


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 | MASTER PRODUCT | |
| 2 | What am I Covered for | Hospitalization expenses that are incurred as in-patient during the policy period | C-Benefits |
| | | Pre-Hospitalization medical expenses incurred ___ days prior to hospitalisation. The maximum amount claimable will be 8% of the eligible hospitalization expenses per occurrence as per the Policy | C-Benefits |
| | | Post Hospitalization medical expenses incurred within ___ days from date of discharge from the hospital. The maximum amount claimable will be 10% of the eligible hospitalisation expenses per occurrence as per the Policy. | C-Benefits |
| | | Day care procedures which do not require 24 hours hospitalization | C-Benefits |
| | | Modern treatment (up to 50% of sum insured) | C-Benefits-i |
| | | Additional Benefits - Extended on payment of additional premium and as evidenced in the schedule of the policy | |
| | | Accident Hospitalisation - An additional sum insured is made available to the Insured Person in case of accidental hospitalization. This sum insured can be utilized only after exhaustion of basic sum insured. | Additional Benefits-Accident Hospitalisation(1) |
| | | Accompanying Person - For each completed 24 hours of hospitalization of children below 10 years, the daily benefit shall be paid for a maximum of 30 days. This benefit follows admitted liability under hospitalization cash benefit. | Additional Benefits-Accompanying Person(2) |
| | | Ambulance Charges - Emergency ambulance charges for transporting the patient to the hospital upto a sum of Rs 1500/- per admissible hospitalization and overall policy limit of Rs.3000/- . | Additional Benefits-Ambulance Charges(3) |
| | | Cost of contact lens, spectacles and hearing aids - 2% of SI, subject to a maximum of 5000/- on completion of four consecutive years - (Under a Family Floater cover, the limits are per policy) | Additional Benefits-Cost of contact lens, spectacles and hearing aids(4) |
| Critical Illness - Lump sum amount shall be paid, if the Insured Person is Diagnosed to be suffering from any of the defined Critical illness,contracted or sustained by the Insured Person during the Period of Insurance, the signs or symptoms of which is experienced by the Insured Person more than one hundred and eighty (180) days following the commencement Date. Further the Insured Person should survive more than thirty (30) days from the date of Diagnosis of Critical Illness. | Additional Benefits-Critical Illness(5) | | |
| Dental Care - The Insured is eligible for 5% of SI, subject to a maximum of 10000/- on completion of four consecutive years, under this policy with us towards Fillings and Crowns,Emergency Tooth Replacement,Non-cosmetic Oral Surgeries,Dental x-rays. | Additional Benefits-Dental Care(6) | | |


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| | <p>Domiciliary Treatments - Medical Expenses for treatment taken at his home, which would otherwise require Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable and the medical treatment continues for at least 3 days.</p> | Additional Benefits- Domiciliary Treatments(8) |
| | <p>Extended Physiotherapy - The insured is eligible upto a maximum of Rs.250/- perday for a maximum of 30 days immediately following the post hospitalisation period on attending Medical Practitioner's advice.</p> | Additional Benefits- Extended Physiotherapy(9) |
| | <p>Maternity Benefit - A maximum benefit of 10% of the Sum Insured subject to maximum of Rs. 50,000/- irrespective of number of policies.</p> | Additional Benefits- Maternity Benefit(11) |
| | <p>Out Patient Treatment - Expenses incurred, related to Medical treatment as Out patient shall be reimbursed as per Schedule subject to Policy terms and conditions.</p> | Additional Benefits- Outpatient Treatment (12) |
| | <p>RIDERS - Extended on payment of additional premium and as evidenced in the schedule of the policy</p> | |
| | <p>Convalescence / Recovery Benefits - A lump sum of Rs.15,000/- is payable, if the period of hospitalization exceeds 15 days</p> | Riders - Convalescence / Recovery Benefits(1) |
| | <p>Hospital Cash - For each completed 24 hours of hospitalization, the daily benefit of as per the schedule will be payable for a maximum of 30 days per annum. This benefit follows admitted liability under hospitalization cash benefit.</p> | Riders - Hospital Cash (2) |
| | <p>Accidental Death and dismemberment Benefit - Amount as specified in schedule of policy is payable towards death and covered disablement due to accident.</p> | Riders - Accidental Death and dismemberment Benefit (3) |
| | <p>Indexation - The Sum Insured under this Policy shall be progressively increased by slabs of 10% subject to a maximum accumulation of 5 slabs</p> | Riders - Indexation (4) |
| | <p>Surgicare - A fixed benefit amount shall be payable in the event of Insured person undergoing covered surgery. The covered surgeries are classified into 4 categories. The fixed benefit amount, depending upon the category in which the covered surgery falls, shall be payable, irrespective of the actual amount incurred. Maximum life time benefit payable under this policy is 4 times the annual Sum Insured at policy inception, opted by the individual Insured.</p> | Riders - Surgicare (5) |
| What are the major exclusions in the policy | Pre-Existing Diseases (Excl01) | D-Exclusions - Excl01 |
| | The cost of spectacles, contact lenses(Excl30) | D-Exclusions - Excl30 |
| | Dental treatment or dental surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury.(Excl31) | D-Exclusions - Excl31 |
| | Investigation & Evaluation | D-Exclusions - Excl04 |


