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

Part II- Policy Document
Policy Terms and Conditions

B PREAMBLE

Whereas the Insured named in the Schedule hereto has made or caused to be made to Royal Sundaram General Insurance Co. Limited, (hereinafter called `the Company') a written proposal (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein for the insurance hereinafter set forth in respect of the persons detailed herein for the period stated in the Schedule or for any further period which the Company may accept renewal of this Policy.

NOW THIS POLICY WITNESSETH that subject to and in consideration of the payment made to the Company the premium for the period stated herein or for any further period for which the Company may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall pay to the nominee(s) / legal heir(s) of the Insured Person as hereinafter mentioned.

B.1 INSURED PERSON

INSURED PERSON shall mean and include any account holders or Credit Card holders of Citibank aged between 18 and 70 years (age in completed years) who have opted for Citibank PA Plus Personal Accident Insurance .

Provided however that

1. all persons who cease to be an account holder or Credit Cardholders of Citibank for reasons such as.
   a) Voluntary cancellation of Bank account or Credit Card by the customer; or
   b) Expiry of Credit Card; or
   c) Withdrawal of Credit Card by Citibank;

   after the commencement of the Policy, would also cease to be Insured Persons automatically from the date of their cessation of membership as Account holder or Credit Card holders of Citibank.
2. all Account holders or Credit Card holders of Citibank who have voluntarily withdrawn from the Citibank PA Plus – Personal Accident Insurance Scheme after the commencement of the Policy will also cease to be the Insured Persons from the month in which he/she opts out of the Scheme.

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.

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 means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid instalments during the policy period

D BENEFITS COVERED UNDER THE POLICY

D.1 DEATH

If at any time during the currency of this 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, and if such injury shall within 12 calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, then the Company shall pay to the Insured Person's nominee(s) or legal heir(s), the sum stated in the Schedule of the Policy.

The benefits under this policy will be doubled if the accident is directly caused due to an accident of the aircraft, train, or stage carriage bus in which the Insured Person is traveling and resulting in Death of the Insured.

The double benefit is not applicable if.

a) the accident takes place while boarding/alighting from the aircraft, train or stage carriage bus.

b) the aircraft, train or stage carriage bus is chartered for the journey.

D.2 PERMANENT TOTAL DISABLEMENT

If at any time during the currency of this 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:

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 Insured stated in the Schedule hereto.
- 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 Insured stated in the Schedule hereto.
- 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 Insured stated in the Schedule hereto.
- Use of a hand or a foot without physical separation, fifty percent (50%) of the Sum Insured stated in the Schedule hereto.
- Note : 'physical separation' of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.
- 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 hundred percent (100%) of the Sum Insured stated in the Schedule hereto.

E EXCLUSIONS

The Company shall not be liable under this Policy for:

E.1 Specific Exclusions

1. Payment of compensation in respect of Death/Permanent Total 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, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, [`Standard type of Aircraft' means any aircraft duly licensed to carry passengers (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 multiple engine].

d) directly or indirectly caused by venereal diseases, AIDS or insanity.

e) arising or resulting from the Insured Person 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.

Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing disease.

g) persons working in underground mines, explosives, magazines, workers involved in electrical installation with high tension supply, Jockeys, Circus personnel, Persons engaged in racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons engaged in occupation/activities of similar hazard.

2. Payment of compensation in respect of Death/P permanent Total 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 action or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments .

3. Compensation under more than one of the foregoing sub clauses in respect of the same incident.

4. Payment of Compensation in respect of death/Permanent Total Disablement of the Insured Person.

a) directly or indirectly caused by or contributed to by or arising from ionising radiations 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 weapons material.

5. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death resulting directly or indirectly from, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

6. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death 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 an y other sequence to the loss.

For the purpose of this exclusion “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-organ ism (s) an d / 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 alleges 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.

F GENERAL TERMS AND CLAUSES

F.1 CLAIM PROCEDURE

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 admission of 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.

F.1.1 Documents to be submitted

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 as per 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 the Accident) duly attested by the concerned Hospital
v. Any other relevant document required by the Company for assessment of the claim

F.1.2 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 valid discharge in case nomination is not filed by deceased.
iv. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per 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

F.1.3 Documents required in case of Permanent Total Disablement (PTD covered under Sections D.2

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, as applicable.
v. Copy of FIR/MLC/Accident register

F.1.4 **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)

F.1.5 Payment of Claim

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

F.1.6 **Renewal :**

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.1.7 **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.1.8 The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this Policy but the receipt of the nominee(s)/legal heir(s) of the Insured Person shall in all cases be effective discharge to the Company.

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 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 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 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 for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of Law or pending reference to Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder .

F.1.9 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 made the subject matter of a suit in a Court of Law or pending reference to Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder .

F.1.10 All claims under this Policy shall be payable only in India and in Indian Rupees only. Any suit or legal proceedings against the Company under this Policy shall be filed and instituted only in a Court having jurisdiction in India.

F.1.11 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 and/or Insured Person be a condition precedent to any liability of the Company under this Policy.

F.1.12 Payment of Premium

a. The Insured is required to pay the annual premium well in advance before the commencement of Insurance

. F.1.13 Inspection of records

The Insured shall maintain a proper record of all Account holders and Credit Card holders of Citibank who have opted for Citibank PA Plus Personal Accident cover and shall allow the Company to inspect such records at any reasonable time.

F.1.14 **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.1.15 **Grievance Redressal**

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.1.18 **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.

F.1.19 **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.

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

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