

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

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Critical Illness Lumpsum	
2	Policy Number	xxxxxxx	
3	Type of Insurance Product / Policy	Benefit	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured – Rs. xxxx Floater Sum Insured – Rs. xxxx 	
5	Policy Coverage (What the policy covers?)	<p>A lumpsum amount as per the Schedule is reimbursed to the Insured Person suffering from any of the defined Critical illness, contracted or sustained by the Insured Person during the Period of Insurance.</p> <p>Critical illness covered under this policy:</p> <ol style="list-style-type: none"> 1. CANCER OF SPECIFIED SEVERITY 2. FIRST HEART ATTACK - OF SPECIFIED SEVERITY 3. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS 4. MAJOR ORGAN / BONE MARROW TRANSPLANT 5. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS 6. OPEN CHEST CABG 7. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES 8. STROKE RESULTING IN PERMANENT SYMPTOMS 9. THIRD DEGREE BURN 	Benefits Section : D

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6	Exclusions (What the Policy does not cover)	<ol style="list-style-type: none"> 1. Pre-existing diseases are not covered. 2. Any claim arising out of use / misuse or abuse of alcohol, solvents, substance or drugs (Whether prescribed or not) except burns. 3. Any illness, sickness or disease, other than specified as critical illness. 4. Critical illness when the insured person dies within 30 days from the date of the diagnosis. 5. Unreasonable failure to seek or follow medical advice. 6. Any expenses towards test, visits, fees etc. relating to the Diagnosis. 	Exclusion section : E
7	Waiting Period	Not Applicable	Not Applicable
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	Not Applicable
	i.Sub-limit	Not applicable.	
	ii.Co-payment	Not applicable.	
	iii.Deductible	Not applicable.	
	iv.Any other limit	Not applicable.	
9	Claims/Claims Procedure	<p>Claims Procedure</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 to anything to be done or not to be done by the Insured and</p> <p>/or Insured person, be a condition precedent to any liability of the Company under this Policy.</p> <p>The Claims Procedure is as follows:</p> <p>The claim form duly completed in all respects along with all</p>	Claims Section : G.1

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		<p>documents (if applicable) listed below should be submitted within 30 days from the date of first diagnosis of the illness:</p> <ol style="list-style-type: none"> 1. Certificate from the attending Doctor of the Insured Person confirming, inter alia, <ol style="list-style-type: none"> a. name of the Insured person; b. name, date of occurrence and medical details of the Insured Event. c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance . 2. Duly completed and signed claim form. 3. Case history / Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital. 4. Test reports and prescriptions relating to First/ Previous consultations for the same or related illness. 5. Death summary in case of death of the insured person at the hospital. 6. FIR/MLC in the case of burns and english translation of the same, if in any other language. 7. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer . In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us. <p>During the assessment period Company will assess the condition/illness prior to making a decision on acceptance of claim.</p> <ul style="list-style-type: none"> - Insured/Insured Person must give Us at his expense, all related information We ask for about the claim. 	
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- Insured must help Us to take legal action against anyone if required
- If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Specialist Medical Practitioner at our expense.
- If required the Insured or Insured Person must agree to be examined by a Specialist Medical Practitioner of Our choice at our expense.
- If required, insured should procure from the hospital or cooperate with the Insurer in procuring the Internal Case Papers (ICP) of the hospital relating to the treatment for which claim has been made.
- Insurer has the right to investigate and appoint a Service Provider to check all details relating to claim. Insured Person / legal heir/nominee should cooperate and render all assistance at all times.
- Insurers have the right to reject the claim if the documents are inadequate and if the requirements for additional documents by the Insurer are not complied with in reasonable time of not more than 45 days from the time of making such request, unless additional time has been sought in writing.

