



**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

**SURAKSHA KAWACH SECTION 2 - PERSONAL ACCIDENT**

**B Preamble:**

This is a contract between the Insured Person and Royal Sundaram General Insurance Co. Limited. subject to the receipt of full premium, Disclosure to Information Norm including the information provided by the Insured Person in the Proposal Form and the terms, conditions and exclusions of this Policy.

If any claim arising as a result of an Injury solely and directly due to an Accident anywhere in the world, that occurred during the Policy Period becomes payable, then the Company shall pay the Benefits in accordance with terms, conditions and exclusions of the Policy.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any one of them shall bear such meaning wherever it appears.

The terms, conditions and exclusions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

**C Definitions:**

**C.1 Standard Definitions**

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

C.1.2 **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

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

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

C.1.3 **Condition Precedent** means a Policy term or condition upon which Our liability under the policy is conditional upon.

C.1.4 **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.1.5 **Hospital** means any institution established for in-patient care and day care treatment of Illness and/or Injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section of 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 this accessible to the insurance company's authorized personnel.

C.1.6 **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.1.7 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

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



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illness/ injury which leads to full recovery

- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
  2. it needs ongoing or long-term control or relief of symptoms
  3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  4. it continues indefinitely
  5. it recurs or is likely to recur
- C.1.8 **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- C.1.9 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- C.1.10 **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.1.11 **Medically Necessary Treatment** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- i. Is required for the medical management of the Illness or injury suffered by the Insured Person;
  - 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.1.12 **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 the scope and jurisdiction of license.
- C.1.13 **Notification of Claim** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- C.1.14 **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.2 Specific Definitions**
- C.2.1 **Adventure or Hazardous Sports/Activities** means Any sports or activity which is adventurous in nature uses any apparatus or involves physical movement, rotation, swinging, floating in air or water. These activities include Para sailing, Para gliding, trekking with apparatus, Bungee jumping, para jumping, rock climbing, mountaineering, motor racing, horse racing or deep- sea diving etc. “
- C.2.2 **Age** means the completed age (in years) of the Insured Person as on his/her latest birthday.
- C.2.3 **Annexure** means a document attached and marked as Annexure to this Policy.
- C.2.4 **Common Carrier** means any land, sea or air conveyance operated under a licence issued by a government authority having jurisdiction for the transportation of fare paying passengers and which has fixed established routes only.
- C.2.5 **Company/We/Our/Insurer/Us**  
Company/We/Our/Insurer/Us Royal Sundaram General Insurance Co. Limited.



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- C.2.6 **Fracture** is a break in continuity of the bone evidenced by an X-Ray and certified by the attending Medical Practitioner.
- C.2.7 **Risk Commencement Date** means the inception date of this Policy as specified in the Policy Schedule/ Certificate of Insurance
- C.2.8 **Insured Person** means the person(s) named in the Policy Schedule/ Certificate of Insurance, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
- C.2.9 **Loss of Daily Living** means that the Insured Person is permanently unable to perform independently three or more of the following six activities of daily living:
- Washing: the ability to maintain an adequate level of cleanliness and personal hygiene
  - Dressing: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary
  - Feeding: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
  - Toileting: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
  - Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence
  - Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.
- C.2.10 Nominee means the person named in the Policy Schedule/ Certificate of Insurance who is nominated to receive the benefits under the Policy in accordance with the terms and conditions of the Policy, if You are deceased.
- C.2.11 Policy means this Policy document, the Proposal Form and the Policy Schedule/ Certificate of Insurance which form part of the Policy including endorsements, as amended from time to time which form part of the Policy and shall be read together.
- C.2.12 Policy Period means the period between the Inception Date and the Expiry Date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
- C.2.13 Policy Year means a period of 12 consecutive months commencing from the Inception Date.
- C.2.14 Policy Schedule means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

**D Benefits Covered under the policy**

**D.1 Basic Cover**

The following Benefits shall be available only if specified in the Policy Schedule/Certificate of Insurance, subject to the terms, conditions, limitations and exclusions of the Policy.

