


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

Customer Information Sheet			
Description is illustrative and not exhaustive			
S. No.	Title	Description	Refer to Policy Clause Number
1	Product Name	Hospital Plus	
2	What am I Covered for	<ul style="list-style-type: none"> Hospital Confinement Benefit - Disease: Daily benefit as mentioned in the Schedule/Certificate of Insurance is payable for every completed 24 hours of hospitalization, for a maximum period of 180 days per illness per policy period. Hospital Confinement Benefit - Accident: If the Hospitalization is due to an Accident, double the Daily Benefit mentioned in the Schedule/ Certificate of Insurance is payable for every 24 hours of hospitalization. Convalescence Benefit: A lump sum as specified in the Schedule/ Certificate of Insurance is payable if the period of hospitalization exceeds 21 days. Personal Accident Benefit: In an unfortunate event of accidental death, the sum stated in Schedule/Certificate of Insurance is payable. The cover is operative worldwide. 	D and F
3	What are the major exclusions in the policy	<p>For Hospital Cash:</p> <ul style="list-style-type: none"> Treatment related to Pregnancy/child birth. War & Allied perils, Nuclear Weapons or Radioactive contamination. Any other Alternative Treatments except Allopathy (Modern Medicine). Out Patient Treatment charges. Treatment of psychiatric and psychosomatic disorders. Any hospital admission primarily for diagnostic purpose. <p>For Personal Accident:</p> <ul style="list-style-type: none"> Any claim due to pre-existing condition. Intentional self-injury, suicide or attempted suicide. Whilst under the influence of intoxicating liquor or drugs. Self-endangerment unless in self-defense or to save life. Participation in Hazardous Sport / Hazardous Activities. 	E and G
		*Note: The above is a partial listing of the policy exclusions, Please refer to the policy clauses for the full listing.	
4	Waiting Period applicable for C- Benefits I	<p>Diseases contracted during first 30 days from commencement date of the policy.</p> <p>12 months: Treatment of Congenital Internal Anomaly, any type of Migraine /Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils / Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/ Nodules / Polyps, any type of Breast Lumps, Spondylosis / Spondilitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee / Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of</p>	E


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		Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any joint during the first year of the operation of the Policy with us. Pre-existing diseases: Covered after 48 months	
5	Payout Basis	Daily Cash benefit for the duration of confinement in Hospital AND / OR Fixed amount on the occurrence of a covered event.	D
6	Cost Sharing	Benefits payable are reduced by half for first 10 days of hospital confinement for dependant Children.	D
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. 	F


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8	Renewal Benefits	Cumulative Bonus: Personal accident Sum Insured increases by 5% for every claim free policy year subject to maximum of 25%.	F
9	Cancellation	<ul style="list-style-type: none"> The Company may at any time, cancel the policy on grounds of misrepresentation, fraud, non disclosure of material facts, relating to this insurance of the Insured or non-cooperation by the Insured. The Proposer/Insured may at any time cancel this policy for which the Company shall allow refund of premium less premium at Company's short period rate, provided no claim has been made/paid under the policy. 	F
10	Claim Form Availability	The standard claim form (Part A and Part B) 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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HOSPITAL PLUS

A Preamble

A.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 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.2 Persons who can be insured

This insurance is available to persons between the age of 1 year and 65 years at the Commencement Date of the Policy. This insurance also provides cover for family comprising of the Insured and any one or more of the following

- Spouse.
- Dependent Children.
- Dependent Parents.

B DEFINITIONS

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.

B.1 Standard Definitions

B.1.1 Accident

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

B.1.2 Condition Precedent

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

B.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.

B.1.4 Emergency Care

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term



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impairment of the insured person's health.

B.1.5 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.

B.1.6 Hospitalisation

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

B.1.7 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.

B.1.8 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 recur.

B.1.9 Injury

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

B.1.10 In-Patient Care

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

B.1.11 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.



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B.1.12 Medically Necessary Treatment

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

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

B.1.13 OPD Treatment

OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

B.1.14 Portability

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

B.1.15 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.

