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

Master Product - Amsure Master Health Plan

Customer Information Sheet			
Description is illustrative and not exhaustive			
S. No.	**Title**	**Description**	**Refer to Policy Clause Number**
1	Product Name	**MASTER PRODUCT (Amsure Master Health Plan)**	
2	What am I Covered for	Hospitalization expenses that are incurred as in-patient during the policy period	D.1
		Pre-Hospitalization medical expenses incurred 30 days prior to hospitalization	D.1.5
		Post Hospitalization medical expenses incurred within 60 days from date of discharge from the hospital	D.1.6
		Day care procedures which do not require 24 hours hospitalization	D.1.7
		Modern treatment (up to 50% of sum insured)	D.1.9
		Accident Hospitalisation - An additional 50% of hospitalisation 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.	G.2.1
		Ambulance Charges - An amount of Rs.1500/- per admissible hospitalization and overall policy limit of Rs.3000/- towards Emergency ambulance charges on producing original bills is payable	G.2.2
		Hospital Cash - A daily benefit of Rs.1000/- is payable on minimum 24 hours hospitalization to a maximum limit of 30 days per annum. This benefit follows admitted liability under hospitalization benefit.	G.2.4
	What are the major exclusions in the policy	The cost of spectacles, contact lenses	E.2.20
		i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; *ii.* Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.	E.1.18
		Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14	E.1.14
		Any treatment received outside India.(Excl29)	E.2.11
		Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor(Excl 35)	E.2.17
		Dental treatment or surgery of any kind unless requiring hospitalization.(Excl39)	E.2.21
		Any other alternative medicine except Allopathy(Modern Medicine)(Excl30)	E.2.12
		Directly or indirectly caused by or arising from or attributable to War and allied perils, Nuclear Weapons and Radio Active contamination.(Excl25)	E.2.7

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Note: The above is a partial listing of the policy exclusions, Please refer to the policy clauses for the full listing.			
4	Waiting Period	30 days for all illnesses (not applicable on renewal or for accidents)	E.1.1
		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/ Polpys/Benign Tumours/Breast Lumps.	E.1.2
		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 or end stage Renal Failure, Organ Transplant, Retinal detachment surgery with or without vitrectomy.	E.1.2
		36 months: Osteoarthritis of any joint, Treatment of Joint replacement Surgery by any cause other than accident, Chronic Obstructive Pulmonary Disease (C.O.P.D), Operations for age related macular degeneration (ARMD) or choroidal neo vascular membrane (CNVM)	E.1.2
		Pre-existing diseases: Covered after 36 months. This exclusion will also apply to any complications arising from pre-existing ailments/diseases/conditions.	E.1.1

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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 AND / OR Daily Cash benefit for for each completed 24 hours of hospitalization.	D.1 and G.2
6	Cost Sharing	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits: Room/ ICU charges A limit of 2% and 4% of the Sum insured per day respectively	D.1.1
		Specified diseases: Cataract - 10% of the Sum Insured subject to a maximum of Rs.50,000/-. Dialysis, Chemotherapy and Radiotherapy - 10% of the Sum insured per month Physiotherapy Charges Rs.250/- per day.	D.1.8
7	Renewal Conditions	Life long renewal provided premium is paid on / before the expiry date of the policy or grace period of 30 days.	F.2.9
		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.	
		Renewal of Policy The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days in case of one year to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. v. No loading shall apply on renewals based on individual claims experience	F.1.9
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.	D.2.4
		Health Checkup - A maximum amount of Rs.1500/- is reimbursed after each 4 consecutive claim free years. In respect of a floater policy, if a claim is reported/ admitted/settled under the policy, no insured member shall be	G.2.3

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		eligible for the above benefit.	
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	F.1.5
		The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company	
		Free Look Period The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. lf the insured has not made any claim during the Free Look Period, the insured shall be entitled to i. A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or; ii. where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or; iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period..	F.1.4
10	Claim Form Availabil ity	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	--
(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.			

