of Insurance.	D
3	What are the major exclusions in the policy	Pre-existing diseases are not covered.	E.1. 1 (a)
		Any claim arising out of use / misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not) except burns.	E.1. 6
		Any Illness, sickness or disease, other than specified as Critical Illness.	E.1. 9
		Critical Illness when the Insured Person dies within 30 days from the date of the Diagnosis.	E.1. 12
		Unreasonable failure to seek or follow medical advice.	E.1. 17
		Any expenses towards test, visits, fees etc. relating to the Diagnosis.	E.1. 13
*Note: The above is a partial listing of the policy exclusions, Please refer to the policy clauses for the full listing.			
4	Waiting Period	90 days waiting period: Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days from the Commencement Date.	E.1. 2
5	Payout Basis	Fixed amount as specified in the schedule on the occurrence of a covered event.	D
6	Cost Sharing	Not Applicable	Not Applicable
7	Renewal Conditions	<ul style="list-style-type: none"> Life long renewal provided premium is paid on / before the expiry date of the policy or grace period of 30 days. The Policy shall be withdrawn at any time by the company by giving three months notice to the insured/proposer. A suitable Alternate product will be made available at the time of Withdrawal. At renewal, the coverages, terms & conditions & premium may change, in which case a three months notice shall be sent to the Proposer/Insured. In the event of mis-description, fraud, non co-operation by you or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal. 	F.1. 12
8	Renewal Benefits	Not Applicable	Not Applicable
9	Cancellation	<ul style="list-style-type: none"> The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Propos- al Form or non-cooperation by the Insured. The Insured may also cancel this Policy at any time by informing the Company. 	F.1.3



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10	Claim Form Availability	The standard claim forms (Part A and Part B) and the form is available in our website for ready reference. The same may be also obtained from any of our offices on request.	-
(Legal Disclaimer) Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.			

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IRDAI Registration No.102. | CIN: U67200TN2000PLC045611



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CRITICAL ILLNESS LUMPSUM

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 raised in the proposal form relating to the Insured Person will make the contract void. No claim shall be paid and policy will not be continued.
- 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 and any, exclusions , terms and conditions shown below and failure in compliance may result in the claim being denied
- 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

B.2 Persons who can be insured

This insurance is available to persons who are family members of proposer from 91 days to 65 years at the Commencement Date of the Policy. Family means comprising of:

Self, Spouse, Dependant children (including unmarried children, step children or legally adopted children, who are financially dependant and aged between 91 days and 25 years), dependant Parents and dependants who bear any legal relation to the Proposer, can also be insured upto the age of 65 years.

Renewal is accepted upto the age of 25 years for dependant children.

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

C.1.2 Condition Precedent

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

C.1.3 Congenital Anomaly

Congenital Anomaly means 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.

C.1.4 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.



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C.1.5 Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under 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:

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

C.1.6 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 your rehabilitation or for you to be specially trained to cope with it.
4. it continues indefinitely.
5. it recurs or is likely to recur.

C.1.7 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.1.8 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.1.9 Medical Advice

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

C.1.10 Medically Necessary Treatment

Medically necessary treatment is defined as 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.



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C.1.11 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 licence. The registered practitioner should not be the insured or close family members.

C.1.12 Non- Network

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

C.1.13 Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

C.1.14 Pre-Existing Disease

Pre-existing disease means any condition, ailment, 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.1.15 Renewal

Renewal 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

C.1.16 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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

C.2 Specific Definitions

C.2.1 Accidental

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

C.2.2 Assessment Period

The period during which the Company assesses a condition prior to making a decision on acceptance of a claim. The assessment period will start on receipt of Your fully substantiated claim and will be no longer than 12 months from the date of first manifestation of the ailment.

C.2.3 Critical Illness

Critical Illness means those disease/illness/burns, which have been expressly defined under Benefits.

C.2.4 Dependant Child

A dependant child refers to a child (natural or legally adopted) upto the completed age of 25, who is financially dependant on the primary insured or proposer and does not have his / her independent sources of income.