**D.1.1 Accidental Death**

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's death within three hundred and sixty- five

(365) days from the occurrence of such Accident the Company will pay the Sum Insured specified in the Policy Schedule/ Certificate of Insurance, provided that:

- The Company will deduct any amounts already paid under Clause 3.2 (Permanent Total Disablement) or 3.3 (Permanent Partial Disablement) of the Basic Cover or Total Temporary Disablement (TTD) under Optional Benefits in respect of the Insured Person from any amount payable under Clause 3.1 of Basic Cover

**D.1.2 Permanent Total Disablement**

- If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's Permanent Total Disability within three hundred and sixty-five (365) days from the occurrence of such Accident the Company will make payment in accordance with the grid below provided that:



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- ii. The Permanent Total Disability is proved with a disability certificate issued by a Civil Surgeon or the equivalent appointed by the Central or the State Government being presented to Us; and the Permanent Total Disability continues for a continuous period of at least six (6) calendar months from the commencement of the disability and such disability is permanent at the end of this period;
- iii. If the Insured Person dies before a claim has been admitted under this benefit, The Company shall not be liable to make any payment under this benefit.
- iv. The Company shall deduct any amounts already paid under the any of basic covers or the Total Temporary Disablement under Optional Benefits in respect of that Insured Person from any amount payable under this benefit.

Nature of Permanent Total Disablement	% of Sum Insured Payable
Actual loss by physical separation or total and permanent loss of use of both hands	100%
Actual loss by physical separation or total and permanent loss of use of both Feet	100%
Loss of sight in both eyes	100%
Actual loss by physical separation or total and permanent loss of use of one hand and one foot	100%
Actual loss by physical separation or total and permanent loss of use of one hand and sight in one eye	100%
Actual loss by physical separation or total and permanent loss of use of one foot and sight in one eye	100%
Loss of speech and loss of hearing in both ears	100%
Permanent and incurable paralysis of all limbs	100%
Permanent total loss of mastication	100%
The Insured Person suffers Injuries which do not fall within any of the categories specified above but are such that the Insured Person is unlikely to ever be able to physically engage in any occupation or employment or business for remuneration or profit	100%



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Note: For the purpose of this benefit, ‘physical separation’ of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

**D.1.3 Permanent Partial Disablement**

- i. If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person’s Permanent Partial Disability within three hundred and sixty-five (365) days from the occurrence of such Accident, The Company will pay the amount specified in the table below;
- ii. The Permanent Partial Disability is proved with a disability certificate issued by a Civil Surgeon or the equivalent appointed by the Central or the State Government being presented to Us; and the Permanent Partial Disability continues for a continuous period of at least six (6) calendar months from the commencement of the disability and such disability is permanent at the end of this period;
- iii. If the Insured Person dies before a claim has been admitted under this benefit, The Company shall not be liable to make any payment under this benefit.
- iv. The Company shall deduct any amounts already paid under the any of basic covers or the Total Temporary Disablement under Optional Benefits in respect of that Insured Person from any amount payable under this benefit.

Nature of Permanent Partial Disablement	% of Sum Insured Payable
Total and irreversible loss of hearing in both ears	50%
Total and irreversible loss of speech	50%
Actual loss by physical separation or total and permanent loss of use of one hand	50%
Actual loss by physical separation or total and permanent loss of use of one foot	50%
Total and irreversible loss of sight in one eye	50%
Actual loss by physical separation or total and permanent loss of use of four fingers and thumb of one hand	40%
Actual loss by physical separation or total and permanent loss of use of four fingers	30%
Total and irreversible loss of hearing in one ear	30%
Actual loss by physical separation or total and permanent loss of use of thumb and index finger of the same hand	25%



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Actual loss by physical separation of all toes	20%
Actual loss by physical separation or total and permanent loss of use of thumb	15%
Actual loss by physical separation or total and permanent loss of use of index finger	10%
Non union of fractured leg or kneecap	10%
Loss of thumb-one phalanx	10%
Shortening of leg by at least 5 cm	7.5%
Actual loss by physical separation or total and permanent loss of use of middle finger	6%
Actual loss by physical separation or total and permanent loss of use of ring finger	5%
Actual loss by physical separation or total and permanent loss of use of little finger	4%
Actual loss by physical separation of great toe (both phalanges)	5%
Actual loss by physical separation of great toe (one phalanx)	2%
Actual loss by physical separation of any toes other than the great toe, provided that more than one toe is lost	1% each
Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional)	3%

**D.1.4 Air Accident Coverage-Death only**

If the Insured Person suffers an Injury solely and directly due to an Air Accident occurring during the Policy Period which solely and directly results in the Insured Person's death within three hundred and sixty-five (365) days from the occurrence of such Accident the Company will pay the Sum Insured specified in the Policy Schedule/ Certificate of Insurance subject to;

- the Sum Insured under Section 3.1 (Accidental Death) will not be payable if this option is opted by the Insured Person.
- The Company will deduct any amounts already paid under Clause 3.2 (Permanent Total Disablement)



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or 3.3 (Permanent Partial Disablement) of the Basic Cover or Total Temporary Disablement (TTD) under Optional Benefits in respect of the Insured Person.