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

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Master Product - Amsure Master Health Plan Premium Excluding GST

Benefit illustration in respect of policies offered on individual and family floater basis

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a signle		Coverage opted on individual basis covering multiple member of the family under single policy (sum		Coverage opted on family floater basis with overall sum insured (Only one sum insured is available for entire family)				Coverage opted on family floater basis with overall sum insured (Only one sum insured is available for entire family)			
	Individual				2 Adult				2 Adult 2 Child			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Floater Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Floater Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
18	₹ 7,247	500000	NA	NA	₹ 9,704	₹ 0	₹ 9,704	500000	₹ 11,700	₹ 0	₹ 11,700	500000
25	₹ 7,247	500000	NA	NA	₹ 9,704	₹ 0	₹ 9,704	500000	₹ 11,700	₹ 0	₹ 11,700	500000
35	₹ 7,247	500000	NA	NA	₹ 9,704	₹ 0	₹ 9,704	500000	₹ 11,700	₹ 0	₹ 11,700	500000
45	₹ 9,970	500000	NA	NA	₹ 13,651	₹ 0	₹ 13,651	500000	₹ 15,442	₹ 0	₹ 15,442	500000
55	₹ 13,281	500000	NA	NA	₹ 20,886	₹ 0	₹ 20,886	500000	₹ 24,298	₹ 0	₹ 24,298	500000
65	₹ 21,138	500000	NA	NA	₹ 35,934	₹ 0	₹ 35,934	500000	₹ 41,692	₹ 0	₹ 41,692	500000
70	₹ 30,267	500000	NA	NA	₹ 51,453	₹ 0	₹ 51,453	500000	₹ 56,844	₹ 0	₹ 56,844	500000
18	₹ 10,108	750000	NA	NA	₹ 13,507	₹ 0	₹ 13,507	750000	₹ 17,563	₹ 0	₹ 17,563	750000
25	₹ 10,108	750000	NA	NA	₹ 13,507	₹ 0	₹ 13,507	750000	₹ 17,563	₹ 0	₹ 17,563	750000
35	₹ 10,108	750000	NA	NA	₹ 13,507	₹ 0	₹ 13,507	750000	₹ 17,563	₹ 0	₹ 17,563	750000
45	₹ 14,324	750000	NA	NA	₹ 19,384	₹ 0	₹ 19,384	750000	₹ 23,335	₹ 0	₹ 23,335	750000
55	₹ 19,206	750000	NA	NA	₹ 30,355	₹ 0	₹ 30,355	750000	₹ 34,689	₹ 0	₹ 34,689	750000
65	₹ 30,607	750000	NA	NA	₹ 52,032	₹ 0	₹ 52,032	750000	₹ 59,710	₹ 0	₹ 59,710	750000
70	₹ 43,858	750000	NA	NA	₹ 74,559	₹ 0	₹ 74,559	750000	₹ 81,706	₹ 0	₹ 81,706	750000
18	₹ 13,353	1000000	NA	NA	₹ 16,042	₹ 0	₹ 16,042	1000000	₹ 22,369	₹ 0	₹ 22,369	1000000
25	₹ 13,353	1000000	NA	NA	₹ 16,042	₹ 0	₹ 16,042	1000000	₹ 22,369	₹ 0	₹ 22,369	1000000
35	₹ 13,353	1000000	NA	NA	₹ 16,042	₹ 0	₹ 16,042	1000000	₹ 22,369	₹ 0	₹ 22,369	1000000
45	₹ 18,017	1000000	NA	NA	₹ 20,993	₹ 0	₹ 20,993	1000000	₹ 27,607	₹ 0	₹ 27,607	1000000
55	₹ 25,429	1000000	NA	NA	₹ 36,112	₹ 0	₹ 36,112	1000000	₹ 45,622	₹ 0	₹ 45,622	1000000
65	₹ 40,853	1000000	NA	NA	₹ 62,505	₹ 0	₹ 62,505	1000000	₹ 71,393	₹ 0	₹ 71,393	1000000
70	₹ 57,308	1000000	NA	NA	₹ 89,928	₹ 0	₹ 89,928	1000000	₹ 98,172	₹ 0	₹ 98,172	1000000
Total premium for all members of the policy (2Adult with ages 25 years and 2 children with age < 18 yrs=4 members in all) is Rs.28988/-. Sum Insured available for each individual is Rs.5 lakhs			NA		NA				Total premium when policy opted on a floater basis is Rs.11700/-. Sum Insured of Rs.5 lakhs is available for the entire family			

Master Product - Amsure Master Health Plan

B Preamble

B.1 Important notes about this insurance

- Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements.
- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person.
- The Policy is an evidence of the contract between You and Royal Sundaram General Insurance Co. Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer and/or over telephone to our tele-agent by You / proposer, forms the basis of this Contract. Any non disclosure or suppression of material information relating to any Insured Person will make the contract void. No claim shall be paid and policy will be cancelled.
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.
- 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 aged between 91 days and 65 years at the Commencement Date of the Policy.

