ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

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

Policy Terms and Conditions

B PREAMBLE

B.1 Important

This is your **Group Personal Accident Policy Wording.** Please read it carefully and make sure You fully understand thisdocument. If You have any questions about this insurance, please telephone or write to us.

This Policy is evidence of the contract between You and Royal Sundaram General Insurance Co. Limited.

The information given to us in the proposal form and declaration signed by You forms the basis of this contract.

The Policy, the Schedule and any **Endorsement** shall be read together and any word or expression to which a specific meaninghas been attached in any one of them shall bear such meaning wherever it appears.

Provided You pay the premium for all the customers in the category intended to be insured under this Policy and We receiveand accept it, We will provide the insurance described in the Policy.

The terms, conditions and exclusions that appear in the Policy or in any Endorsement are part of the contract and must becomplied with. Failure to comply may result in the claim being denied.

B.2 Insured shall mean

Insured Person shall mean and include all.

(to add the details of insured person within the group).

C DEFINITIONS

C.1 Standard Definitions

C.1.1 Accident

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

C.1.2 Condition Precedent

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

C.1.3 Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid instalments during the policy period.

C.1.4 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 withall 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 bedsin 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

C.1.5 Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent,visible and evident means which is verified and certified by a Medical Practitioner.

C.1.6 Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modesof communication.

C.1.7 Pre-Existing Disease

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Pre-existing Disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 36months 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. (Life Insurers may define norms for applicability of PED at reinstatement).

C.1.8 Renewal

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision ofgrace period for treating the renewal continuous for the purpose of all waiting periods.

C.1.9 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 thesame locality would have charged for the same medical treatment.

C.1.10 Reasonable and Customary Charges

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

C.2 Specific Definitions

C.2.1 Company means the Royal Sundaram General Insurance Co. Limited (Formerly known as Royal Sundaram AllianceInsurance Company Limited).

D BENEFITS COVERED UNDER THE POLICY

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means anywhere in the world, then the Company shall pay to the Insured Person or nominee(s)/legal heir(s) of the Insured Person as the case may be, the sum or sums hereinafter set forth, that is to say :

D.1 Death

If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the Sum Insured stated in the Schedule hereto.

D.2 Permanent Total Disablement

a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of.

- Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or such loss of sight of one eye and such loss of one entire hand or one entire foot, the Sum Insured stated in the Schedule hereto
- Use of two hands or two feet or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Sum Insured stated in the Schedule hereto.

b) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

- The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Sum Insured stated in the Schedule hereto
- Use of a hand or a foot without physical separation, fifty percent (50%) of the Sum Insured stated in the Schedule hereto.

Note : For the purpose of sub-clause

(a) and sub-clause

(b) above, 'physical separation' of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

c) If such injury shall, as a direct consequence thereof, immediately, permanently , totally and absolutely, disable

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the Insured Person from engaging in any gainful employment or occupation of any description, whatsoever, then a lump sum equal to hundred percent (100%) of the Sum Insured stated in the Schedule hereto.

d) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and/orpartial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Sum Insured as indicated below shall be payable.

			Percentage of SumInsured
i)	Loss of toes	all	20
	Great	both phalanges	5
	Great	one phalanx	2
	Other than Great, ifmore than one toe lost,	for each toe	1
ii)	Loss of hearing	both ears	75
iii)	Loss of hearing	one ear	30
iv)	Loss of four fingersand thumb of one Hand		40
v)	Loss of four fingers		35
vi)	Loss of thumb	both phalanges	25
		one phalanx	10
vii)	Loss of index finger	three phalangestwo phalangesone phalanx	10
viii)	Loss of middle finger	three phalangestwo phalangesone phalanx	6
ix)	Loss of ring finger	three phalanges two phalangeone phalanx	5
x)	Loss of little finger	three phalangestwo phalangesone phalanx	4
xi)	Loss of metacarpals	first or second(addl) third, fourth or fifth (addl)	3
xii)	Any other permanentpartial disablement	percentage as assessed by thepanel doctor of the Company.	

e) If such injury shall be the sole and direct cause of the temporary total disablement (TTD) then so long as the insured person shall be totally disabled from engaging in any employment or occupation of any description whatsoever a sum at the rate of one percentage (1%) of the Capital Sum Insured stated in the Schedule hereto per week but in any case not exceeding Rs.3000/- per week in all, under all policies.

Provided that the compensation payable under the foregoing Sub-clause (e) shall not be payable for more than 1 04 weeks in respect of any injury calculated from the date of commencement of disablement and in no case shall exceed the Capital Sum Insured.

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E EXCLUSIONS:

E.1 Specific Exclusions

The Company shall not be liable under this Policy for:

1. Compensation under more than one of the foregoing sub-clauses in respect of the same incident.
2. Any other payment after a claim under one of the foregoing sub clauses A, B(a) or (c) has been admitted and become payable.
3. Any payment in case of more than one claim under the Policy during any one period of insurance, by which the maximum liability of the Company in that period for death and disablement payable shall exceed the sum stated in the relevant section of the Schedule of the Policy.

