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	Group Accident Shield	
2	Policy Number	xxxxx	
3	Type of Insurance Product / Policy	• Benefit	
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured – ₹________	
5	Policy Coverage (What the policy covers?)	If, at any time during the validity of this Certificate, the Insured Person suffers a bodily injury caused solely and directly by an accident arising from external, violent, and visible means, anywhere in the world, the Company shall pay the benefits described below to the Insured Person or their nominee(s)/legal heir(s), as applicable: **1. Death:** a. If the injury results in the death of the Insured Person within 12 calendar months from the date of the accident, the Company shall pay the amount specified in the Policy Schedule / Certificate of Insurance. Note: Once this benefit is paid, the policy will automatically terminate and no further benefits will be payable under this Policy. **2. Permanent Total Disablement:** b. If such injury, within twelve calendar months from the date of its occurrence, is the sole and direct cause of the total and irrecoverable loss of i. sight of both eyes, or the actual physical separation of two entire hands, or two entire feet, or one entire hand and one entire foot, or the loss of sight in one eye along with the physical separation of one entire hand or one entire foot, the Company shall pay the amount stated in the relevant section of the Policy Schedule / Certificate of Insurance. ii. use of both hands, or both feet, or one hand and one foot, or the loss of sight in one eye along with the loss of use of one hand or one foot, the Company shall pay the amount as specified in the Policy Schedule / Certificate of Insurance. c. If such injury, within twelve calendar months from the date of its occurrence, is the sole and direct cause of the total and irrecoverable loss of i. sight in one eye, or the actual physical separation of one entire hand or one entire foot, the Company shall pay fifty percent (50%) of the amount stated in the relevant section of the Policy Schedule / Certificate of Insurance. ii. use of a hand or a foot without physical separation, the Company	Section C

		shall pay fifty percent (50%) of the amount stated in the Policy Schedule / Certificate of Insurance. d. If such injury, as a direct consequence, immediately and permanently disables the Insured Person from engaging in any gainful employment or occupation of any kind, the Company shall pay a lump sum equal to the amount stated in the relevant section of the Policy Schedule / Certificate of Insurance. 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. Once this benefit is paid, up to the extent of the Sum Insured stated in the Policy Schedule/ Certificate of Insurance, the policy will automatically terminate and no further benefits will be payable under this Policy. **e. Recovery Benefit:** If such injury, within twelve calendar months of its occurrence, results in Permanent Total Disablement (as defined in clauses (b), (c), and (d) above), the Company shall pay the amount specified in the relevant section of the Policy Schedule / Certificate of Insurance. Note: i. This benefit is payable monthly for a period of 12 months, starting from the date of Permanent Total Disablement. ii. A claim under this clause is admissible only if a claim is also admissible under any of the clauses (b), (c), or (d) mentioned above. **f. Cumulative Bonus** Sum Insured payable under clauses (a), (b), (c), or (d) due to accidental injuries shall be increased by 5% for each completed claim-free Policy year during which the Certificate remains in force. The total increase, however, will not exceed 25% of the sum insured stated in the relevant section of the Policy Schedule / Certificate of Insurance. This Cumulative Bonus applies to the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance, provided the policy is renewed continuously with the Company. Note: This clause does not change the annual nature of the insurance or affect the Company's right to decline renewal or cancel the Certificate of Insurance. The earned Cumulative Bonus will remain intact if the policy is renewed within 30 days of its expiry.	
6	Exclusions (What the Policy does not cover)	We will not cover the following conditions in the policy and no claims will be payable for them. 1. Any Injury or disability arising out of a Pre- Existing Disease or any complication arising therefrom. 2. Self-inflicted Injury, Suicide or attempted suicide. 3. Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader) 4. Loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in	Section

