

## CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

**This document provides key information about your policy. You are also advised to go through your policy document.**

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Secure All	
2	Policy Number	XXXXXX	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> <li>Indemnity and benefit</li> </ul>	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>Individual Sum Insured – Rs. xxxx</li> <li>Floater Sum Insured – Rs. xxxx</li> </ul>	
5	Policy Coverage (What the policy covers?)	<ul style="list-style-type: none"> <li>Hospitalization expenses that are incurred as in-patient during the policy period.</li> <li>Pre-Hospitalization medical expenses incurred 30 days prior to hospitalisation.</li> <li>Post Hospitalization medical expenses incurred within 60 days from date of discharge from the hospital.</li> <li>Day care procedures which do not require 24 hours hospitalization.</li> <li><b>Recovery Benefit:</b> A lump sum of Rs.25,000/- is payable, only if a valid claim for hospitalisation is admitted under the policy, if the period of hospitalization exceeds 15 days.</li> <li>Modern treatments (up to 50% of sum insured)</li> <li><b>AYUSH Treatment:</b> Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.</li> </ul>	D.1, G.1, G.2 and G.4

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		<ul style="list-style-type: none"> <li>• <b>Hospital Cash benefit:</b> Fixed amount as daily benefit stated in the Schedule/Certificate of Insurance is paid for each completed 24 hours of hospitalization subject to maximum amount specified in the Schedule/ Certificate of Insurance. This benefit is payable only if a valid claim for hospitalisation is admitted under the policy.</li> <li>• <b>Personal Accident Benefit:</b> In an unfortunate event of accidental death or disablement, the sum stated in Schedule/Certificate of Insurance is payable. The cover is operative worldwide.</li> </ul>	
6	Exclusions (What the Policy does not cover)	<p><b>The major exclusions in the policy under Hospitalization Benefit</b></p> <ul style="list-style-type: none"> <li>• Maternity (Excl 18) <ul style="list-style-type: none"> <li>i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</li> <li>ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</li> </ul> </li> <li>• Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident. (Excl19)</li> <li>• Dental treatment or surgery of any kind unless requiring Hospitalisation. (Excl21)</li> <li>• Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination. (Excl23)</li> <li>• 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). (Excl24)</li> <li>• Directly or indirectly caused by or arising from or attributable to: <ul style="list-style-type: none"> <li>o 1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or</li> <li>o 2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear</li> </ul> </li> </ul>	E

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		<p>machinery or part of it. (Excl25)</p> <ul style="list-style-type: none"> <li>• Outpatient treatment charges. (Excl26)</li> <li>• Any treatment received outside India. (Excl28)</li> <li>• Any other alternative medicine except Allopathy (Modern Medicine). (Excl29)</li> </ul> <p><b>Major exclusions in the policy under Personal Accident Benefit</b></p> <ul style="list-style-type: none"> <li>• Intentional Self Injury/Suicide.</li> <li>• Whilst under the influence of intoxication of drugs/liquor.</li> <li>• Any claim in respect of Pre-existing Diseases.</li> <li>• War and Allied perils, Nuclear weapon and ionizing radiation.</li> <li>• Participation in Hazardous sports.</li> <li>• Any claim arising out of mental disorder/AIDS and related diseases.</li> <li>• Any claim due to Insured person engaging in illegal act/violation of law.</li> </ul> <p>*Note: The above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing.</p>	G.3
7	Waiting Period	<p>Waiting Period Applicable for Hospitalization benefit</p> <p><b>Specific waiting periods:</b>  <b>24 months:</b> Treatment for Congenital Internal Anomaly / Disorders / Defects, any type of Migraine /Vascular headache, Stones in the Urinary and Biliary systems, Surgery on Tonsils/Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/ Nodules / Polyps, any type of Breast Lumps, Treatment of Spondylosys / Spondilitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders. Cataract, Benign Prostatic Hyper- trophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Sinusitis, Hernia, Hydrocele, Knee / Hip Joint replacement, any type of Carcinoma / Sarcoma / Blood Cancer, Chronic Renal Failure or end stage Renal Failure and Osteoarthritis of any joint during the first two years of the operation of the Policy with Us.</p> <ul style="list-style-type: none"> <li>• <b>Pre-existing diseases:</b> Covered after 36 months.</li> </ul>	<p>E.1.2</p> <p>E.1.1</p>

