ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

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

Policy Document
Accident Shield Classic

Policy Terms and Conditions

B PREAMBLE

B.1 IMPORTANT

1. Please read this Policy carefully and make sure that you understand it. If you have any questions about this insurance, please telephone or write to us.
2. Please inform us immediately of any change in your address and telephone number.

B.2 THE INSURANCE CONTRACT

1. The Policy is an evidence of the contract between You (Insured) and us (the Company).
2. The proposal or any information supplied by You shall be incorporated in and be the basis of this contract.
3. The Policy, the Schedule and any Endorsement are to be read as one document and any word or expression used with a specific meaning in any of them has the same meaning wherever it appears.
4. Provided You pay the premium for all the Insured Persons in the category intended to be insured under this Policy and we receive and accept it, we will provide insurance as described in the Policy.
5. The terms, conditions and exceptions 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 claims being denied.

B.3 INSURED PERSON

The terms and conditions laid down are applicable to persons between the age of 18 and 70 years (completed years). This Policy automatically ceases to operate on the Insured Person completing 70 years of age. Children aged between5 years and 18 years can be covered under this Policy.

C DEFINITIONS

C.1 Standard Definitions

C.1.1 Accident

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

C.1.2 Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner

C.1.3 Pre-Existing Disease

Pre-existing Disease means any condition, ailment, injury or disease:

a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or

b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement. (Life Insurers may define norms for applicability of PED at reinstatement).

C.1.4 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.1.5 Renewal

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

C.1.6 **Grace Period**: Grace period means the specified period of time immediately following the premium due date during which a paymentcan 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. If the premium is paid in instalments, coverage will still be available during the grace period.

C.1.7 Hospital

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

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

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

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

iv) has a fully equipped operation theatre of its own where surgical procedures are carried out; v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

C.1.8 Medical Expenses

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

C.1.9 Condition Precedent

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

C.2 Specific Definitions

C.2.1 Accidental

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

C.2.2 Insured Person

Insured Person means anybody shown on the Schedule as Insured in this Policy

Policy Document
Accident Shield Classic

D BENEFITS COVERED UNDER THE POLICY

If at any time during the currency of the Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, anywhere in the world, then the Company shall pay to the Insured Person or nominee(s)/legal heir(s) of the Insured Person as the case may be, the sum or sums hereinafter set forth, that is to say:

D.1 DEATH:

(a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the sum stated in the relevant section of the Policy Schedule.

D.2 PERMANENT TOTAL DISABLEMENT:

(b) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

- Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or such loss of sight of one eye and such loss of one entire hand or one entire foot, the sum stated in the relevant section of the Policy Schedule.
- Use of two hands or two feet or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the sum stated in the relevant section of the Policy Schedule.

(c) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

- Sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the sum stated in the relevant section of the Policy Schedule.
- Use of a hand or a foot without physical separation, fifty percent (50%) of the sum stated in the relevant section of the Policy Schedule.

Note: For the purpose of clause (b) and (c) above, 'physical separation' of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

(d) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely disable the Insured Person from engaging in any gainful employment or occupation of any description whatsoever, then a lump sum equal to the sum stated in the relevant section of the Policy Schedule.

D.3 PERMANENT PARTIAL DISABLEMENT:

e) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and / or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Sum Insured as indicated below shall be payable.

Policy Document
Accident Shield Classic

S.No.	DESCRIPTION	% of SumInsured
1.	Loss of toes-all	20%
	Great-both phalanges	5%
	Great-one phalanx	2%
	Other than Great, if more thanone toe is	1%
2.	lost-for each toe lost	75%
3.	Loss of hearing-both ears	30%
4.	Loss of hearing-one ear	40%
5.	Loss of four fingers and thumb	35%
6.	Loss of four fingers	25%
	Loss of thumb-both phalanges	10%
7.	-one phalanx	10%
8.	Loss of index finger-threephalanges/two	6%
9.	phalanges/ one phalanx	5%
10.	Loss of middle finger-threephalanges/two	4%
11.	phalanges/ one phalanx Loss of ring finger-threephalanges/two	3%
12.	phalanges/ one phalanx Loss of little finger-three phalanges/two phalanges/ fifth (additional) Loss of metacarpals-first orsecond (additional)/third, fourth or fifth (additional) Any other permanent, partialdisablement	% as assessed by the panel Doctor of the company

D.4 MONTHLY INCOME BENEFIT:

(f) If such injury shall within 12 calendar months of its occurrence result in Permanent Total Disablement (as definedin foregoing clauses (b), (c) and (d)) then the sum stated under the relevant section of the Policy Schedule. It is to be noted that this benefit is payable every month for a period of 12 months from the date of Permanent Total Disablement. A claim under this clause is admissible only if a claim is admissible under either (b),(c) or (d) of the foregoing clauses.