		controlling, preventing, suppressing or anyway related to Act of Terrorism 5. Any Natural death not limited to sickness, illness, disease and any claim arising out of any Illness, complication or ailment not arising out of Injury (as defined in the policy) 6. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent. 7. Any event/injury arising from or caused due to use, abuse or a consequence or influence of abuse of any substance, intoxicant, drug, alcohol or hallucinogen 8. Participation in i. naval, military or air force operations. ii. hazardous activity, iii. professional or Adventure sports 9. Actual or attempted felony, riot, crime, misdemeanour (excluding traffic violations) or civil commotion; 10. Arising or resulting from the Insured Person(s) committing any breach of law with including but not limited to actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion 11. Maternity, Pregnancy or Child birth or in consequence thereof. 12. Any medical expenses arising out of any injury sustained in an accident 13. Mosquito bites, insect bites, and any diseases or health conditions resulting from them are excluded under this Policy 14. Costs which are not Reasonable & Customary. 15. Treatment availed is unproven / Experimental Treatment. 16. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought 17. Benefit Coordination: Compensation will not be payable under more than one clause for the same incident. No further payment shall be made after a claim under clauses (a), (b), or (d) has been admitted. The total liability during any one policy period shall not exceed the Sum Insured stated in the Policy Schedule / Certificate of Insurance. In case of a death claim, the payable amount will be the Sum Insured after deducting any amount already paid for prior disablement claims. 18. Aviation Exclusion: No cover for injuries sustained while engaging in aviation activities, including mounting or dismounting from any aircraft, except when traveling as a passenger in a duly licensed standard type of aircraft anywhere in the world. A standard type of aircraft means one duly licensed to carry passengers by the appropriate authority, whether privately owned, chartered, or operated by a regular airline. 19. Venereal Diseases, AIDS, and Insanity: No cover for losses directly or indirectly caused by venereal diseases, AIDS, or insanity. 20. Expanded Nuclear Perils: No cover for losses caused by ionizing radiation or contamination by radioactivity from nuclear fuel or nuclear waste from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission. Also excludes losses caused by nuclear weapon material. 21. Hazardous Occupations: Persons engaged in high-risk occupations such as underground mining, explosives handling, high-tension electrical work, offshore oil/gas rig work, aircraft pilots and crew, armed forces	

		personnel, demolition contractors, steeplejacks, structural steelworkers, and similar hazardous activities are excluded. 22. Terrorism Exclusion: No cover for death, disablement, or injury resulting directly or indirectly from any act of nuclear, chemical, or biological terrorism. If the Company alleges that a loss is excluded under this clause, the burden of proving otherwise rests with the insured. "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.	
7	Waiting Period	Not applicable	
8	Financial limits of coverage i.Sub-limit ii.Co-payment iii.Deductible iv.Any other limit	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: As per details mentioned in point no 5. Policy Coverage of this customer information sheet. Not applicable. Not applicable As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
9	Claims/Claims Procedure	**1. Notification of claim:** i. Intimation about an event or occurrence that may give rise to a claim under this policy must be givenwithin 30 days of its occurrence. 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. **2. Documents to be submitted:** **a) <u>Basic documents required for All claims</u>** 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	Section F

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

b) Documents required in case of Death

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

c) Documents required in case of Permanent Total Disablement (PTD)

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

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 fromthe 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 arate 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 theFinancial Year in which claim has fallen due)

4. Payment of Claim

i. All claims under this Policy shall be payable in Indian Currency.

		ii.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 iii.In the event of claim, customer shall intimate us immediately either in person or through online mode, distribution channel, authorized call centre of the insurer, any other mode as may be specified in the policy document iv.If a claim is settled for an insured, cover for the claimant shall cease in the policy. Cover for other insured members (if any) 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.	
10	Policy Servicing	Call Center number of the insurer: 1860 258 0000 / 1860 425 0000 Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	Section E
11	Grievances / Complaints	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. If you are not satisfied with the Redressal of grievance through above methods, you may also approach the office of Insurance Ombudsman of the	Section E

		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 You can also lodge online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in	
12	Things to remember	**Free Look Provision:** 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 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; i. where the risk has already commenced and the option of return of the policy is exercised, a ii. deduction towards the proportionate risk premium for period on cover or; iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period. iv. 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. **Cancellation** **i. Cancellation by Insured Person:** You may terminate this Policy during the Policy Period by giving Us at least 7 days' prior written notice. We shall cancel the Policy and refund proportionate premium for unexpired policy period, provided that no claim has been made under the Policy by or on behalf of any Insured Person. **ii. Cancellation/Termination by Us** The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non- disclosure of material facts as sought to be declared on the Proposal Form or non-cooperation by the insured, by giving seven (7) days' notice in writing by courier/ registered post with acknowledgement due to the Insured at his last known address in which case the Company shall not refund to the insured any portion of the premium. **iii. Automatic Termination** a. Upon the payment of a claim under the policy, the coverage for the specific Insured Person shall cease immediately and no further liability shall be borne by the Company for that individual. b. Death of the Insured: Upon the death of the Insured Person due to any cause other than an Accident covered under the terms of this Policy. c. Expiry of Policy Period: At the end of the Policy Period as mentioned in the Schedule, unless a valid renewal premium has been received by the Company within the prescribed grace period. **Renewal of Policy:**	Section E

		i. The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due to renewal. ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years iii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period iv. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. v. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Moratorium period etc.) accrued under the policy shall be protected. vi. If not renewed within the Grace Period after due renewal date, the Policy shall terminate. vii. No loading shall apply on renewals based on individual claims experience. viii. Revision of product and renewal premium shall comply with applicable IRDAI regulations. Any revision shall be communicated at least three months in advance. ix. Renewal is not permitted for an insured person who has received a one-time lifetime benefit under the policy. **Moratorium Period** 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.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other 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)

For more details on benefits, exclusions, risk factors, terms and conditions, please read the policy documents carefully.