ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Group Accident Shield
Policy Terms and Conditions

A. PREAMBLE

Royal Sundaram General Insurance Company Limited ("the Company"), having received a duly completed Proposal Form, premium, related declarations and other documents forming the basis of this contract and subject to the terms and conditions set out in the Policy Schedule/Certificate of Insurance/endorsements, agrees that, on proof of occurrence of an Insured Event as mentioned under this Policy, it shall pay the Sum Insured or applicable benefit(s) to the entitled person(s). as specified in the Policy Schedule/ Certificate of Insurance.

B. DEFINITIONS

B.1 Standard Definitions

B.1.1 Accident

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

B.1.2 Break in Policy

Break in Policy means the period of gap that occurs at the end of the existing Policy term/installment premium due date, when the premium due for Renewal on a given Policy or installment premium due is not paid on or before the premium Renewal date or Grace Period.

B.1.3 Medical Expenses

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

B.1.4 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.

B.1.5 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.

B.1.6 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.

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B.1.7 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

B.1.8 Grace Period

Grace Period means the specified period of time, immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. 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. If the premium is paid in instalments, coverage will still be available during the grace period.

B.1.9 Hospital

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

i. has qualified nursing staff under its employment round the clock;
ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
iii. has qualified medical practitioner(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

B.1.10 Condition Precedent

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

B.1.11 Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition

Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition

A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
ii. it needs ongoing or long-term control or relief of symptoms
iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
iv. it continues indefinitely

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v. it recurs or is likely to recur

B.1.12 Medical Practitioner

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

B.2 Specific Definitions

B.2.1 Insured Event

Insured Event means any event or occurrence specifically mentioned as covered in the Certificate of Insurance for which applicable premium has been received by Us.

B.2.2 Insured Person

Insured Person means person named as insured in the Policy Schedule/ Certificate of Insurance.

B.2.3 Nominee

Nominee means the person(s) nominated by the Insured Person to receive the applicable benefits under this Policy payable in the event of death of the Insured Person specified under the Policy. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor, the legal guardian appointed by the Insured Person will take care of any relevant proceedings. In case no nominee is appointed or in case the nominee predeceased the insured person, the applicable benefit shall be paid to the legal heirs as per extant legal norms in force.

B.2.4 Policy

Policy means these terms and conditions, any annexure thereto and the Schedule of Insurance Certificate (as amended from time to time)

B.2.5 Policy Period

Policy Period means the period commencing from the Risk Inception Date and ending at the Policy End Date as specifically appearing in the Policy Schedule/ Certificate of Insurance. It is the duration in which the Policy is valid and the Insured Person can make a claim subject to any applicable Waiting Periods, and other terms and conditions mentioned in this Policy.

B.2.6 Policy Schedule/ Certificate of insurance

Policy Schedule/ Certificate of insurance means the certificate issued to the Insured Person evidencing the details of the Insured Person(s), the Sum Insured, the period, coverage and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, which forms part of the policy contract.

B.2.7 Sum Insured

Sum Insured means the amount specified in the Policy Schedule/ Certificate of insurance against a Benefit or set of Benefits that represents Our maximum, total and cumulative liability for all claims made in, respect of that Insured Person during the Policy period under that Benefit/set of Benefits, unless otherwise enhanced or altered by way of endorsement.

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B.2.8 Waiting Period
Waiting Period means a time-bound exclusion period related to condition(s) specified in the Policy Schedule/ Certificate of Insurance or the Policy which shall be served before a claim related to such condition(s) becomes admissible.

B.2.9 We/Our/Ours/Us/ Company means Royal Sundaram General Insurance Company Limited.

B.2.10 You/Your/Yours/Yourself means a person or the legal entity named as the policyholder/insured person in the Certificate of Insurance.

C. BENEFITS COVERED UNDER THE POLICY

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:

C.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.

C.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 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.

C.3 Recovery Benefit:

e) 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.

C.4 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.

D. EXCLUSIONS

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 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;

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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.

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E. GENERAL TERMS AND CLAUSES

1. Observance of terms and conditions

The due adherence/observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a Condition Precedent to any liability to make payment under this policy.

2. Disclosure to Information Norm

The policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non- disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by the Insured Person(s) or any one acting on their behalf, under this Policy.

3. Material Change

It is a Condition Precedent to Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. We may, in its discretion, adjust the scope of cover and/or the premium paid or payable, accordingly. the Insured Person(s)must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the contract.

4. Cancellation/Termination

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

The Policy shall terminate immediately on the earlier of the following events:

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.

5. Notice

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

i.Policyholder/ Insured Person at the address specified in the Policy Schedule/Certificate of Insurance or at the changed address of which the Company must receive written notice.

ii.The Company at the following address:
M/s. Royal Sundaram General Insurance Co. Limited.,
Corporate office: Vishranthi Melaram Towers,
No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam,
Chennai - 600097

iii.The Company may send the Insured Person other information through electronic and telecommunications means with respect to the Policy from time to time.

6. **Renewal of Policy**

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. 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.

7. **Fraudulent claims**

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or anyone acting on behalf of the Insured Person or any false or incorrect Disclosure to Information Norms to obtain any benefit under this Policy, then the Company may reserve the right to cancel the Policy and all benefits under the Policy shall be forfeited and all sums paid under this Policy shall be repaid to the Company by the Insured Person.

8. **Nomination**

i. Insured Person is mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims under the Policy in the event of Insured Person death.

ii. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made by the Company.

9. **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

The disputes of quantum of payment of losses shall be preferred to be dealt and resolved under the alternative dispute resolution system. .

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10. Maintenance of Records

As a Condition Precedent, the Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representative(s) to inspect such records. The Insured Person shall furnish such information as we may require under this Policy at any time during the Policy Period.

11. Geography

This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by the Company through an endorsement.

12. Modifications to the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written Endorsement signed and stamped by the Company.

13. Withdrawal of the Product

This product or any variant/plan under the product may be withdrawn as per IRDAI guidelines applicable. In such a case the Company shall notify Policyholder of any such change at least 3 months prior to the date from which such withdrawal shall come into effect or as may be provided by the applicable law.

14. Insurer's rights for admissibility

In the event of any dispute or disagreement regarding the appropriateness or correctness of the Diagnosis, the Company shall have the right to call for an examination, of either the Insured Person or the evidence used in arriving at such Diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by the Company and the opinion of such expert as to such Diagnosis shall be binding on both the Insured Person and the Company.

15. 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. 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
c. deduction towards the proportionate risk premium for period on cover or;
d. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
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.

16. Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the

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name of same person then we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited.

17. 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.

18. Grievance Redressal Procedure

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 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)

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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.

20. Exclusion Clause for Sanctioned Crude Oil

i. 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).

ii. 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.

iii. 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.

iv. 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.

v. 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.

F. CLAIMS PROCEDURE

F.1 Notification of claim:

i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its occurrence.

ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month afterthe completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.

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F.2 Documents to be submitted:

F.2.1 <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 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.2.2 <u>Documents required in case of Death covered under Section C.1</u>

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

F.2.3 <u>Documents required in case of Permanent Total Disablement (PTD) covered under Section C.2</u>

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.3 Claim Settlement

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.

ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

v. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of theFinancial Year in which claim has fallen due)

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F.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/customer's representative 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 insured person shall cease in the policy. Cover for other insured members (if any) under the policy shall continue.
v. At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

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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