



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 3 - EQUATED MONTHLY INSTALLMENT PROTECTION**

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.

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

In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy.

C.1 Standard Definitions

C.1.1 Accident

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

C.1.2 Condition Precedent

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

C.1.3 Congenital Anomaly

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

C.1.4 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.



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- C.1.5 **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.1.6 **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) and 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.1.7 **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.1.8 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
 - b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires 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.1.9 **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.1.10 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- C.1.11 **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.1.12 **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.
- C.1.13 **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



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medical community in India.

- C.1.14 **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- C.1.15 **Pre-existing disease** means any condition, ailment, injury or disease
(a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
(b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- C.1.16 **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer
- C.1.17 **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.1.18 **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.2 Specific Definitions

- C.2.1 **Company/We/Our/Insurer/Us**
Company/We/Our/Insurer/Us Royal Sundaram General Insurance Co. Limited.
- C.2.2 **Commencement Date**
Commencement date of this Policy shall be the first inception date of this section 3 i.e. Equated Monthly Installment Protection for that Insured Person with Us without any break in period of cover.
- C.2.3 **Hospitalized** 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.2.4 **Equated Monthly Instalment (EMI)**
Equated Monthly Instalment or EMI amount means and includes the amount of recurring monthly payment liability of Insured Person.
For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the accident or sickness will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.
- C.2.5 **Material Fact** shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Company
- C.2.6 **Nominee** means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on the death of the Insured Person
- C.2.7 **Policy** means our contract of insurance with the Policyholder providing cover as detailed in this Policy terms and conditions, the proposal form, Policy Schedule/Insurance Certificate, Information Summary Sheet, Endorsement/s, if any and Annexure, which form part of the contract and must be read together
- C.2.8 **Policy Period** is the period between the inception date and the expiry date of the Policy as specified in the Policy Schedule/Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier
- C.2.9 **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.
- C.2.10 **Policy Year** means the period of one year commencing on the date of commencement specified in the Policy Schedule/ Certificate of Insurance or any anniversary thereof.
- C.2.11 **Waiting Period** means a time-bound exclusion period related to condition(s) specified in the Policy Schedule/Certificate of Insurance or the Policy which shall be served before a claim related to such condition(s) becomes admissible.

D Benefits covered under the policy



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The Policy shall pay lumpsum amount as mentioned below subject to a maximum of Sum Insured as stated under Schedule/ Certificate of Insurance for Insured Event, subject to terms, conditions, limitations and exclusions mentioned therein.

D.1 EMI Protection Coverage in case of Accident

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 inability to attend his work duties, the Company will pay the Sum Insured specified in the Policy Schedule/ Certificate of Insurance subject to following criteria:

- If Insured Person is unable to carry out work duties for 3-6 weeks, we will pay 1 EMI
- If Insured Person is unable to carry out work duties for 7-9 weeks, we will pay 2 EMIs
- If Insured Person unable to carry out work duties for 10 or more weeks, we will pay of 3 EMIs

This benefit is payable only once during the Policy Year.

D.2 EMI Protection Coverage in case of Sickness

If the Insured Person suffers from sickness occurring during the Policy Period which solely and directly results in the Insured Person's hospitalization, the Company will pay the Sum Insured as specified in the Policy Schedule/Certificate of Insurance subject to following criteria:

- If Insured Person is admitted in the hospital for 10 or more days in case of sickness, we will pay 1 EMI

This benefit is payable only once during the Policy Year.

It is important to clarify here that Insured Person has an option to choose either EMI Protection in case of accident or EMI protection in case of sickness or can opt for both the sections.

D.3 Specific Conditions Applicable

1. The cover as described under this Section, for specific Insured Person, shall cease upon a claim being admitted for one incident of accident or sickness for which specified EMI/s have been paid in the case of annual policies. However, in the case of long term policies(policies with term more than 12 months), this cover shall be available on a per policy year basis till expiry date specified in the Policy Schedule/Certificate of Insurance.
2. The maximum limit payable under this section shall not exceed Rs. 5 lacs per EMI.

E Exclusions

E.1 Specific Exclusions

E.1.1 Waiting Period:

All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly. On Renewal, if an increased Sum Insured is applied, the Waiting Periods would apply afresh to the extent of the increase in Sum Insured only, subject to Underwriting Guidelines and in accordance with the existing Guidelines of the IRDAI. Waiting Period are applicable only for Section 3.2 of this cover.