**D.2 Optional benefits**

**D.2.1 Temporary total disablement (TTD):**

Temporary Total Disablement(TTD) means disability which is temporary in nature and wholly and continuously prevents the Insured Person from performing each and every duty pertaining to his occupation during the period of such disablement.

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Temporary Total Disablement of the Insured Person within 365 days from the date of the Accident. The Company will pay an amount equal to 1% of the Sum Insured stated in the Policy Schedule/ Certificate of Insurance up to maximum of Rs.10,000 per week, for the duration of the Temporary Total Disablement provided that, The Company shall not be liable to make payment under this benefit for more than the number of weeks as mentioned in the policy schedule/ Certificate of Insurance in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject to the availability of the Sum Insured.

**D.2.2 Monthly Income Benefit**

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in Death or Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident, the Company will pay a fixed benefit mentioned in the Policy Schedule/Certificate of Insurance for the number of months mentioned in the Policy Schedule/ Certificate of Insurance.

This benefit will be over and above the chosen SI.

**D.2.3 Medical Expenses due to Accident**

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and is hospitalized as an in-patient for 24 continuous hours and more, then the Company will reimburse the insured person the necessary usual and reasonable In-hospital Medical Expenses incurred within twelve months from the date of Accident up to forty percent (40%) of the compensation paid in settlement of a valid claim under this Policy or ten percent (10%) of the Sum Insured or actuals whichever is less .

It is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall be submitted to the Company.

This benefit will be over and above the chosen SI.

**D.2.4 Carriage of Dead Body**

In the event of the death of the Insured Person due to an accident away from his residence, the Company shall pay an additional amount of 2% of the Sum Insured up to maximum of Rs. 10000/- under this benefit towards transportation of the Insured Person's dead body to the place of his residence provided that the Company has accepted the claim under this policy.

This benefit will be over and above the chosen SI.

**D.2.5 Educational Grant**

In the event of the Death or Permanent Total Disablement and the Company has accepted a claim under this policy in respect of the Insured Person, then in addition to any amount payable under relevant sections, We will also make a onetime payment as specified in the Policy Schedule/ Certificate of Insurance to the surviving dependent child of the Insured Person, for a maximum of 2 children, subject to a maximum limit of Rs.1,00,000 per child.

This benefit shall be payable to the dependent child only up to 25 years of age as on date of occurrence of the event and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.



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This amount is payable only once during the entire lifetime of the policy.

Dependent children shall include legally adopted and step-children, of the Insured Person.

This benefit will be over and above the chosen SI.

**D.2.6 Emergency Domestic evacuation**

If the Insured Person suffers an Injury solely and directly due to an Accident, The Company will reimburse the Insured Person for his reasonable & necessary transportation from one Hospital bed to another Hospital bed in case of life threatening emergency condition for treatment of an Injury which is admissible and payable under the Policy, subject to:

- a) Certification by the treating Medical Practitioner of such life threatening emergency condition and confirming that current Hospital does not have suitable medical equipment & technology for the life threatening condition;
- b) Our maximum liability will be limited to the limits specified in Schedule/Certificate of Insurance.
- c) the Company has accepted the claim under this policy;
- d) It is hereby agreed and understood that service provided by the Service Provider under this benefit, The Company make no representation and/ or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the service sought or provided. The Emergency Domestic Evacuation service shall be on best efforts basis.
- e) This benefit can be availed once by an Insured Person during a Policy Year.
- f) This benefit is on per Insured Person basis. The Company will assist to transport you safely from one hospital bed to another hospital bed to provide a suitable medical treatment, in case of an accidental medical emergency, wherein the required facilities are not present in the said hospital/medical care centre.

This benefit will be over and above the chosen SI.

**D.2.7 Home Alteration & Vehicle Modification Benefit**

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Permanent Total Disablement of the Insured Person within 365 days from the date of that Accident, The Company will reimburse the amount equal to actual expenses or 20% of SI or Rs.1 lac whichever is lower towards the expenses on Home Alteration and Vehicle Modification.

Proof of expenditure in this regard will have to be provided to us. This benefit will be over and above the chosen SI.