C.2.5 **Diagnosis** - Diagnosis means the identification of a disease

/illness/medical condition made by a Specialist Medical Practitioner, 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.

C.2.6 Insured event: For the purposes of this Policy and the determination of the Company's liability under it, the Insured Event in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

- a) First Diagnosis of the below-mentioned Illnesses more specifically described under benefit
 - Cancer of specified severity.



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- Kidney failure requiring regular dialysis.
 - Multiple Sclerosis with persisting symptoms or.
- b) Undergoing for the first time of the following surgical procedures due to medical condition, more specifically described under benefit:
- Major Organ/Bone Marrow transplant.
 - Open heart surgery for replacement or repair of heart valves.
 - Open chest CABG.
- c) Occurrence for the first time of the following medical events more specifically described under benefit:
- Stroke resulting in permanent symptoms .
 - Third Degree Burns.
 - First Heart Attack – of specified severity.
- C.2.7 Nuclear, Chemical and Biological Terrorism** – 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.
- C.2.8 Policy** – Policy means the complete set of documents consisting of the Proposal, Policy Wording, Schedule and Endorsements and Attachments , if any.
- C.2.9 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.2.10 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.2.11 Proposer**
- Insured or any person who signs the proposal form on behalf of the insured.
- C.2.12 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.2.13 Specialist Medical Practitioner**
- A Specialist Medical practitioner whose practice is limited to a particular branch of medicine or surgery.
- C.2.14 Sum Insured**
- Sum Insured means the amount stated in the Policy Schedule, which is the maximum amount. We will pay for any claims made by You in one policy period.
- C.2.15 We/Our/Us/Company and Insurer**
- We/Our/Us and Insurer means Royal Sundaram General Insurance Co. Limited (Formerly known as Royal Sundaram Alliance Insurance Company Limited)
- C.2.16 You/Your/Yourself and Insured** – You/Your/and Yourself means the Insured Person shown in the Schedule.

D Benefits covered under the policy

The Policy shall pay lumpsum amount as mentioned in the Schedule for Insured Event, subject to terms, conditions , limitations and exclusions mentioned therein, if the Insured Person is diagnosed to be suffering from any of the defined



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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 Policy; and.
- (b) The Critical Illness experienced by the Insured is the first incidence of that Critical Illness; and.
- (c) The signs or symptoms of the Critical Illness experienced by the Insured Person commenced more than ninety (90) days following the Commencement Date; and.
- (d) 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.

Expenses Covered

- Medical Examination cost

The Company shall bear 50% of the cost of the prescribed pre- acceptance medical examination, in the event of the risk being accepted.

D.1 Critical Illness

D.1.1 CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma.
- All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- Papillary micro - carcinoma of the thyroid less than 1 cm diameter.
- Chronic lymphocytic leukaemia less than Rai stage 3.
- Microcarcinoma of the bladder.
- All tumors in the presence of HIV infection.

D.1.2 FIRST HEART ATTACK - OF SPECIFIED SEVERITY

- The first occurrence of 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 this will be evidenced by all of the following criteria:
 - a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
 - b) new characteristic electrocardiogram changes.
 - c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- The following are excluded:
 - a) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T.
 - b) Other acute Coronary Syndromes.
 - c) Any type of angina pectoris.

D.1.3 KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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



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D.1.4 MAJOR ORGAN / BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a Specialist Medical Practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

D.1.5 MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

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

D.1.6 OPEN CHEST CABG

- The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a Specialist Medical Practitioner.
- The following are excluded:
 - Angioplasty and/or any other intra-arterial procedures.
 - any key-hole or laser surgery.

D.1.7 OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

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.

D.1.8 STROKE RESULTING IN PERMANENT SYMPTOMS

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.

The following are excluded:

- Transient ischemic attacks (TIA).
- Traumatic injury of the brain.
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

D.1.9 THIRD DEGREE BURNS

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering at least 20% of the body's surface area.