D.5 MEDICAL EXPENSES DUE TO HOSPITALISATION:

(g) The Company shall reimburse the Insured, medical expenses necessarily and reasonably incurred for hospitalisation of the Insured person for a minimum of twenty four (24) hours, consequent to an accident during the policy period caused by external violent and visible means. Such expenses shall be reimbursed up to a maximum of the sum stated in the relevant section of the Policy Schedule. It is to be noted that this cover would commence after 7 days from the inception of the Policy. Further, it is a condition precedent to the payment of such medical expenses that sufficient proof as to the treatment undertaken for such injury shall be submittedand approved by the Company.

Hospital shall mean registered hospital or a hospital with atleast 10 in-patient beds.

The maximum liability of the Company shall be the sum stated in the relevant section of the Policy Schedule, during any one period of insurance. The amount of claim paid would automatically reduce the sum stated in the

relevant section of the Policy Schedule, subsequent to the claim.

This insurance shall not apply in so far as it applies to female Insured Person to expenses incurred in respect of any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammarygland, pregnancy, childbirth, abortion or miscarriage or any complications and/ or sequel arising from the foregoing.

The company shall not be liable to make any payment under this Policy in respect of circumcision or structures or vaccination or inoculation or change of life or beauty treatment of any description or dental or eye treatment or intentional self-injury or insanity or dissipation or nervous breakdown (which expression shall also cover general debility "run down" conditions and general "overhaul") or venereal disease, injury, death or disablement directly or indirectly due to any one or more of the above causes.

D.6 SPECIAL FREE BENEFITS:

D.6.1 EDUCATIONAL GRANT:

In the event of Death or Permanent Total Disablement of either Parents insured under this Policy due to an accident as defined in the Policy, the Company shall pay educational grant for two dependent children as below:

(a) If the Insured Person has one dependent child below the age of 18 years, an amount of Rs. 10,000/- is payable once during the policy period.

(b) If the Insured Person has more than one dependent child below the age of 18 years an amount of Rs.20,000/- is payable once during the policy period.

The payment as above will be made along with the sum stated in the relevant section of the Policy Schedule to the person/s who is / are entitled to receive the stated sum.

Provided that if there by any other subsisting Personal Accident Insurance/s covering the Insured Person, total benefitsunder this grant, under all Policies, shall be limited to.

- A maximum of Rs. 10,000/- in case there is one dependent child.
- A maximum of Rs. 20,000/- in case there is more than one dependent child.

D.6.2 TRANSPORTATION EXPENSES OF MORTAL REMAINS:

It is hereby agreed that in the event of the death of the Insured Person due to an accident, as defined in the Policy outside his/ her residence, the Company shall pay in addition to the amounts payable under sub-clause (a), for transportation of Insured Person's dead body to the place of his/her residence a lumpsum of Rs. 5,000/-.

D.6.3 CUMULATIVE BONUS:

Compensation payable under the foregoing clauses (a), (b) (c and (d), arising out of accidental injuries, shall be increased by 5% thereof in respect of each completed claim free year, during which the Policy shall have been in force. Amount of such increase shall not exceed 25% of the sum stated in the relevant section of the Policy Schedule. This Cumulative Bonus is applied on sum stated in the relevant section of the Policy Schedule, so long as it is renewed continuously with the Company. The earned Cumulative Bonus will not be lost if the Policy is renewed within the expiry date.

This clause shall not in any way alter the annual character of the insurance, nor the right of the Company to decline or renew or to cancel the Policy.

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

Policy Document
Accident Shield Classic

E EXCLUSIONS

E.1 SPECIFIC EXCLUSIONS

Provided always that the Company shall not be liable under this Policy for:

1) Compensation under more than one of the foregoing clauses except (f) and (g) in respect of the same incident.
2) Any other payment after a claim under one of the foregoing clauses (a), (b), (d) or (f) has been admitted and become payable. This would not apply to any claim admitted under clause (g) as mentioned above.
3) Any payment in case of more than one claim under the Policy during any one period of insurance, by which the maximum liability of the Company in that period for death and disablement payable shall exceed the sum stated in the relevant section of the Policy Schedule. This would not apply to any claim admitted under clause (g) as mentioned above.