**E Exclusions**

**E.1 Specific Exclusions**

The Company shall not be liable to make any payment for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

- i. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane
- ii. Mental illness or sickness or disease including a psychiatric condition, mental disorders of or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction to the same.
- iii. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
- iv. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities,





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warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or

- v. air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- vi. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease
- vii. Congenital external diseases, defects or anomalies or in consequence thereof.
- viii. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.
- ix. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule/ Certificate of Insurance.
- x. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
- xi. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
- xii. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;
- xiii. Death or disablement caused by participation of the Insured Person in any flying activity including chartered flights except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- xiv. Insured Persons whilst engaging in adventure and hazardous sport, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule/ Certificate of Insurance.
- xv. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Sports/Activities.
- xvi. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- xvii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- xviii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- xix. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy.

**F General terms and clauses**

**F.1 Specific terms and clauses**

**F.1.1 Observance of terms and conditions**

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



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**F.1.2 Disclosure to Information Norm**

The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by You or any one acting on Your behalf, under this Policy.

**F.1.3 Material Change**

It is a Condition Precedent to the Our's liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. We may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the contract.

**F.1.4 Portability Option**

If the Insured Person has exercised the Portability Option at the time of Renewal of the Policy to a suitable similar Policy or Individual health Insurance policy with the Company by submitting the application and the completed Portability form with complete documentation at least 45 days before the expiry of Insured Person previous Coverage Period, then the Insured Person will be provided with credit gained for Pre-existing Diseases in terms of Waiting Periods and time bound exclusions up to the existing Sum Insured and cover subjected to Underwriting Guidelines and in accordance with the existing guidelines of the IRDAI.

**F.1.5 Cancellation/Termination**

- a. Cancellation/ Termination (other than Free Look cancellation)

**Cancellation by Insured Person:**

You may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

- i. Short-term(less than one year) Policies prior to commencement of risk We shall retain an amount of 10% of total premium paid.
- ii. Short-term(less than one year) Policies post commencement of risk

Completed tenure of the policy	Retention of Premium amount
0%-25%	40%
26%-50%	60%
51% and above	100%

- iii. Annual Policies

Completed tenure of Policy	Retention of Premium
less than 1 month	25% of annual rate
between 1 month and 3 months	50% of annual rate

**Policy with tenure more than one year**

Policy year in which policy is cancelled , we shall retain the premium as per below grid. However, for rest of years 5% of the pro-rated annual Premium amount shall be retained. Pro-rated annual rate will be arrived on the basis of pro-rated rate from the entire tenure premium.

In the year of cancellation, below grid shall apply for more than one year policies.



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Completed tenure of Policy	Retention of Premium
less than 1 month	25% of annual rate
between 1 month and 3 months	50% of annual rate
between 3 months and 6 months	75% of annual rate
Above 6 months	full annual premium

**Cancellation/Termination by Us**

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form or non-cooperation by the insured, by giving fifteen (15) days' notice in writing by courier/registered post with acknowledgement due to the Insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.

The Insured may also cancel this Policy by giving fifteen (15) days' notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and refund the premium for the period his Policy will not be in force, by retaining premium as per aforesaid cancellation clause, provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the insured.

**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.

**F.1.6 Notice**

- a. Notices Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to: a. Policyholder/ Insured Person at the address specified in the Policy Schedule/Certificate of Insurance or at the changed address of which the Company must receive written notice.
- b. The Company at the following address:  
M/s. Royal Sundaram General Insurance Co. Limited.,  
Corporate office: Vishranthi Melaram Towers, No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097
- c. the Company may send the Insured Person other information through electronic and telecommunications means with respect to the Policy from time to time.

**F.1.7 Premium Instalment**

(Applicable for policies with instalment payment).

- i. The Insured Person is required to pay the premium on monthly/ quartely/ half yearly / yearly/ total tenure payment for the number of Insured persons opted for this cover.
- ii. It is a condition precedent that premium applicable to the entire policy period shall be paid, by the Insured/Insured Person/Insured Person's legal heir(s) as the case may be, in the event of claim under this Policy.
- iii. No refund of premium will be made for the months prior to the month in which the Insured Person exercises his/her option to withdraw from the Plan.