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8	<p>Financial limits of coverage</p> <p>i.Sub-limit</p> <p>ii.Co-payment</p> <p>iii.Deductible</p> <p>iv.Any other limit</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:</p> <ul style="list-style-type: none"> <li>Room/ ICU charges beyond 1.5% and 3% of the Sum insured per day respectively.</li> <li>Surgeon, Anaesthetist, Medical Practitioner, Consultants &amp; Specialist Fees are subject to a limit of 40% of the sum insured.</li> </ul> <p><b>Specified diseases:</b></p> <ul style="list-style-type: none"> <li>Cataract - 7.5% of the Sum Insured subject to maximum of Rs.20000/-.</li> <li>Piles, Fistula, Fissure, Tonsillitis, Sinusitis - 10% of the Sum Insured.</li> <li>Benign Prostatic Hypertrophy, Hernia - 20% of the Sum Insured.</li> <li>Knee/Hip Joint Replacement, all Cancer, Renal Failure - 50% of the Sum Insured.</li> <li>Appendicitis, Gall bladder stones and Gynaec disorders - 25% of the Sum Insured.</li> <li>Dialysis, Chemotherapy and Radiotherapy - 10% of the Sum insured per month.</li> </ul> <p>Not applicable.</p> <p>Not applicable.</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p>	<p>D.1</p> <p>D.1.8</p>
9	<p>Claims/Claims Procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Claim Procedure</b> <b>Claims Procedure for hospitalization/hospital cash/ recovery benefits</b></p> <p>Provided that the due observance and fulfillment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall, so far as they relate</p>	<p>G.4</p>

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		<p>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.</p> <p><b>The Claims Procedure for hospitalisation benefit is as follows:</b> For admission in network Hospital - The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.</p> <p>For admission in non-network Hospital - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/ injury and name and address of the attending Medical Practitioner/ Hospital/Nursing Home should be given to Us with in seven days from the date of hospitalization/injury/death, failing which admission of claim is at insurer's discretion.</p> <p><b>Claim Procedure for Personal Accident Benefit:</b> Insured Person/his/her legal heir(s) shall have to produce the below documents for processing the claim. <b>Death Claim</b> (Submit the duly filled in claim form with the following documents):</p> <ul style="list-style-type: none"> <li>• Original Death Certificate.</li> <li>• Post Mortem Report.</li> <li>• Inquest report.</li> <li>• Accident report.</li> <li>• FIR/MLC copy.</li> <li>• Hospital records.</li> <li>• News Paper cuttings if any and any other relevant records.</li> <li>• Chemical Analysis Report if available.</li> <li>• English Translation of vernacular documents.</li> <li>• Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy or if the nominee is not alive at the time of claim.</li> <li>• Any other document as may be required by the Company.</li> </ul> <p><b>Disablement Claim</b> (Submit the duly filled in Claim form with the following documents)</p> <ul style="list-style-type: none"> <li>• Disability Certificate issued by attending physician.</li> </ul>	G.5
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		<ul style="list-style-type: none"> <li>• Accident report.</li> <li>• FIR/MLC copy.</li> <li>• Hospital Records.</li> <li>• News Paper cuttings if any and any other relevant records</li> <li>• English Translation of vernacular documents.</li> <li>• Latest IT return to show Proof of annual income (at the option of the Company).</li> <li>• Any other document as may be required by the Company.</li> <li>• If the bills/vouchers/Reports are in a language, other than English/Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person/his/her legal heir(s).</li> </ul> <p><b>Submission of claim:</b> The insured shall submit the claim form duly completed in all respects along with all the mandatory documents within 30 days from the date of discharge from hospital.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> <li>TAT for preauthorisation of cashless facility is 1 hour</li> <li>TAT for cashless final bill authorisation is 3 hours</li> </ol> <ol style="list-style-type: none"> <li>Network Hospital details: <a href="https://www.royalsundaram.in/cashless-hospital">https://www.royalsundaram.in/cashless-hospital</a></li> <li>Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000 MediAssist TPA – 04068213621 Paramount TPA – 1800226655</li> <li>Hospitals which are blacklisted or from where no claims will be accepted by insurer <a href="https://www.royalsundaram.in/claims/health-insurance-claims">https://www.royalsundaram.in/claims/health-insurance-claims</a></li> <li>Downloading / getting claim form <a href="https://www.royalsundaram.in/claims/claim-forms">https://www.royalsundaram.in/claims/claim-forms</a></li> </ol> <p>Intimation – Before 3 days in case of planned hospitalisation and within 2 days of admission in case of emergency hospitalization</p>	
<b>10</b>	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p>	<b>F.1.15</b>