   However, in the event of a death claim, the sum payable shall be the Sum Insured under the relevant section of the Policy Schedule after deducting the amount already paid for the earlier disablement claim, if any.
4) Payment of compensation in respect of death, injury or disablement of the Insured Person
   a) from intentional self-injury, suicide or attempted suicide.
   b) whilst under the influence of intoxicating liquor or drugs.
   c) whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. "Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.
   d) directly or indirectly caused by venereal diseases, AIDS or insanity.
   e) arising or resulting from the Insured Persons committing any breach of law with criminal intent.
   f) as a result of, or which is contributed to by, the Insured Person suffering from any pre-existing condition or pre- existing physical or mental defect or infirmity. Pre-existing disease/condition shall mean such injury/diseases, which have been in existence at the time of proposing this insurance. Pre-existing condition means any illness/sickness/ injury or its symptoms, which existed prior to the effective date of this insurance, whether or not the Insured Person had knowledge that the symptoms were relating to the sickness.
   Complications arising from pre- existing disease will be considered part of that pre-existing condition.
   Pre- existing conditional so means any physical or mental defect or infirmity or its symptoms, which existed prior to the effective date of this insurance, whether or not the Insured Person had knowledge that the symptoms were relating to the physical or mental defect or infirmity. Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part the pre-existing condition.
5) Payment of compensation in respect of death, injury or disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments.
6) Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured Person.
   a) directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the

purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.

b) directly or indirectly caused by or contributed to by or arising from nuclear weapon material.

7) Pregnancy Exclusion Clause: This Policy shall not extend to cover death, disablement or any medical expenses resulting directly or indirectly caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

8) Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, persons whilst engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard. Persons whilst engaged in the following occupations are also excluded.

- Aircraft pilots and crew.
- Armed Forces personnel.
- Artistes engaged in hazardous performances.
- Aerial crop sprayer.
- Bookmaker (for gambling).
- Demolition contractor.
- Explosives users.
- Fisherman (seagoing).
- Jockey.
- Marine salvager.
- Miner and other occupations underground.
- Off-shore oil or gas rig worker.
- Policeman (Full time).
- Pop Musicians.
- Professional sports person.
- Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m.
- Saw miller.
- Scaffold Worker.
- Scrap metal merchant.
- Security guard (armed).
- Steeplejack.
- Stevedore.
- Structural steelworker.
- Tower crane operator.
- Tree feller.
- Ship crew.
- Travel agency business.
- Air coupon & ticket business.

9) Nuclear, Chemical, Biological Terrorism 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 organization(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 biologically 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 The Company shall not be liable to make any payment under this Policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device whether by the Insured or by any person acting on behalf of the Insured.

F.1.2 The Insured shall give immediate notice to the Company of any change in his business or occupation. The Insured shall on tendering any premium for the renewal of the Policy, give notice in writing to the Company of any disease, physical defect or infirmity with which he/she has become affected since the payment of last preceding premium.

F.1.3 RENEWAL CONDITIONS:

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.

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.

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 Grace Period. 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.

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.

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 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.

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.

vii. For persons above 60 years, the sum insured under the policy shall be restricted to a maximum of 10 lacs, unless otherwise stated in the schedule.

F.1.4 Cancellation/ Termination (other than Free Look cancellation)

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

The Company shall:

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.

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.

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.

The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

F.1.5 The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or any other dealings with or relating to this Policy but the receipt of the Insured or his nominee(s)/legal heir(s) shall in all cases be effective discharges to the Company.

F.1.6 If any dispute or difference shall arise as to the quantum to be paid under the 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 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 3 Arbitrators comprising of two Arbitrators, one to be appointed by each of the parties to the dispute / difference and the 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 herein before 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 under the situation described above, that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

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

F.1.7 Provided always that the due observance and fulfillment of the terms and conditions of this Policy along with endorsements shall so far as they relate to anything to be done or not to be done by the Insured Person be a condition precedent to any liability of the Company under this Policy.

F.1.8 The Policy is subject to the laws of India and jurisdiction of its Courts.

F.1.9 FREE LOOK PERIOD:

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 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.

F.1.10 GRIEVANCES

We promise to provide the service you want, but sometimes mistakes can happen. If you're not satisfied with our service, we're here to make it right. Your satisfaction is our main concern, especially when things haven't gone as planned.

Step 1: Raise a Complaint

Please raise your concern with us through our Online form / Call us at: 1860 425 0000 / 1860 258 0000 / mail us at care@royalsundaram.in &

write us at

Customer Services Team

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers

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

Chennai – 600097

Senior Citizen can mail us at: seniorcitizengrievances@royalsundaram.in

We will acknowledge your grievance immediately and provide a resolution.