**F.1.8 Grace Period**

This Policy shall ordinarily be renewable for lifelong and subject to payment in advance of the total premium at the rate in force at the time of renewal and subject to the Policy is renewed within the Grace



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period of 30 days( in case of Annual Payment option/ Total Tenure option) and 15 days(in case of monthly/ quarterly/ half-yearly) from date of Policy expiry. Unless renewed as herein provided, this Policy shall automatically terminate at the expiry of the period for which premium has already been paid. During the grace period, the company shall not be liable for Claim, if any occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

**F.1.9 Fraudulent claims**

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or anyone acting on behalf of the Insured Person or any false or incorrect Disclosure to Information Norms to obtain any benefit under this Policy, then the Company may reserve the right to cancel the Policy and all benefits under the Policy shall be forfeited and all sums paid under this Policy shall be repaid to the Company by the Insured Person.

**F.1.10 Nomination**

- a. Insured Person is mandatorily 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 Insured Person death.
- b. 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 by the Company.

**F.1.11 Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

The disputes of quantum of payment of losses shall be preferred to be dealt and resolved under the alternative dispute resolution system including Arbitration and Conciliation Act of India.

**F.1.12 Maintenance of Records**

As a Condition Precedent, the Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representative(s) to inspect such records. The Insured Person shall furnish such information as we may require under this Policy at any time during the Policy Period.

**F.1.13 Geography**

This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by the Company through an endorsement.

**F.1.14 Modifications to the Policy**

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written Endorsement signed and stamped by the Company.

**F.1.15 Withdrawal of the Product**

This product or any variant/plan under the product may be withdrawn at the Company's option subject to change in regulations. In such a case the Company shall notify Policyholder of any such change at least 3 months prior to the date from which such withdrawal shall come into effect or as may be provided by the applicable law.

**F.1.16 Insurer's rights for admissibility**

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

**F.1.17 Renewal**

- i. This insurance policy shall ordinarily be renewable except on grounds of fraud, moral hazard or



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misrepresentation or non-cooperation by you. Wherever renewal is denied, due reasons shall be provided by us.

- ii. The Company shall not be bound to give notice that renewal premium is due. Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer. Nothing herein or otherwise shall oblige the Company to offer renewal terms or restrict any renewal terms as to premium or otherwise. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company
- iii. Policy must be renewed within the grace period of 30 days( in case of Annual Payment option/Total Tenure option) and 15 days(in case of monthly/ quarterly/ half-yearly) 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 or 15 days as applicable will be underwritten as a fresh policy at the discretion of Royal Sundaram.
- iv. The coverages, terms & conditions and the premium are guaranteed till the expiry date shown in the policy. At renewal, the coverages, terms & condition & premium may change, in which case a 3 Months' notice by Registered Post AD / Courier shall be sent to the Insured Person at his last known address as recorded in the policy
- v. Any change in premium on account of change of age will not require any prior notice. As age increases, premium will also increase each year.
- vi. The product / plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer by Registered Post 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/Certificate of Insurance of the policy.
- vii. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.
- viii. Renewal are not applicable in respect of the Insured Person for whom, a claim has been admitted and as it is a one-time benefit during the lifetime of the Insured Person.

**F.1.18 Free Look Provision:**

At the inception of the policy the Insured Person will be allowed a period of 15 days (30 days for Telesales, Online and Web aggregators) from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

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

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



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**F.1.19 Multiple Policies**

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person then we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited.

**F.1.20 Arbitration**

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

It is clearly agreed and understood that no difference or dispute shall be referable to Arbitration as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/ Arbitrators of the amount of the loss or damage shall be first obtained.

**F.1.21 Grievances Redressal Procedure**

In case the Insured Person is aggrieved in any way, the Insured Person may contact Us for following grievances:

- i. Any partial or total repudiation of claims by the Company.
- ii. Any dispute regard to premium paid or payable in terms of the policy.
  - i. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
  - ii. Delay in settlement of claims.
  - iii. Non-issue of any insurance document to customer after receipt of the premium.
  - iv. Any other grievance.

You / Insured Person may contact Us with the details of the grievance through: Our website: [www.royalsundaram.in](http://www.royalsundaram.in)

Email: [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) Call us at : 18604250000

Fax: 91-44-7113 7114

Courier: Any of Our Branch office or corporate office during business hours

In case You/Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Person may contact the official for resolution on:

The Grievance Redressal Unit

Royal Sundaram General Insurance Co. Ltd. Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097

Email: [grievance.redressal@royalsundaram.in](mailto:grievance.redressal@royalsundaram.in)

In case You/Insured Person are not satisfied with Our decision/ resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure IV. All Grievances will be handled in compliance with Insurance Ombudsman Rules, 2017.