C Definitions

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

C.1 Standard Definition

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

C.1.2 Cashless facility
Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

C.1.3 Condition precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

C.1.4 Congenital Anomaly
Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

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

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

C.1.5 Cumulative Bonus:
Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium

C.1.6 Day Care Centre
A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup

with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

i. has qualified nursing staff under its employment;

ii. has qualified medical practitioner/s in charge;

iii. has fully equipped operation theatre of its own where surgical procedures are carried out;

iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

C.1.7 Day Care Treatment

Day care treatment means medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required hospitalization of more than 24 hours.

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

C.1.8 Domiciliary Hospitalisation

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

i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

ii) the patient takes treatment at home on account of non-availability of room in a hospital.

C.1.9 Emergency Care

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

C.1.10 Grace Period –

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

C.1.11 Hospital - A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;

ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii. has qualified medical practitioner(s) in charge round the clock;

iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;

v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

C.1.12 Hospitalization

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

C.1.13 Illness – means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

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

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following

characteristics:

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

C.1.14 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.

C.1.15 In Patient 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.1.16 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.1.17 ICU Charges:
ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges

C.1.18 Medical Advice
Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription

C.1.19 Medical expenses
Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

C.1.20 Medical Practitioner
Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license

C.1.21 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

C.1.22 Migration
Migration means, the right accorded to health insurance policy holders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions

and time bound exclusions, with the same insurer

C.1.23 Network Provider
Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

C.1.24 Non-Network
Non-Network means any hospital, day care center or other provider that is not part of the network.

C.1.25 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.1.26 Portability
Portability means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

C.1.27 Post-Hospitalization Expenses
Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

C.1.28 Pre-Existing Disease
Pre-existing disease means any condition, aliment, injury or disease
(a)That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
(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.1.29 Pre-Hospitalization Expenses

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

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

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

C.1.30 Qualified Nurse
Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

C.1.31 Reasonable and Customary Charges - Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

C.1.32 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

C.1.33 Room rent
Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

C.1.34 Surgery or Surgical Procedure:
Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

C.1.35 Unproven/Experimental treatment means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

C.2 Specific Definition

C.2.1 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.

C.2.2 Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of sum insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

C.2.3 Dependant Child - A dependant child refers to a child (natural or legally adopted) upto the completed age of 21, who is financially dependant on the primary insured or proposer and does not have his/her independent sources of income.

C.2.4 Excluded Hospital - An excluded hospital means any hospital which the company might discourage the insured to take treatment of any sickness or illness, due to fraud or moral hazard or misrepresentation indulged by the hospital.

C.2.5 Floater Sum Insured- Floater Sum Insured means the Sum Insured as specified in the schedule of the policy is available for any one or all members of his family who have been mentioned as Insured Persons in the schedule ,for one or more claims during the period of insurance

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

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

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

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

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

C.2.11 Third Party Administrator – Third Party Administrator [TPA] means the person or organization named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf and at its direction.

C.2.12 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.2.13 You/Your/Yourself and Insured – You/Your/and/Yourself means the Insured Person shown in the Schedule.

D Benefits covered under the policy

D.1 Hospitalisation Benefit

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

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

D.1.1 Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home subject to a limit of 2% of the Sum Insured and for Intensive Care Units subject to a limit of 4 % of the Sum Insured.

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

D.1.3 Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees.

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

D.1.5 Pre-hospitalization expenses – We shall pay for expenses incurred 30 days prior to date of admission into the hospital.

D.1.6 Post-hospitalization expenses - We shall pay for expenses incurred 60 days after the date of discharge from the hospital.