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| | Rest Cure, rehabilitation and respite care(Excl05) | D-Exclusions - Excl05 |
| | Obesity/ Weight Control(Excl06) | D-Exclusions - Excl06 |
| | Hazardous or Adventure sports(Excl09) | D-Exclusions - Excl09 |
| | Unproven treatment(Excl16) | D-Exclusions - Excl16 |
| Note: The above is a partial listing of the policy exclusions, Please refer to the policy clauses for the full listing | | |
| Waiting Period | Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) | D-Exclusions-Excl03 |
| | Specific waiting periods : | |
| | 90 days waiting period: Applicable for all listed surgeries from date of inception except for those surgeries necessitated due to accident under Surgicare Benefit. | Riders - Surgicare (5) |
| | 180 days Waiting Period: Critical Illness Benefit | Additional Benefits- Critical Illness(5) |
| | 12 months: 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/Bening Tumours/Breast Lumps. | D-Exclusions-Excl03 |
| | 24 months: Applicable for all surgeries towards treatment of any type of cancer under Surgicare Benefit | Riders - Surgicare (5) |
| | 24 months: Spondylosis/Spondilitis, Any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Salphingo – Oophorectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis and Deviated Nasal Septum, Any type of cancer including but not limited to Carcinoma / Sarcoma Blood Cancer, Chronic Renal Failure and End Stage Renal Failure,Organ Transplant, Retinal detachment surgery with or without vitrectomy. | D-Exclusions-Excl03 |
| | 48 months waiting period applicable for the following: | |
| | Pre-existing Ailments and its Complications | D-Exclusions-Excl01 |
| | Osteoarthritis of any joint, Treatment of Joint replacement Surgery by any cause other than accident, Chornic Obstructive Pulmonary Disease (C.O.P.D), Operations for age related macular degeneration (ARMD) or chroidal neo vascular membrane (CNVM). | D-Exclusions-Excl03 |
| Benefit under Cost of contact lens, spectacles and hearing aids | Additional Benefits- Cost of contact lens, spectacles and hearing aids(4) | |
| Benefit under Dental Care | Additional Benefits- Dental Care(6) | |


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| 5 | Payout Basis | Reimbursement of covered expenses up to specified limits mentioned in the Schedule / Certificate of this policy AND / OR Fixed amount on the occurrence of a covered event. | C-Benefits |
| 6 | Cost Sharing | In case of a claim, this policy requires you to share the following costs: Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home subject to a limit of ___% of the Sum Insured or Rs.____ per day whichever is lower and for Intensive Care Units subject to a limit of ___ % of the Sum Insured or Rs.____ per day which ever is lower | C Benefits |
| | | <ul style="list-style-type: none"> ■ Specified diseases: Cataract - 7.5 % of the Sum Insured subject to a maximum of Rs.20,000 Dialysis, Chemotherapy and Radiotherapy - 10% of the Sum insured per month Physiotherapy Charges Rs.250/- per day | C Benefits |
| | | A co payment of 25% is applicable for Cost of contact lens, spectacles and hearing aids,Dental Care. | Additional Benefits- Cost of contact lens, spectacles and hearing aids(4), Dental Care(6) |
| | | The percentage of sum insured is reimbursed during the accidental death and disablement as per the schedule | Riders - Accidental Death and dismemberment Benefit (3) |
| | | Each and every admissible claim under Benefit 1 Hospitalisation benefit is subject to a copayment of ___% | Additional Benefits- Co Payment(7) |
| 7 | Renewal Conditions | Life long renewal provided premium is paid on / before the expiry date of the policy or grace period of 30 days. | E-Conditions- Renewals (13) |
| | | 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. | |
| 8 | Renewal Benefits | Cumulative Bonus: The Sum insured shall be increased by slabs of 5% in respect of every claim free year subject to a maximum accumulation of 10 slabs. | C-Benefits |
| | | No Claim discount: The renewal premium shall be reduced by 5% if there is no claim under the expiring policy | C-Benefits |
| | | Health Checkup - A maximum amount of Rs.1500/- per Insured person after each 4 consecutive claim free years | Additional Benefits- Health Check up(10) |
| 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 | E-Conditions- Cancellation (4) |


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| | | The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company | |
| 10 | Claim Form Availability | The standard claim form (Part A and Part B) and the cashless pre-authorisation request form are available in our website for ready reference. The same may be also obtained from any of our offices on request. | |
| 11 | Network Hospitals of TPA | The updated Network Hospital List may be obtained from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change | |
| <p>(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.</p> | | | |
| IRDAI Regn No.102 | | | |

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IRDAI Registration No.102. | CIN: U67200TN2000PLC045611