The Company shall not be liable to make any payment under this Policy for, arising out of or howsoever attributable to any of the following Waiting Periods:

i.Pre-existing Diseases Waiting Period:

All Pre-existing Diseases that occurs/ manifest or diagnosed during the Policy/ Coverage Period shall not be covered until such time of continuous coverage as specified in Policy Schedule/ Certificate of Insurance have elapsed since the inception of the First Policy with the Company.



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ii. Initial Waiting Period:

We will not cover any treatment taken during the initial waiting period as specified in the policy schedule since the date of commencement of the Policy, unless the treatment needed is the result of an Accident/Injury. This exclusion shall not apply for any subsequent and continuous Renewals of Your Policy provided that there is no break in the insurance cover.

E.1.2 Exclusions

- i. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital Anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury, drug overdose or attempted suicide.
- ii. All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS/HIV.
- iii. Claims directly or indirectly caused by or arising from or attributable to:
 - War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
 - a. b. Biological, nuclear or chemical terrorism.
 - b. Nuclear weapons/materials or Radioactive Contamination.
 - c. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or.
 - d. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
- iv. Any claim arising out of use/misuse or abuse of alcohol, solvents, substance or drugs (whether prescribed or not) except burns.
- v. Any claim arising whilst engaging in speed contest or racing of any kind, bungee jumping, parasailing, ballooning, flying an aircraft otherwise than as a passenger on a regular air carrier, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and boxing, caving, horse racing, jet skiing, martial arts, off piste skiing, scuba diving, any flying activity (other than as a passenger in a commercially licenced aircraft) and activities of similar hazard.
- vi. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Specialist Medical Practitioner/Registered Medical Institution in their professional capacity.
- vii. Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent.
- viii. Any alternative treatment
- ix. If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical/surgical procedure.
- x. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
- xi. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery/complications/illness arising as a consequence thereof.
- xii. Any events occurring before the commencement of the cover or otherwise outside the Period of Insurance;
- xiii. Arising out of or as a result of attempted suicide or suicide, any sexually transmitted diseases, sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome) AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV, insanity and / or any mutant derivative or variations thereof howsoever caused.
- xiv. Self-endangerment unless in self-defense or to save life
- xv. participation in riots, confiscation or nationalization or requisition of or destruction of or damage to



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property by or under the order of any Government or local authority.

- xvi. arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to infirmity, pregnancy and childbirth, abortion, Miscarriage and its consequences, tests and treatment relating to infertility and invitro fertilization.
- xvii. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.
- xviii. Nuclear, Chemical, Biological Terrorism as per below mentioned Exclusion Clause:

The Insurance under this Policy shall not extend to cover Death, disablement, injury or medical expenses resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. If the Company allege that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.

F 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.

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



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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)

1. 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. 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
between 3 months and 6 months	75% of annual rate
Above 6 months	full annual premium

ii. 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

2. 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.

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.

F.1.6 Notice

- b. 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.
- c. 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
- d. 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



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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 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

- e. 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.
- f. 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

All benefits are available for hospitalization anywhere in the world and all claims shall be payable in India in Indian Rupees only

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



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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 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.



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

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

Email: 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

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



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G.1 Claim Procedure

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 Documents

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 such Accident/Hospitalization (as the case may be):

3. 1. Proof of hospitalization due of sickness i.e Hospital records such as discharge summary.
4. Proof of accident – FIR, medical records etc.
5. Confirmation from concerned company/institution on the quantum of EMI and no of EMIs outstanding
6. Certificate from employer confirming period of absence from duty.
7. Certificate from attending physician confirming period of sickness, advise on rest and date from which patient can resume normal duties

G.1.2 Payment of Claim

- All valid claims will be settled within 30 working days upon receipt of due written evidence of such incident 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 Policy Schedule/Certificate of Insurance, 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



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		Charge
<p>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</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>	03/10/2019
<p>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</p>	<p>Karnataka.</p>	
<p>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</p>	<p>Madhya Pradesh Chattisgarh.</p>	
<p>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</p>	<p>Orissa.</p>	11/09/2019
<p>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</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>	
<p>CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and</p>	



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<p>CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Karaikal (which are part of Puducherry).</p>	
<p>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</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>	<p>12/09/2019</p>
<p>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</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	
<p>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</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>	
<p>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</p>	<p>Rajasthan.</p>	
<p>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</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>	<p>07/11/2018</p>


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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, 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, 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,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952	Bihar, Jharkhand.	09/10/2019



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Email: bimalokpal.patna@cioins.co.in		
<p>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</p>	<p style="text-align: center;">Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	<p style="text-align: center;">03/12/2019</p>



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WHAT IF I EVER NEED TO COMPLAIN?

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

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

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IRDAI Registration No.102. | CIN: U67200TN2000PLC045611