The documents should be sent to:

Health Claims Department,

M/s. Royal Sundaram General Insurance Co. Limited.,

Corporate office: Vishranthi Melaram Towers, No. 2 / 319

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

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	<p>Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Customer Services at 1860 425 0000</p> <p>Payment of Claim</p> <ul style="list-style-type: none"> - All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached. - All claims under this Policy shall be payable in Indian Currency. - The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance . - The claim if admissible shall be paid to the legal heir/nominee of the proposer in case if the proposer is not surviving at the time of payment of claim - Any claim intimated after 30 days from the date of detection of Critical Illness shall not be entertained. - If a claim is settled for an insured, cover for other insured members under the policy shall continue . - At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force. 	F.1.1
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10	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer</p>	
11	Grievances / Complaints	<p>Grievances Redressal Procedure</p> <p>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.</p> <p>Step 1 : Please raise a complaint with us through our Online form, and we would come back to you with a response in 2 business days.</p> <p>Step 2 : In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai – 600097 Call us at 1860 425 0000 1860 258 0000 Drop us an email care@royalsundaram.in</p> <p>Step 3: In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers</p>	F.1.22

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		<p>No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097 Senior Citizen Redressal : 9500413019 Grievance Redressal Officer : Mr. T M Shyamsunder, 9500413094 Drop us an email manager.care@royalsundaram.in Senior Citizen can Write to us at seniorcitizengrievances@royalsundaram.in</p> <p>Step 4 : In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097 https://www.cioins.co.in/Ombudsman Click here to view Office of the Executive Council of Insurers Drop us an email head.cs@royalsundaram.in</p> <p>Step 5 : In case you are not satisfied with the decision/resolution of the Company, you may approach the IRDAI Grievance Call Center IRDAI Grievance Call Center Insurance Regulatory & Development Authority of India United India Tower, 9th floor, 3-5-817/818 Basheerbagh, Hyderabad- 500 029. Contact Number: 040-66514888</p> <p>Call us at 1860 425 0000 1860 258 0000</p>	
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		Drop us an email gro@royalsundaram.in	
12	Things to remember	Renewal : <ol style="list-style-type: none"> 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. 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. 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. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, 	F.1.12

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		<p>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.</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>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.</p> <p>Moratorium Period</p> <p>After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.</p> <p>Free look period</p>	<p>F.1.23</p> <p>F.1.13</p>
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	<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 claim has been settled or lodged for the period the policy has been in force:</p> <ul style="list-style-type: none"> 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. <p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</p> <p>Cancellation :</p> <p>The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the insured by sending notice in writing by Registered A/D to the insured at his last known address at least 15 days in advance in which case the Company shall not refund to the insured any portion of the premium.</p> <p>The insured may at any time cancel this policy in entirety and in such event, the Company shall allow refund of premium less</p>	F.1.3
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premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation, subject to a minimum premium retention of Rs.250/- plus applicable service taxes.

Short period scales:

Period on Risk	Rate of Premium to be retained
Up to 1 month	25% of annual premium minus 5 0% refund made on MER
Up to 3 months	50% of annual premium minus 5 0% refund made on MER
Up to 6 months	75% of annual premium minus 5 0% refund made on MER
Exceeding 6 months	Full annual premium

During the course of the policy, mid term cancellation of coverage relating to an y one insured person is not allowed unless by death or payment of a claim. Mid term inclusion of members is not allowed.

For Multi year policies the following conditions shall be applied:

1. A free look period up to 15 days shall be available to the insured for policy period of 3 years and above.
2. The customer shall be eligible for 100% refund in case of the request for cancellation received during the free look in period, which shall be up to 15 days from the date of receipt of policy documents by the customer.
3. If the cancellation request is received after the free look in period, the below condition shall be applied:
 - a) Total premium shall be divided by the policy tenure to arrive annual premium.

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		<p>b) Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.</p> <p>c) Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.</p> <p>For the remaining unexpired period the entire premium shall be refunded.</p>	
13	Your Obligations	<ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. • Disclosure of Material Information during the policy period such as change in occupation 	

Declaration by the policy holder:

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

Place:

Date:

(Signature of the Policy Holder)

Note:

- i. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.



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- 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.