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

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

Treatment	Limit of claim
Cataract	10% of the Sum Insured subject to a maximum of Rs.50,000/-
Dialysis, and Radiotherapy	10% of the Sum insured per month
Physiotherapy Charges	Rs.250/- per day

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

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

a. Uterine Artery Embolization and HIFU
b. Balloon Sinuplasty
c. Deep Brain stimulation
d. Oral chemotherapy
e. Immunotherapy- Monoclonal Antibody to be given as injection
f. Intra vitreal injections
g. Robotic surgeries
h. Stereotactic radio surgeries
i. Bronchical Thermoplasty
j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
k. IONM - (Intra Operative Neuro Monitoring)
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

D.2 Additional Features

D.2.1 Cashless Facility: (Through Third Party Administrators - TPA)
Cashless facility is offered through Third Party Administrators (TPA) who will be guided by TPA Regulations formed by IRDAI.
In network hospitals, provided pre-admission authorisation in writing is taken from TPA appointed by Us, Insured need not pay for the eligible expenses at the hospital. The TPA will pay it directly. The cashless facility can be availed subject to compliance of the procedure laid down in the information handbook issued along with this Policy.
The TPA/Insurers may reject a cashless claim if the timelines are not met or if information provided is not sufficient to decide on the admissibility of the claim. In such cases, Insured may approach the Insurer for a Reimbursement Claim.
In non-network hospitals, all admissible hospitalisation expenses will only be reimbursed.
The proposer can seek for a change of TPA within the list of empanelled TPAs with Us 30 days prior to the date of expiry of this policy. The list of empanelled TPAs shall be available upon request in writing.

D.2.2 Ambulance Referral facility
TPA will be providing a referral facility for availing ambulance in case of emergency.

D.2.3 Income Tax Relief

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

D.2.4 Cumulative Bonus

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

Where a claim has arisen under the expiring policy, the earned cumulative bonus, if any, in respect of such insured person shall be reduced by the last 1 slab of cumulative bonus However under no circumstances shall the Sum insured under the policy be reduced on account of reduction of cumulative bonus.

Cumulative bonus will not be considered for settling claims for pre existing diseases or any additional benefits, if any under the policy. In respect of Floater Policy, any claim admitted/ settled under the policy shall lead to denial of the above benefit.

E Exclusions

(i) The policy does not cover any expenses incurred towards the following:

E.1 Standard Exclusions

E.1.1 Pre-Existing Diseases - Code- Excl01

a)Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

b)In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c)If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d)Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

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

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/24/36 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

I. List of specific diseases/procedures is as under (12 months):

a. Congenital Internal Anomaly,
b. Any type of Migraine/Vascular head ache,
c. Stones in the Urinary and Biliary systems,
d. Surgery on Tonsils/Adenoids,
e. Gastric and Duodenal Ulcer,
f. Any type of Cyst/Nodules/Polpys/Benign Tumours/Breast Lumps

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

a) Spondylosis/Spondilitis
b) Any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders.

c) Cataract,

d) Benign Prostatic Hypertrophy,

e) Hysterectomy, Salphingo – Oophorectomy

f) Fistula,

g) Fissure in Anus,

h) Piles,

i) Hernia,

j) Hydrocele,

k) Sinusitis and Deviated Nasal Septum

l) Any type of cancer including but not limited to Carcinoma / Sarcoma, Blood Cancer,

m) Chronic Renal Failure or end stage Renal Failure

n) Organ Transplant.

o) Retinal detachment surgery with or without vitrectomy.

III. List of specific diseases/procedures is as under (36 months):

a. Osteoarthritis of any joint.

b. Treatment of Joint replacement Surgery by any cause other than accident.

c. Chronic Obstructive Pulmonary Disease (C.O.P.D).

d. Operations for age related macular degeneration (ARMD) or choroidal neo vascular membrane (CNVM).

However if the above mentioned diseases under exclusion are Pre Existing as defined, at the time of proposal then they will be considered as falling under Exclusion 1.