   However in the event of a death claim, the sum payable shall be the sum insured under the relevant section of the Schedule of the Policy after deducting the amount already paid for the earlier disablement, if any.
4. Payment of compensation in respect of Death, Injury or Disablement of the Insured person.
   a) from intentional self-injury, suicide or attempted suicide.
   b) whilst under the influence of intoxicating liquor or drugs.
   c) whilst engaging in Aviation, whilst mounting into, dismounting from or travelling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, `Standard type of Aircraft' means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned OR chartered OR operated by a regular airline OR whether such an aircraft has a single engine or multiple engine.
   d) directly or indirectly caused by venereal diseases, AIDS or insanity.
   e) arising or resulting from the Insured persons committing any breach of law with criminal intent.
   f) as a result of, or which is contributed to by, the Insured person suffering from any pre-existing condition or pre-existing physical or mental defect or infirmity.

      Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing disease.
5. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military action or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments .
6. Payment of Compensation in respect of Death, Injury or Disablement of the Insured person.
   - directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self–sustaining process of nuclear fission.
   - directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
7. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, Injury or Disablement resulting directly or indirectly from, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
8. Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, Jockeys, Circus personnel, Persons whilst engaged in racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard..
9. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

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For the purpose of this endorsement "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.

F GENERAL terms and clauses

F.1 Claim Procedure

F.1.1 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 happening.

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

iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.

F.1.2 Documents to be submitted

Basic documents required for All claims

i. Duly completed claim form

ii. Photo Identity Proof of the insured person

iii. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station

iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital

v. Any other relevant document required by the Company for assessment of the claim

F.1.3 <u>Documents required in case of Death covered under Section D.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 valid discharge in case nomination is not filed by deceased.

iv. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station

v. Panchanama / Accident report

vi. Chemical analysis report of viscera / blood sample

vii. Admission / Discharge / Death summary issued by hospital authority

viii. English translation of vernacular documents

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F.1.4 Documents required in case of Permanent Total Disablement (PTD) covered under Sections D.1.2

i. Original treating Medical Practitioner's certificate describing the disablement
ii. Original Discharge summary from the Hospital
iii. Disability certificate issued by treating Medical Practitioner
iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.
v. Copy of FIR/MLC/Accident register

F.1.5 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 policy holder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
v. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

F.1.6 Payment of Claim

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

F.1.7 The Company shall not be liable to make any payment under this Policy in respect of any claim, if such claim in anymanner be fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person.

F.1.8 The Insured Person shall on tendering any premium for the renewal of this Policy, give notice in writing to the Company of any disease, physical defect or infirmity with which he/she has become affected since the payment of lastpreceding premium.

F.1.9 i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.

ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.

iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.

vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.

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F.1.10 Cancellation/ Termination (other than Free Look cancellation)

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

The Company shall:

a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

F.1.11 The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this Policy but the receipt of the Insured Person or his legal personal representativesshall in all cases be effective discharges to the Company.

F.1.12 If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwiseadmitted), such difference shall independently of all other questions be referred

to the decision of a sole Arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 Arbitrators comprising of two Arbitrators , one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured Person for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of Law or pending reference to Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

F.1.13 All claims under this Policy shall be payable only in India and in Indian Rupees only. Any suit or legal proceedingsagainst the Company under this Policy shall be filed and instituted only in a Court having jurisdiction in India.

F.1.14 Provided always that the due observance and fulfillment of the terms and conditions of this Policy along with endorsements shall so far as they relate to anything to be done or not to be done by the Insured be a condition precedentto any liability of the Company under this Policy.

F.1.15 **Installment Payment of Premium** (Applicable for policies with installment payment).

i. The Insured is required to pay the premium on monthly basis for the number of Insured person opted for this cover.

ii. It is a condition precedent that premium applicable to the entire policy period shall be paid, by the Insured/InsuredPerson/Insured Person's legal heir(s) as the case may be, in the event of claim under this Policy.

iii. No refund of premium will be made for the months prior to the month in which the Insured Person exercises his/heroption to withdraw from the Plan.

F.1.16 Inspection of Records

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The Insured shall maintain a proper record of all the Customers who have opted for this cover and shall allow the Company to inspect such records at any reasonable time.

F.1.17 Grievance

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
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Senior Citizen can mail us at: seniorcitizengrievances@royalsundaram.in

We will acknowledge your grievance immediately and provide a resolution.