D.2 Additional Features

D.2.1 Income Tax Relief

This insurance scheme is approved by IRDAI and the premium is eligible to get exemption under Section 80(D) of the



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Income Tax Act, 1961.

E Exclusions

The policy does not provide any benefit towards the following:

E.1 Specific Exclusions

1. (a) Pre Existing condition and any disease, illness, medical condition, injury, which is a complication attributable to Pre Existing condition.
(b) Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre existing Hypertension/ Diabetes.
2. 90 days waiting period
Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days from the Commencement Date.
3. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital Anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury, drug overdose or attempted suicide.
4. All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS/HIV.
5. 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.
6. Any claim arising out of use/misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not) except burns.
7. Any claim arising whilst engaging in speed contest or racing of any kind, bungee jumping, parasailing, ballooning, flying an aircraft other wise than as a passenger on a regular air carrier, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, 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.
8. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Specialist Medical Practitioner/Registered Medical Institution in their professional capacity.
9. Any Illness, sickness or disease, other than specified as Critical Illness.
10. Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent.
11. 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 herbalist, acupuncturist or other non-traditional health care provider.
12. Critical Illness when the Insured Person dies within 30 days from the date of the Diagnosis.
13. Any expenses towards test, visits, fees etc. relating to the Diagnosis.
14. If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical/surgical procedure.
15. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
16. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery/complications/illness arising as a consequence thereof.



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17. Unreasonable failure to seek or follow medical advice.

F General terms and clauses

F.1 Specific terms and clauses

F.1.1 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.
- 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.
- 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
- Any claim intimated after 30 days from the date of ~~detection~~ of Critical Illness shall not be entertained.
- If a claim is settled for an insured, cover for other ~~insured~~ members under the policy shall continue.
- At the time of claim settlement, Company may insist on ~~KC~~ documents of the Proposer as per the relevant AML guidelines in force.

F.1.2 Transfer

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

F.1.3 Cancellation

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 notice in writing by Registered A/D to the insured at his last known address at least 15 days in advance 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 in entirety 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, subject to a minimum premium retention of Rs.250/- plus applicable service taxes.

Short period scales:

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of annual premium minus 5 0% refund made on MER
Up to 3 months	50% of annual premium minus 5 0% refund made on MER
Up to 6 months	75% of annual premium minus 5 0% refund made on MER
Exceeding 6 months	Full annual premium

During the course of the policy, mid term cancellation of coverage relating to any one insured person is not allowed unless by death or payment of a claim. Mid term inclusion of members is not allowed.

For Multi year policies the following conditions shall be applied:

1. A free look period up to 15 days shall be available to the insured for policy period of 3 years and above.
2. The customer shall be eligible for 100% refund in case of the request for cancellation received during the free look in period, which shall be up to 15 days from the date of receipt of policy documents by the customer.
3. If the cancellation request is received after the free look in period, the below condition shall be applied:
 - a) Total premium shall be divided by the policy tenure to arrive annual premium.
 - b) Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.



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- c) Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.
- d) For the remaining unexpired period the entire premium shall be refunded.

F.1.4 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 Payment of claim under this policy.

F.1.5 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.1.6 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 an y material fact relating to this insurance .

F.1.7 Geographical Area

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

F.1.8 Continuation of Terms and Conditions

The Insured has to renew the policy without any break to ensure continuity of cover from the commencement. However, a grace period of 30 days is allowed to renew the policy without break.

During grace period, the company shall not be liable for Claim, if any occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

F.1.9 Insurer's rights for admissibility

In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis , the Company shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such Diagnosis , by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured and the Company.

F.1.10 Insurer's rights following settlement of a claim:

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

Take over the defense or 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.

F.1.11 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.

F.1.12 Renewals

This Policy may be renewed by mutual consent every year 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. For persons above 60 years, the sum insured under the policy shall be restricted to a maximum of Rs.10 lacs, unless otherwise stated in the schedule .