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

a)Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b)This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

c)The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

E.1.4 Investigation & Evaluation- Code- Excl04

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

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

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

E.1.6 Obesity/ Weight Control: Code- Excl06

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

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and

4) Body Mass Index (BMI);
   a) greater than or equal to 40 or
   b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type2 Diabetes

E.1.7 Change-of-Gender treatments: Code- Excl07
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

E.1.8 Cosmetic or plastic Surgery: Code- Excl08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

E.1.9 Hazardous or Adventure sports: Code- Excl09
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

E.1.10 Breach of law: Code- Excl10
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

E.1.11 Excluded Providers: Code- Excl11
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

E.1.13 Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

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

E.1.15 Refractive Error: Code- Excl15
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

E.1.16 Unproven Treatments: Code- Excl16
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

E.1.17 Sterility and Infertility: Code- Excl17
Expenses related to Sterility and infertility. This includes:
(i) Any type of contraception, sterilization
(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy
(iv) Reversal of sterilization

E.1.18 Maternity: Code Excl18

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

E.1.19 Existing Diseases allowed to be permanently excluded.(**Excl43)**

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9
2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs• C40-C41 Malignant neoplasms of bone and articular cartilage• C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue• D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour
3	Epilepsy	G40 Epilepsy

4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system• Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 -Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis

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

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

E.2 Specific Exclusions

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

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

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

E.2.4 External Durable Devices. .**(Excl22)**

a. Commode.

b. SPO Probe 2

c. Microshield

d. Oxygen Converter

e. Stockings

E.2.5 Prosthesis, corrective devices, durable medical equipments and items and medical appliances/apparatus/machines, which are not required intraoperatively or for the Illness for which the Insured required Hospitalisation. .**(Excl23)**

E.2.6 Convalescence, general debility, `Run-down' condition or , Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide. .**(Excl24)**

E.2.7 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. .**(Excl25)**

E.2.8 Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization. .**(Excl26)**

E.2.9 Hormone replacement therapy,(including hormone replacement treatment following any disease / surgery) Cytotron Therapy, Oxymed Therapy, Arterial Clearance Therapy and similar such therapies.**(Excl27)**

E.2.10 Any stay in Hospital not warranting inpatient treatment. .**(Excl28)**

E.2.11 Any treatment received outside India. .**(Excl29)**
E.2.12 Any other alternative medicine except Allopathy (Modern Medicine). .**(Excl30)**
E.2.13 Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner. .**(Excl31)**
E.2.14 Cost of allopathic treatment if administered and/or recommended by non allopathic medical practitioner. **(Excl32)**
E.2.15 Charges for Nurses/Attendants, etc. incurred during Pre- hospitalisation period and / or Post-hospitalisation period.**(Excl33)**
E.2.16 Treatment by a family member or self-medication or any treatment that is not scientifically recognized. **(Excl34)**
E.2.17 Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor.**(Excl35)**
E.2.18 Any travel or transportation expenses excluding ambulance charges.**(Excl36)**
E.2.19 Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.**(Excl37)**
E.2.20 The cost of spectacles, contact lenses and hearing aids. .**(Excl38)**
E.2.21 Dental treatment or dental surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury.(**Excl39)**
E.2.22 Outpatient treatment charges. **(Excl40)**
E.2.23 Treatment taken from persons not registered as Medical Practitioners under respective medical councils or acting outside the scope of licence or registration granted to him by any medical council**(Excl41)**
E.2.24 Domiciliary Hospitalization**(Excl42)**
E.2.25 The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-I, List-II, List-III and List- IV of Annexure-A respectively.

F General Terms and Clauses

F.1 Standard General Terms and Clauses

F.1.1 Disclosure of Information

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

F.1.2 Condition Precedent to Admission of Liability

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

F.1.3 Claim Settlement (provision for Penal lnterest)

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

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- ln such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

F.1.4 Free Look Period

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

i. A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;

ii. where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;

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

F.1.5 Cancellation

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

Short period scales - Annual Policies

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

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

F.1.6 Fraud

lf any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent
The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

F.1.7 Portability

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

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

F.1.8 Moratorium Period:

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

F.1.9 Renewal of Policy

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

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days in case of one year to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience

F.1.10 Multiple Policies

i. ln case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. ln all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
iii. lf the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

F.1.11 Migration:

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

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

F.1.12 Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. ln the event of

death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

F.1.13 Redressal of Grievance

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

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

Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

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

Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance
lf Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Mr. T M Shyamsunder
Grievance Redressal Officer
Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097

For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in
lf Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per lnsurance Ombudsman Rules 2017.
Insurance Ombudsman addresses given in Annexure I.
Grievance may also be lodged at IRDAI Integrated Grievance Management System - https:/ligms. irda.qov. in

F.1.14 Possibility of Revision of Terms of the Policy lncluding the Premium Rates

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

F.1.15 Withdrawal of Policy

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

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

F.1.16 Complete Discharge

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

F.2 Specific terms and clauses

F.2.1 Payment of Claim

- All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require.