B.1.16 Qualified Nurse

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

B.1.17 Renewal

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

B.1.18 Surgery or Surgical Procedure

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

B.1.19 Unproven/Experimental Treatment

Unproven/Experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

B.2 Specific Definitions

B.2.1 Accidental

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

B.2.2 Alternative treatments

Alternative treatments are forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

B.2.3 Company/We/Our/Insurer/Us

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B.2.4 Endorsement

Endorsement means written evidence of change to Your Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

B.2.5 Commencement date

Commencement date of this Policy shall be the inception date of first health Insurance policy under this Hospital Plus Policy for that Insured Person, insured with Us, with out any break in period of cover.

B.2.6 Hazardous Sports/Activities/Occupation

Hazardous Sports/Activities means Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, moun- taineering, trekking, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, 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, whilst engaging in speed contest or racing of any kind (other than on foot),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, 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, Tower crane operator, Tree feller

B.2.7 Insured/You/Your/Insured Person

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

B.2.8 Period of Insurance

Period of Insurance means the period shown in the Schedule, for which You have paid and We have received and accepted Your premium.

B.2.9 Proposer

Insured or the person who signs the Proposal form on behalf of the Insured.

B.2.10 Subrogation

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

C Benefits Covered Under the Policy

C.1 Hospital Confinement Benefit

C.1.1 Hospital Confinement Benefit - Disease

In the event of hospitalization of the Insured Person due to any illness for a consecutive period of more than 24 hrs, a daily benefit as mentioned in the Schedule of the Policy is payable for every completed 24 hours of hospitalisation for a maximum period of 180 days per illness/policy period.

C.1.2 Hospital Confinement Benefit - Accident

Any hospital confinement benefit payable will be increased to double the daily benefit shown on the schedule of the Policy for every completed 24 hours of a hospital confinement resulting from an insured person sustaining bodily injury due to road, rail or air accident.

C.1.3 Convalescence Benefit



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For Hospital Confinement beyond 21 consecutive days a fixed amount is payable towards convalescence, in addition to the Hospital Confinement benefit, in accordance with the plan chosen for that Insured Person. This benefit is payable only once per illness/accident/policy.

Reduction of Benefits:

Benefits payable are reduced by half for first 10 days of hospital confinement for dependant Children.

C.2 Additional Features:

C.2.1 Income Tax Relief

This insurance scheme is approved by IRDAI and the premium towards hospital confinement benefit is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

D Exclusions

D.1 Specific Exclusions

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

1. Any Pre-Existing disease which shall however be covered after 4 years of continuous insurance from the commencement date of the first policy issued by Us or any Indian Insurer subject to Portability guidelines.
2. **30 Days Waiting Period:** Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.
3. First Year Exclusions:
Treatment of Congenital Internal Anomaly, any type of Migraine /Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils/Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/Nodules/Polyps, any type of Breast Lumps, Spondylosis/Spondylitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee/Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma/Sarcoma/Blood Cancer, Osteoarthritis of any joint during the first year of the operation of the policy with us.
4. Treatment arising from or traceable to pregnancy/childbirth.
5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
6. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.
7. Confinement in Hospital arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-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.
8. Confinement at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
9. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
10. Directly or indirectly caused by or arising from or attributable to war, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
11. Directly or indirectly caused by or arising from or attributable to:
 - 11.1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
 - 11.2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.



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12. Any routine or preventative examinations, vaccinations, inoculation or screening.
13. Outpatient treatment charges.
14. Sex change or treatment, which results from, or is in any way related to, sex change.
15. Hormone replacement therapy.
16. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
17. Treatment of psychiatric and psychosomatic disorders, mental or nervous conditions, insanity.
18. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, corrective surgery for refractive error including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
19. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from, or related to, such abuse or addiction.
20. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
21. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
22. Any treatment received outside India.
23. Any other Alternative Treatments except Allopathy (Modern Medicine).
24. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
25. Any fertility, sub-fertility or assisted conception operation.
26. Participation in Hazardous Sport/Hazardous Activities.

E General Terms and Clauses

E.1 Specific Clauses

E.1.1 Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.