Policy must be renewed within the Grace Period of thirty days of expiry to maintain the continuity of Coverage.

However no coverage shall be available during the period of such break. A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at the discretion of Us. Any condition/diseases contracted during the break-in period shall not be covered and shall be treated as Pre-existing condition and waiting period for such disease will commence afresh.

In the event of mis-description, fraud, non co-operation by the insured or non disclosure of material facts coming to our



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knowledge, policy shall not be considered for renewal.

At renewal, the coverages, terms & conditions and premium may change, in which case a three months notice shall be sent to the Proposer at his last known address as recorded in the policy. Any change in premium on account of change of age will not require any prior notice.

The product/plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer at the address recorded/updated in the policy. When the policy is withdrawn, the product/plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the Schedule of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

Renewal are not applicable in respect of the Insured Person for whom, a claim has been admitted and as it is a one-time benefit during the lifetime of the Insured Person.

F.1.13 Free Look in:

At the inception of the policy you will be allowed a period of 15 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 you have not made any claim during the free look period, you 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.

F.1.14 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.1.15 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.1.16 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 here under.

F.1.17 Jurisdiction

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

F.1.18 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



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address is within India.

F.1.19 Change in Sum Insured

Any change in Sum Insured can be considered only at the time of renewal. Eligibility for enhancement of Sum Insured is not automatic and is subject to the discretion of the Company. For the increased Sum Insured the waiting period shall commence afresh.

F.1.20 Portability

Critical Illness Lumpsum is portable . If proposer desires to port to this policy, application in the appropriate form should be made before 45 days from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's underwriting guidelines . In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the

first inception date of any Critical Illness Policy and such rights shall be limited to the extent of the sum insured, in each of the year, provided the Policy has been continuously renewed without any break. If insured desires to port this policy with other insurers, he shall approach them well before the renewal date (at least 45 days prior to renewal date) to avoid break in the policy coverage due to possible acceptance delays.

F.1.21 Compliance with Policy provisions

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

F.1.22 Grievances

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address or contact through Toll number during normal business hours or by E mail.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram General Insurance Co. Limited is located for the following grievances:

- a Any partial or total repudiation of claims by the Company.
- b Any dispute regard to premium paid or payable in terms of the policy.
- c Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- d Delay in settlement of claims.
- e Non-issue of any insurance document to customer after receipt of the premium.
- f Any other grievance, apart from the above mentioned.

The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. For Contact Details of Insurance Ombudsman, please visit our website www.royalsundaram.in

Address, contact person and contact number details are given as per Annexure IV.

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:

The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days from the date of first diagnosis of the illness:

1. Certificate from the attending Doctor of the Insured Person confirming, inter alia,
 - a name of the Insured person;
 - b name, date of occurrence and medical details of the Insured Event.



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- c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance .
2. Duly completed and signed claim form.
3. Case history / Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
4. Test reports and prescriptions relating to First/ Previous consultations for the same or related illness.
5. Death summary in case of death of the insured person at the hospital.
6. FIR/MLC in the case of burns and english translation of the same, if in any other language.
7. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer . In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.

During the assessment period Company will assess the condition/illness prior to making a decision on acceptance of claim.

- 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 Specialist Medical Practitioner at our expense.
- If required the Insured or Insured Person must agree to be examined by a Specialist Medical Practitioner of Our choice at our expense.
- If required, insured should procure from the hospital & cooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.
- Insurer has the right to investigate and appoint a Service Provider to check all details relating to claim. Insured Person /legal heir/nominee should cooperate and render all assistance at all times.
- 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, unless additional time has been sought in writing.

The documents should be sent to:

Health Claims Department,

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

office: Vishranthi Melaram Towers, No. 2 / 319 Rajiv Gandhi Salai

(OMR), Karapakkam, Chennai - 600097.

Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Customer Services at 1860 425 0000

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.

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