- The company shall be released from any obligation to pay benefits if any of the obligations are breached.
- All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.
- The Company shall 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.
- In case of a policy issued on an installment premium basis, balance premium due if any, shall be adjusted against the claim amount.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer, as per the relevant AML guidelines in force.
- In respect of hospitalization benefit, claims falling within two policy periods, the Sum Insured considered for such claim shall be the available Sum Insured under both policy periods.

F.2.2 Transfer
Transferring of interest in this Policy to anyone else is not allowed.

F.2.3 Automatic Termination
The cover shall terminate immediately on the earlier of the following events:
- Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon exhaustion of the sum insured.
- Upon non receipt of the installment premium when it becomes due.

F.2.4 Notice
Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

F.2.5 Misdescription
This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

F.2.6 Geographical Area
The cover granted under this insurance is valid for treatments taken in India only.

F.2.7 Contribution
If at the time of a claim under this Policy, there is any other insurance covering the same loss, the right of contribution apply. This clause shall however not be applicable for benefit sections of the policy.

F.2.8 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.

F.2.9 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 3 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.
The renewal premium shall be subject to changes (as approved by IRDAI) if any, as specified in the prospectus.

F.2.10 Customer Service
If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hour.

F.2.11 Arbitration
If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to difference or, if they cannot agree upon a single Arbitrator within 30 days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising of two Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.
It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

F.2.12 Disclaimer
It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

F.2.13 Jurisdiction
The Policy is subject to the laws of India and the jurisdiction of its Courts.

F.2.14 Change of address
The Insured must inform in writing of any change in his/her address. This is to ensure better service in terms of communication and any failure to do so shall not amount to non-adherence to policy conditions so long as the changed address is within India.

F.2.15 Change in Sum Insured
Any change in the Sum Insured can be opted only at the time of renewal, subject to no claim under the expiring policy and the increase is restricted to 100% of the current Sum Insured and is at the discretion of company
When the Company is admitting liability for disease/illnesses /medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person in the policy during the first occurrence of such disease/ illness/medical condition/burns or the available Sum Insured under the current Policy, whichever is less.
When the Company is admitting liability for pre existing disease the least sum insured opted in all years of insurance will be considered.

F.2.16 In case of non-disclosure of a condition which is other than list of Permanent exclusions under 4G, we can incorporate additional waiting period of not exceeding 48 months for the said undisclosed disease or condition

from the date the un-disclosed condition was detected and continue with the policy subject to obtaining prior consent from you or Insured Person.

F.2.17 Where the non-disclosed condition allows us to continue the coverage by levying extra premium or loading based on the objective criteria laid down in the Board approved underwriting policy, we shall levy the same prospectively from the date of noticing the non-disclosed condition. However, in respect of policy contracts for a duration exceeding one year, If the un-disclosed condition is surfaced before the expiry of the policy term, we may charge the extra premium or loading retrospectively from the first year of issuance of the policy or renewal, whichever is later.

F.2.18 Compliance with Policy provisions
Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

G Other terms and Conditions

G.1 Claims Procedure

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

The Claims Procedure is as follows:

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

For admission in non-network Hospital - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/Hospital/Nursing Home should be given to Us within seven days from the date of hospitalization/injury/ death, failing which admission of claim is at insurer‘s discretion. Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.

Mandatory documents

1. Test reports and prescriptions relating to First/ Previous consultations for the same or related illness.
2. Case history/Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
3. Death summary in case of death of the insured person at the hospital.
4. Hospital Receipts/bills/cash memos in Original (including advance and final hospital settlement receipts).
5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor’s prescription advising such tests/investigations (CDs of angiogram, surgery etc need not be sent unless specifically sought).
6. Doctor’s prescriptions with cash bills for medicines purchased from outside the hospital.
7. FIR/MLC in the case of accidental injury and English translation of the same, if in any other language.
8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.
9. 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.
10. For a)Cataract claims - IOL sticker b) PTCA claims - Stent sticker.
11. Copies of health insurance policies held with any other insurer covering the insured persons.
12. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim

amount settled by them and that Original claim documents are retained at their end.