**G Other terms and Conditions**

**G.1 Claim Procedure**



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Provided that the due observance and fulfilment 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:

**G.1.1 Claim Documentation**

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

**Death Claims**

- i. Duly completed claim form
- ii. Original Death certificate
- iii. Post-mortem report
- iv. First Information Report
- v. Inquest report/Panchanama Report
- vi. Extract of MLC/Accident Register
- vii. Final report issued by Police Authorities if sought
- viii. Chemical analysis report/viscera report if preserved for analysis
- ix. Admission/Discharge/Death summary issued by the hospital authority
- x. Medical records pertaining to hospitalisation
- xi. English translation of vernacular documents
- xii. Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination
- xiii. Any other document sought by the Company

**Disablement Claims**

- xiv. Duly completed claim form along with medical certificate forming part of claim form
- xv. Attending physician's certificate certifying extent of disability
- xvi. First Information Report
- xvii. Medical records pertaining to hospitalisation
- xviii. Photographs of the insured exhibiting disability
- xix. Any other document sought by the Company

**Additional documents required for Optional covers**

- xx. Temporary total disablement (TTD) – leave certificate from employer confirming period of absence from work
- xxi. Medical Expenses due to accident – All bills in original (with serial number, date and stamp), all receipts for proof of payment, hospital records, doctors' prescriptions for lab tests/medicines
- xxii. Educational grant – Bonafide certificate of the student from the educational institution in which the child is studying
- xxiii. Home Alteration & Vehicle Modification Benefit - Bills/receipts/invoices for the cost incurred towards home alteration or vehicle modification.

The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days after the occurrence of the event.

**G.1.2 Payment of Claim**

- All valid claims will be settled within 30 working days upon receipt of due written evidence of such



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loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached.

- All claims under this Policy shall be payable in Indian Currency.
- The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance.
- The claim if admissible shall be paid to the legal heir/ nominee of the proposer in case if the proposer is not surviving at the time of payment of claim
- If a claim is settled for an insured, cover for other insured members under the policy shall continue.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.
- All claims are to be notified to Us within a timeline. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.
- The claim documents should be sent to:

Health Claims Department

Royal Sundaram Alliance Insurance Co Ltd Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097

Annexure IV:

List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)	Date Of Taking Charge
<b>AHMEDABAD - Shri Kuldip Singh</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	03/10/2019
<b>BENGALURU -</b> 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: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.	





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<p><b>BHOPAL -</b> 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: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a></p>	<p>Madhya Pradesh Chattisgarh.</p>	
<p><b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a></p>	<p>Orissa.</p>	<p>11/09/2019</p>
<p><b>CHANDIGARH -</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a></p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</p>	
<p><b>CHENNAI -</b> 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: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a></p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>	
<p><b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a></p>	<p>Delhi &amp; Following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>	<p>12/09/2019</p>
<p><b>GUWAHATI -</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	



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<p>Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a></p>		
<p><b>HYDERABAD -</b> 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: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a></p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>	
<p><b>JAIPUR -</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a></p>	<p>Rajasthan.</p>	
<p><b>ERNAKULAM - Ms. Poonam Bodra</b> 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: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a></p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>	<p>07/11/2018</p>
<p><b>KOLKATA - Shri P. K. Rath</b> 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: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a></p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>	<p>30/09/2019</p>
<p><b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b> 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: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a></p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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,</p>	<p>11/09/2019</p>



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	Sidharathnagar.	
<p><b>MUMBAI -</b> 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: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a></p>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	
<p><b>NOIDA - Shri Chandra Shekhar Prasad</b> 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: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	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
<p><b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	Bihar, Jharkhand.	09/10/2019
<p><b>PUNE - Shri Vinay Sah</b> 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: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	03/12/2019



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

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

*In all instances, call our Customer Services at our Chennai office at 1860 425 0000 or e-mail at [customer.services@royalsundaram.in](mailto: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.*

In case your grievance is not resolved by us or you are not satisfied with the resolution provided by us , you may contact Insurance ombudsman who are available in 17 cities in India. For further details you may visit our website [www.royalsundaram.in](http://www.royalsundaram.in) or [www.gbic.co.in/ombudsman.html](http://www.gbic.co.in/ombudsman.html)

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*(Formerly known as Royal Sundaram Alliance Insurance Company Limited)*

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611