E.1.2 Observance of Terms and Conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

E.1.3 Material Change:

The Insured Person shall immediately notify the Company by fax and in writing of any material change in the risk and cause at his own expense.

E.1.4 Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

E.1.5 Electronic Transactions

The Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may pre-



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scribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

E.1.6 Duties of the Insured on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy the Insured Person/his/her nominee/legal heir(s) shall forthwith file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.

If the Insured Person/his/her nominee/legal heir(s) does not comply with the provisions of this Clause or other obligations cast upon the Insured Person under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall Be forfeited, at the option of the Company.

E.1.7 Claims Settlement:

- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- The company shall be released from any obligation to pay benefits if any of the obligations are breached.
- In respect of hospital confinement benefit any claim intimated after 30 days from the date of discharge from the hospital/Nursing Home, shall not be entertained.
- No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.
- All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this hospital confinement benefit will have to be taken in India only.
- 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.

E.1.8 Transfer

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

E.1.9 Cancellation

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the insured, by giving fourteen (14) days notice in writing by courier/registered post/acknowledgement due post to the Insured at address recorded/updated in the policy. In the event of such cancellation on the grounds of mis representation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy. In the event of cancellation on the grounds of non cooperation, the company shall be liable to repay on demand a rate able proportion of the premium for the unexpired term from the date of cancellation.

The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period. This Policy has been in force at the Company's short period scale as mentioned below provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the insured.

Short period scales

For a period not exceeding	15 days	10% of the Annual Premium
-do-	1 month	15% of the Annual Premium


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-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

E.1.10 Continuation of Terms and Conditions

The Insured has to renew the policy 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.

E.1.11 Insurer'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.

E.1.12 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.

E.1.13 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. 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 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



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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.

E.1.14 Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to difference or, if they cannot agree upon a single Arbitrator within 30 days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is 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

E.1.15 Disclaimer

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 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.

E.1.16 Jurisdiction

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

E.1.17 Change of Address

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

E.1.18 Compliance with Policy Provisions

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

E.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.

E.1.20 Portability

This policy 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 Indemnity Health Insurance Policy and such rights shall be limited to the extent of the sum insured including CB, in each of the year, provided the Policy has been continuously renewed without any break.

E.1.21 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;



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- 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.

E.1.22 Grievances

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address, during normal business hours 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

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

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

F Other terms and conditions

F.1 Personal Accident Benefit

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described hereunder, and as specified in Schedule to the Policy but not exceeding the Sum Insured as specified in the schedule against Personal Accident Benefit.

F.1.1 Accidental Death

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means, then the insured person or his/her nominee(s) or legal representative(s), as the case may be, will be paid the Sum Insured mentioned in the Schedule of this policy, against Accident Death, if such injury shall within 12 Calendar months of occurrence be the sole and direct cause of Death.

F.1.2 Terms & Conditions:

If the Insured Person meets with an Accident, which leads to death, the Company will provide insurance coverage to the Insured in the following manner:

Death of Insured Person: If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation subject to the maximum Sum Insured as specified in schedule against Personal Accident Benefit.

F.1.3 Special Conditions:

In the event of an accident to the Aircraft in which the Insured Person is traveling as a fare paying passenger and the Insured's body cannot be located within 365 days from the date of such accident, then the Company shall pay 100% of the Sum Insured for Death Cover towards loss of life.

F.1.4 Exclusions for Personal Accident Benefit:

The Company shall not be liable to make any payment under this Benefit in connection with or in respect of any



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expenses whatsoever incurred by the Insured in connection with or in respect of:

- a) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- b) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an Accident.
- c) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the sum insured under this section.
- d) Any other claim after a claim has been admitted by the Company and becomes payable for Death.
- e) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- f) Any claim for Death of the Insured Person from
 - (i) intentional self-injury, suicide or attempted suicide.
 - (ii) whilst under the influence of intoxicating liquor or drugs.
 - (iii) self-endangerment unless in self-defense or to save life.
- g) In the event the insured is a victim of culpable homicide, i.e. where the insured dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing bodily injury as is likely to cause death, or with the knowledge that such act is likely to cause death.
- (h) Any exclusion mentioned in the 'General Exclusions' of this Policy.