Documents to be submitted if specifically sought

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart).
2. Copy of extract of Inpatient Register.
3. Attendance records of employer/educational institution.
4. Complete medical records (including indoor case records and OP records) of past hospitalization/ treatment if any.
5. Attending Physician's certificate clarifying
   - reason for hospitalization and duration of hospitalization.
   - history of any self-inflicted injury.
   - history of alcoholism, smoking.
   - history of associated medical conditions, if any.
6. Previous master health check-up records/pre- employment medical records if any.
7. Any other document necessary in support of the claim on case to case basis.

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.

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

- In the event if the Insured having multiple insurance policies and prefers to lodge a partial claim with the Company, the Company shall accept photo copies of the documents duly certified by the first insurance company.
- Insured/Insured Person must give Us at his expense, all related information We ask for about the claim.
- Insured must help Us to take legal action against anyone if required If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at our expense.
- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.
- If required, insured should procure from the hospital or cooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.
- Insurers have the right to reject the claim if the documents are inadequate and if the requirements for additional documents by the Insurer are not complied within reasonable time of not more than 45 days from the time of making such request.

G.2 ADDITIONAL BENEFITS

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

G.2.1 Accident Hospitalisation

The Company shall reimburse the Insured Person, Reasonable charges incurred in a Hospital as an Inpatient towards medical expenses for treatment of injury arising out of an accident, up to 50% of the Sum Insured mentioned in the Policy Schedule as Hospitalisation Benefit . Further, it is condition precedent that payment of any such claim under this benefit shall be payable after exhausting the available Sum Insured under the hospitalisation benefit.

G.2.2 Ambulance Charges

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

G.2.3 Health Checkup

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

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

G.2.4 Hospital Cash

For each completed 24 hours of hospitalization the daily benefit of Rs.1000/- will be payable. This benefit follows admitted liability under hospitalization cash benefit.

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

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

Exclusions for Hospital Cash

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

I. Pre Existing Disease and any disease ,illness ,medical condition, injury, which is a complication of a Pre Existing Diseases.

II. All Other Exclusions flowing from base policy.

Hospital Cash Claims procedure

1. Preliminary notice of claim with particulars relating to Policy number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name, address Hospital/Nursing Home etc. should be given to Us 24 hours prior to admission in case of planned hospitalisation and not later than 24 hours after admission in case of an emergency hospitalisation.
2. The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.
   a) Photo copy of bills, receipt and discharge certificate/ card from the Hospital.
   b) Photo copy 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 Person must give consent to obtain Medical Report from any Medical Practitioner at our expense.
   e) If required, the Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.

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.

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

Office Details	**Jurisdiction of Office Union Territory,District)**	**Date Of Taking Charge**
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	03/10/2019
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.	
BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.	
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.	11/09/2019
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	

CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puduchery).	
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	12/09/2019
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	
HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.	
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	07/11/2018

KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	30/09/2019
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	11/09/2019
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	17/09/2019
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,,	Bihar, Jharkhand.	09/10/2019

Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in		
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	03/12/2019

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

EXECUTIVE COUNCIL OF INSURERS,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W), Mumbai - 400 054.
Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949 Email: inscoun@ecoi.co.in
Shri M.M.L. Verma, Secretary General

Smt Moushumi Mukherji, Secretary

Annexure A

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

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

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

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

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEX I MASK

17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKETS/VARMER BLANKET
27	ADMISSION KIT
	DIABETIC CHART CHARGES
	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
	DISCHARGE PROCEDURE CHARGES
	DAILY CHART CHARGES
	ENTRANCE PASS / VISITORS PASS CHARGES
	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
	FILE OPENING CHARGES
	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
	PATIENT IDENTIFICATION BAND / NAME TAG
	PULSEOXYMETER CHARGES

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

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT

8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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

WHAT IF I EVER NEED TO COMPLAIN?

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

In all instances, call our Customer Services at our Chennai office at 1860 425 0000 or e-mail at customer.services@royalsundaram.in or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

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