Step 2: **Escalation 1**

If you are not satisfied with the resolution provided or require any further assistance, you may escalate the matter to: manager.care@royalsundaram.in

Step 3: **Escalation 2**

If you feel your grievance has not been resolved satisfactorily, you may escalate further to:
head.cs@royalsundaram.in

Step 4: **Escalation to Grievance Redressal Officer - Final Internal Escalation**

If you need further resolution, you may escalate it to:

Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094
Senior Citizen Redressal: 9500413019
Email: gro@royalsundaram.in

For updated details of grievance officer, kindly refer the link http://www.royalsundaram.in.

lf you are not satisfied with the Redressal of grievance through above methods, you may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.

Insurance Ombudsman addresses can be accessed at - https://www.cioins.co.in/Ombudsman

F.1.18 Free look

At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;

b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards

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the proportionate risk premium for period on cover or;

c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

d) Free-look will not be applicable for policies with tenure less than one year.

e) Free-look not applicable in case of renewals.

All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

F.1.19 Moratorium

After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

F.1.20 Sanctions Limitation and Exclusion Clause (LMA3100)

No (re)insurer shall be deemed to provide cover and no (re) insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provisions of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Exclusion Clause for Sanctioned Crude Oil

Notwithstanding anything to the contrary contained herein, the cover provided under this policy expressly excludes any loss of and / or damage to crude oil in stocks sourced or purchased from any country or entity which is a target of sanction, prohibition or restriction to which any (re) insurer may be subject pursuant to the Sanctions and Embargo Clause (hereby referred to as Sanctioned Crude Oil).

In the event of a recoverable loss emanating from an area storing Sanctioned Crude Oil, which spreads and/or impacts other areas of the plant/ stock, subject at all times to the Sanctions and Embargo Clause cover shall be provided for all such areas of the plant/stock including the storage tanks where Sanctioned Crude Oil is stored and the non-Sanctioned Crude Oil in stock that may be in the same storage tank(s) and only the Sanctioned Crude Oil in stock will be excluded.

Subject always to the terms, conditions and exclusions of the policy, any processed product that contains Sanctioned Crude Oil shall, to the extent permitted under the Sanctions and Embargo Clause be covered under this policy.

To the extent permitted under the Sanctions and Embargo Clause if any (re) insurer is not able to cover and/or pay claim due the Sanctions and Embargo Clause, only that amount not payable due to the Sanctions and Embargo Clause shall be excluded.

In the event of a loss hereunder to crude oil stocks, the indemnity amount shall, to the extent permitted under the Sanctions and Embargo Clause, be calculated by making an adjustment to exclude Sanctioned Crude Oil in accordance with the latest import / blending log as maintained by the Scheduling and Planning department (or equivalent) at the Refinery location of the incurred loss.

G OTHER TERMS AND CONDITIONS

G.1 MEDICAL EXPENSES EXTENSION

APPLICABLE ONLY IF ADDITIONAL PREMIUM HAS BEEN PAID AND COVERAGE CONFIRMED IN THE POLICY SCHEDULE

In consideration of the payment of an additional premium amounting to Rs._____it is hereby agreed and declared that notwithstanding anything contained herewith to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with an y accident as specified in the policy, for

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which a claim is made by the Insured and admitted by the Company.

The Company shall reimburse to the Insured an amount up to but not exceeding forty percent (40%) of the compensation paid in settlement of a valid claim under this Policy or ten percent (10%) of the relevant sum insured whichever is less. Further it is a condition precedent to the payment of such medical expenses that the medical attendant's detailed account shall be submitted and is approved by the Company.

G.1.1 CONDITIONS

Claim Documentation
Medical Expenses Claim due to Accident Hospitalization

1. Discharge summary.
2. Original Hospital Bills.
3. Advance and final receipts.
   (All receipts shall be numbered, signed and stamped)
4. Prescriptions for medicines.
5. Diagnostic Test Reports, X Ray, Scan, ECG and others including doctor's advice demanding such tests.
6. Cash memos/bills for medicines purchased from outside.

G.1.2 PROVIDED ALWAYS THAT:

1. This insurance shall not apply in so far as it applies to a female for expenses incurred in respect of any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing, unless otherwise provided here after.
2. The Company shall not be liable to make any payment under this Policy in respect of:
   i) Disease, injury, death or disablement directly or indirectly due to War, Invasion, Act of Foreign Enemy, Hostilities or Warlike Operation (whether war be declared or not) or Civil Commotion or Rebellion Military, Naval or Air Service or Breach of Law, Hunting, Steeple chasing, Revolution, Insurrection, Mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
   ii) Circumcision or strictures or vaccination of inoculation or change of life or beauty treatment of any description or dental or eye treatment or intentional self-injury or insanity or dissipation or Nervous Breakdown (which expression shall cover also general debility “run down” conditions and general “overhaul”) or venereal disease or intemperance or the use of intoxicating drugs or liquors or any diseased, injury, death or disablement directly or indirectly due to any one or more of them.

   Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.

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

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611

ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
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