F.1.5 Cumulative Bonus (only applicable to Personal Accident Benefit)

Compensation payable under Personal Accident Benefit arising out of accidental injuries, shall be increased by 5% thereof in respect of each completed claim free year, during which the Policy shall have been in force. Amount of such increase shall not exceed 25% of the sum stated in the relevant section of the Policy Schedule. This Cumulative Bonus is applied on sum stated in the relevant section of the Policy Schedule, so long as it is renewed continuously with the Company. The earned Cumulative Bonus will not be lost if the Policy is renewed within 30 days after its expiry.

This clause shall not in any way alter the annual character of the insurance, nor the right of the Company to decline or renew or to cancel the Policy.

F.1.6 General Exclusions (Applicable to Personal Accident Benefit Section):

The Company shall not be liable to make any payments in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs/alcohol).
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno deficiency Virus) and / or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome), insanity and or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the



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purpose of flying therein or alighting there from.

7. Accidents that are results of war and warlike Occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure, capture arrest restraints detentions of all kings, princes and people of whatever nation, condition or quality whatsoever.
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b) Nuclear weapons material
 - c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
11. Participation in Hazardous Sport/Hazardous Activities.
12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
13. Self exposure to needless peril (except in an attempt to save human life).
14. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
15. Payment of compensation in the event of a rail accident except if the accident is directly caused / occurring while
 - Boarding/traveling/alighting from a train.
 - within the railway area to which a public has got right of access.
16. **Nuclear, Chemical, Biological Terrorism Exclusion Clause:** The Insurance under this Certificate shall not extend to cover Death resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this clause

“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



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produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

If the Company 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 Person.

F.1.7 General Conditions (Applicable to Personal Accident Benefit Section):

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. Reasonable Precautions:

The Insured person shall take all reasonable and proper care to safeguard against Accident as if this insurance was not in force. Failure to do so will prejudice the insured person's claim under this insurance.

2. Obligations of the Insured Person:

Preliminary Notice: Upon the happening of any event, which may give rise to a claim under the policy, a preliminary notice with all particulars shall be given to the Company, Immediately, in any case, not later than 30 days. Claims for insurance benefits must be submitted to the Company not later than one (1) month or after transportation of the mortal remains/burial in the event of death.

3. Claim Documentation:

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

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

If the bills/vouchers/reports are in a language, other than English/Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person's legal heir(s).

4. Claims Settlement:

All admissible claims under this policy shall be offered for settlement within 30 days from the receipt of last necessary document. Wherever settlement offer has been made and accepted by Insured Person/Nominee/Legal heir as the case may be, the company shall pay the offered claim amount within 7 days from the date of such acceptance, failing which the Company shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.

The company shall be released from any obligation to Pay insurance benefits if any of the obligations are breached.

5. Geographical Scope: The Personal Accident insurance cover applies Worldwide.

F.2 Claims Procedure –



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F.2.1 For Hospital Confinement Benefit

1. Preliminary notice of claim with particulars relating to policy number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name, address Hospital/Nursing Home etc. should be given to Us 24 hours prior to admission in case of planned hospitalisation and not later than 24 hours after admission in case of an emergency hospitalisation.
2. The claim form duly completed in all respects along with all documents listed below should be submitted within 10 days from the date of discharge.
 - a) Photo copy of bills, receipt and discharge certificate/ card from the Hospital.
 - b) Photocopy of FIR copy in case of an accident.
 - c) Complete set of Hospital/medical records if specifically sought by Us.
 - d) If required, the Insured/Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
 - e) If required, the Insured/Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

F.2.2 Claim Procedure for Personal Accident Benefit:

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

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

If the bills/vouchers/reports are in a language, other than English/Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person's legal heir(s).

The claim documents should be sent to:

Health Claims Department

M/s. Royal Sundaram General Insurance Co. Limited., Corporate office: Vishranthi Melaram Towers, No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

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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 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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