Step 2: Escalation 1

If you are not satisfied with the resolution provided or require any further assistance, you may escalate the matter to: manager.care@royalsundaram.in

Step 3: Escalation 2

If you feel your grievance has not been resolved satisfactorily, you may escalate further to:

head.cs@royalsundaram.in

Step 4: Escalation to Grievance Redressal Officer - Final Internal Escalation

If you need further resolution, you may escalate it to:

Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094

Senior Citizen Redressal: 9500413019

Email: gro@royalsundaram.in

For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in.

lf you are not satisfied with the Redressal of grievance through above methods, you 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 can be accessed at - https://www.cioins.co.in/Ombudsman

F.1.11 MORATORIUM

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.

F1.12. **SANCTIONS LIMITATION AND EXCLUSION CLAUSE (LMA3100)**

No (re)insurer shall be deemed to provide cover and no (re) insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provisions of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Exclusion Clause for Sanctioned Crude Oil

Notwithstanding anything to the contrary contained herein, the cover provided under this policy expressly excludes any loss of and / or damage to crude oil in stocks sourced or purchased from any country or entity which is a target of sanction, prohibition or restriction to which any (re) insurer may be subject pursuant to the Sanctions and Embargo Clause (hereby referred to as Sanctioned Crude Oil).

In the event of a recoverable loss emanating from an area storing Sanctioned Crude Oil, which spreads and/or impacts other areas of the plant/ stock, subject at all times to the Sanctions and Embargo Clause cover shall be provided for all such areas of the plant/stock including the storage tanks where Sanctioned Crude Oil is stored and the non-Sanctioned Crude Oil in stock that may be in the same storage tank(s) and only the Sanctioned Crude Oil in stock will be excluded.

Subject always to the terms, conditions and exclusions of the policy, any processed product that contains Sanctioned Crude Oil shall, to the extent permitted under the Sanctions and Embargo Clause be covered under this policy.

To the extent permitted under the Sanctions and Embargo Clause if any (re) insurer is not able to cover and/or pay claim due the Sanctions and Embargo Clause, only that amount not payable due to the Sanctions and Embargo Clause shall be excluded.

In the event of a loss hereunder to crude oil stocks, the indemnity amount shall, to the extent permitted under the Sanctions and Embargo Clause, be calculated by making an adjustment to exclude Sanctioned Crude Oil in accordance with the latest import / blending log as maintained by the Scheduling and Planning department (or equivalent) at the Refinery location of the incurred loss.

G OTHER TERMS AND CONDITIONS

G.1 CLAIM PROCEDURE

G.1.1 Notification of claim:

i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admissionof the insured person in Hospital.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.

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

Policy Document
Accident Shield Classic

G.1.2 Documents to be submitted**:**

G.1.2.I Basic documents required for All claims

i. Duly completed claim form
ii. Photo Identity Proof of the insured person
iii. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required asper the circumstance of the Accident) duly attested by the concerned Police Station
iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of theAccident) duly attested by the concerned Hospital
v. Any other relevant document required by the Company for assessment of the claim

G.1.2.II Documents required in case of Death covered under Section D.1

i. Death certificate;
ii. Post Mortem Report (if conducted);
iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a validdischarge in case nomination is not filed by deceased.
iv. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required asper the circumstance of the Accident) duly attested by the concerned Police Station
v. Panchanama / Accident report
vi. Chemical analysis report of viscera / blood sample
vii. Admission / Discharge / Death summary issued by hospital authority
viii. English translation of vernacular documents

G.1.2.III Documents required in case of Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD), covered under Sections D.1.2 and D.1.3

i. Original treating Medical Practitioner's certificate describing the disablement
ii. Original Discharge summary from the Hospital
iii. Disability certificate issued by treating Medical Practitioner
iv. Any other medical, investigation reports, inpatient or consultation treatment papers, asapplicable.
v. Copy of FIR/MLC/Accident register

G.1.2.IV Documents required for coverage under Section D.5 - Hospitalisation Expenses due to Accident:

i. Discharge Summary from The Hospital
ii. Medical & Investigation reports
iii. Prescriptions, and consultation papers of the treatment
iv. Any other medical, investigation reports, as applicable

G.1.2.V Documents required for coverage under Section D.6.1 - Education Grant:

i. Proof to establish relationship – Passport/Education certificate establishing proof ofrelationship of child with parents/Birth Certificate.
ii. Photo Identity Proof of Child
iii. Age proof of Child
iv. Bonafide Certificate issued by the educational institution confirming that he/she is a fulltime student of the institution

G.1.3 Claim Settlement

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
v. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

G.1.4 Payment of Claim

All claims under the policy shall be payable in Indian currency only.

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 258 0000 or e-mail at care@royalsundaram.in or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611