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		Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	
<b>11</b>	Grievances / Complaints	<p>In case of any grievance the insured person may contact the company through Website: <a href="https://www.royalsundaram.in">https://www.royalsundaram.in</a> Grievance Redressal: <a href="https://www.royalsundaram.in/customer-service">https://www.royalsundaram.in/customer-service</a> You may call us at – 1860 258 0000, 1860 425 0000 Email:</p> <ol style="list-style-type: none"> <li>1. Please raise a complaint with us through e mail – <a href="mailto:care@royalsundaram.in">care@royalsundaram.in</a>, and we would come back to you with a response in 24 hours.</li> <li>2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to <a href="mailto:manager.care@royalsundaram.in">manager.care@royalsundaram.in</a></li> <li>3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to <a href="mailto:head.cs@royalsundaram.in">head.cs@royalsundaram.in</a></li> <li>4. In case you are not happy with our response or have not received any response in 2 business days, you may approach <a href="mailto:gro@royalsundaram.in">gro@royalsundaram.in</a> - GRO Contact Number – 9500413094</li> </ol> <p>Sr. Citizen can email us at : <a href="mailto:seniorcitizengrievances@royalsundaram.in">seniorcitizengrievances@royalsundaram.in</a> - Senior Citizen Grievance Number - 9500413019 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)</p> <p>Fax us at: 044 – 7117 7140 Courier us your complaint at: Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at <b>Mr. T M Shyamsunder</b> <b>Grievance Redressal Officer</b> Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers,</p>	F.1.15

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		<p>No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097</p> <p>For updated details of grievance officer, kindly refer the link <a href="http://www.royalsundaram.in">http://www.royalsundaram.in</a></p> <p>If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017. Insurance Ombudsman addresses - <a href="https://www.cioins.co.in/ContactUs">https://www.cioins.co.in/ContactUs</a></p> <p><b>Grievance may also be lodged at – Registration of Complaints in Bima Bharosa by Policyholders:</b></p> <ol style="list-style-type: none"> <li>1. Can directly register complaint in the <b>Bima Bharosa Portal</b> <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></li> <li>2. Can send the complaint through Email to <a href="mailto:complaints@irdai.gov.in">complaints@irdai.gov.in</a>.</li> <li>3. Can call Toll Free No. <b>155255</b> or <b>1800 4254 732</b>.</li> <li>4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:  <b>General Manager Insurance Regulatory and Development Authority of India(IRDAI) Policyholder's Protection &amp; Grievance Redressal Department – Grievance Redressal Cell. Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500 032. No loading shall apply on renewals based on individual claims experience. Insurance is the subject matter of solicitation.</b></li> </ol>	
12	Things to remember	<p><b>Free Look Period</b></p> <p>At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no</p>	F.1.14

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		<p>claim has been settled or lodged for the period the policy has been in force:</p> <p>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;</p> <p>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;</p> <p>c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.</p> <p>d) Free-look will not be applicable for policies with tenure less than one year.</p> <p>e) Free-look not applicable in case of renewals.</p> <p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</p> <p><b>Cancellation</b></p> <p>The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.</p> <p>The Company shall:</p> <p>a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period.</p> <p>b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.</p> <p>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.</p> <p>The Company may cancel the Policy at any time on grounds of misrepresentative, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p> <p><b>Policy Renewal:</b></p> <p>The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due to renewal.</p> <p>i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.</p>	<p>F.1.7</p> <p>F.1.10 and F.2.7</p>
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		<p>ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.</p> <p>iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.</p> <p>iv. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.</p> <p>v. If not renewed within Grace Period after due renewal date, the Policy shall terminate.</p> <p>No loading shall apply on renewals based on individual claims experience.</p> <p><b>Renewal conditions:</b></p> <p>i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.</p> <p>ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.</p> <p>iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the <b>Grace Period</b>. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.</p> <p>iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.</p> <p>v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of</p>	<p>D.2.3</p> <p>F.1.8</p> <p>F.1.9</p>
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		<p>Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.</p> <p>vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.</p> <p>In case of floater policies, children attaining 25 years at the time of renewal will be moved out of the floater into an individual cover however all continuity benefits on the policy will remain intact. Cumulative Bonus earned will be suitably passed on the fresh policy of child.</p> <p><b>Renewal Benefits:</b> Cumulative Bonus: The Sum insured shall be increased by slabs of 5% in respect of every claim free year subject to a maximum accumulation of 10 slabs.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b>Migration</b> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on Migration, kindly refer the link - <a href="https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf">https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf</a></p> <p><b>Portability</b> The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per</p>	<p>F.2.16</p> <p>F.1.12</p>
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		<p>IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p>For Detailed Guidelines on Portability, kindly refer the link <a href="https://www.royalsundaram.in/health-insurance/health-insurance-portability">https://www.royalsundaram.in/health-insurance/health-insurance-portability</a></p> <p><b>Change in Sum Insured</b> When the Company is admitting liability for disease/illnesses/ medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person during the first occurrence of such disease/illness/medical condition/ burns or the available Sum Insured under the current Policy, whichever is less.</p> <p><b>Moratorium Period</b> After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period such as change in occupation.</p>	

Declaration by the policy holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)

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Note:

- i. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.**