

**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	Corona Kavach Policy, Royal Sundaram General Insurance Co. Limited.	
2	Policy Number	xxxxxx	
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 	
5	Policy Coverage (What the policy covers?)	<p>Benefits:</p> <p>The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.</p> <p>Covid Hospitalization Cover</p> <p>The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for,</p> <ol style="list-style-type: none"> Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses. 	Section : 4



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- v. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section. This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Note:

- 1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

Home Care Treatment Expenses:

Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- a) The Medical practitioner advises the Insured person to undergo treatment at home.
- b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
- e) In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,



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		<p>a. Diagnostic tests undergone at home or at diagnostics centre</p> <p>b. Medicines prescribed in writing</p> <p>c. Consultation charges of the medical practitioner</p> <p>d. Nursing charges related to medical staff</p> <p>e. Medical procedures limited to parenteral administration of medicines</p> <p>f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer</p> <p>AYUSH Treatment</p> <p>The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.</p> <p>Covered expenses shall be as specified under Covid Hospitalization Expenses (Section 4.1)</p> <p>Pre Hospitalization</p> <p>The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.</p> <p>Post Hospitalization</p> <p>The company shall indemnify post hospitalization//home care treatment medical expenses incurred, related to an admissible hospitalization//home care treatment, for a fixed period of 30days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy,</p> <p>The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-ITI and List-IV of Annexure-A respectively.</p>	
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		<p>Optional Cover</p> <p>The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted</p> <p>Hospital Daily Cash: The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section- 4.1 Hospitalization Cover.</p> <p>The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.</p> <p>The total amount payable in respect of Covers 4.1,4.2, 4.3,4.4,4.4.5, 5.1, shall not exceed 100% of the Sum Insured during a policy period.</p>	
6	Exclusions (What the Policy does not cover)	<p>The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:</p> <p>Investigation & Evaluation (Code- Excl04)</p> <p>Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment</p> <p>Rest Cure, rehabilitation and respite care (Code- Excl05)</p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ol style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 	Section : 7

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		<p>Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or Home care treatment.</p> <p>Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall be covered.</p> <p>Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.</p> <p>Any expenses incurred on Day Care treatment and OPD treatment.</p> <p>Diagnosis /Treatment outside the geographical limits of India.</p> <p>Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy</p> <p>All covers under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.</p>	
7	Waiting Period	<p>The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:</p> <p>First Fifteen Days Waiting Period</p> <p>Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.</p>	Section : 6
8	Financial limits of coverage	Not Applicable	
	i.Sub-limit	Not Applicable	

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	ii.Co-payment	Not Applicable													
	iii.Deductible	Not Applicable													
	iv.Any other limit	Not Applicable													
9	Claims/Claims Procedure	<p>Procedure for Cashless claims:</p> <p>(i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. (ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization. (iii) The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification. (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. (v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. (vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.</p> <p>Procedure for reimbursement of claims:</p> <p>For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.</p> <table border="1"> <thead> <tr> <th>SI No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Reimbursement of hospitalization and pre hospitalization expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td>2</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> <tr> <td>3</td> <td>Reimbursement of Home Care expenses</td> <td>Within thirty days from completion of home care treatment</td> </tr> </tbody> </table>	SI No	Type of Claim	Prescribed Time limit	1	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital	2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment	Section : 8
SI No	Type of Claim	Prescribed Time limit													
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Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- i. Within 24 hours from the date of emergency hospitalization/cashless home care treatment.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Documents to be submitted:

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid Hospitalization Cover	<ul style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) Cover iii. Photo Identity proof of the patient (if insured person does not own a passport) iv. Medical practitioner's prescription advising admission v. Original bills with itemized break-up vi. Payment receipts



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			<ul style="list-style-type: none"> vii. Discharge summary including complete medical history of the patient along with other details. viii. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID ix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable x. Sticker/Invoice of the Implants, wherever applicable. xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xiii. Legal heir/succession certificate, wherever applicable xiv. Any other relevant document required by Company/TPA for assessment of the claim. 	
		2. Home Care treatment expenses	<ul style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) 	



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			<ul style="list-style-type: none"> iv. Medical practitioners' prescription advising hospitalization v. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit. vi. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained 	
<p>The Claim documents should be sent to:</p> <p>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</p> <p>Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling Customer Service Helpline Number 1860 425 0000.</p> <p>Note:</p> <ol style="list-style-type: none"> 1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted. 2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, 				



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		<p>duly certified by the other insurer subject to satisfaction of the Company.</p> <p>3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.</p> <p>Claim Settlement (provision for Penal Interest)</p> <p>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.</p> <p>ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.</p> <p>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 the claim within 45 days from the date of receipt of last necessary document.</p> <p>In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.</p> <p>Services Offered by TPA (To be stated where TPA is involved)</p> <p>Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.</p> <p>The services offered by a TPA shall not include</p> <p>Claim settlement and claim rejection;</p> <p>Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company</p>	
10	Policy Servicing	Call Center number of the insurer:	



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		1860 258 0000 / 1860 425 0000	
		Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	
11	Grievances / Complaints	<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 No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097</p> <p>Senior Citizen Redressal : 9500413019</p> <p>Grievance Redressal Officer : Mr. T M Shyamsunder, 9500413094</p> <p>Drop us an email</p>	Section: 10



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		<p>manager.care@roysundaram.in Senior Citizen can Write to us at seniorcitizengrievances@roysundaram.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</p> <p>Drop us an email head.cs@roysundaram.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.</p> <p>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 Call us at 1860 425 0000 1860 258 0000 Drop us an email gro@roysundaram.in</p>	
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<p>12</p>	<p>Things to remember</p>	<p>Cancellation</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> <ol style="list-style-type: none"> 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. <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>Multiple Policies</p> <ol style="list-style-type: none"> 1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy. 2. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy. 3. If the amount to be claimed exceeds the sum insured under a 	
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		<p>single policy, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.</p> <p>4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.</p>	
	<p>13. Your Obligation</p>	<p>Conditions</p> <p>(I) Your Obligations</p> <p>1. Make true and full disclosure in the proposal and related documents</p> <p>a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.</p> <p>b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.</p> <p>2. Obligation to take care: You must:</p> <p>a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does</p>	



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	<p>not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.</p> <p>b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and</p> <p>c. ensure that unauthorized persons do not occupy Your Home Building.</p> <p>3. Inform change in circumstances: You must inform Us immediately if</p> <p>a. You change Your address,</p> <p>b. You make any addition, alteration, extension to the structure of Your Home Building,</p> <p>c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,</p> <p>d. You change the use of Your Home Building.</p> <p>4. Allow inspection and investigation of claim: You must allow and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely and submit all relevant documents that We will require.</p> <p>5. Make true statements and full disclosure in the claim and related documents You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your policy.</p>	
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Declaration by the policy holder:

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

Place:

Date:

(Signature of the Policy Holder)

Note:

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UIN: RSAHLIP21094V012021



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- 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.