ROYAL SUNDARAM GENERAL INSURANCE CO. LTD
Registered office: No. 21, Patullos Road, Chennai- 600 002
Corporate Office: Vishranthi Melaram Towers, No. 2/319,
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

LOAN ASSURE – SECTION 3 – PERSONAL ACCIDENT

Personal Accident

Preamble

This is a contract between the Insured Person and Royal Sundaram General Insurance Co. Limited. subject to the receipt of full premium, Disclosure to Information Norm including the information provided by the Insured Person in the Proposal Form and the terms, conditions and exclusions of this Policy.

If any claim arising as a result of an Injury solely and directly due to an Accident anywhere in the world, that occurred during the Policy Period becomes payable, then the Company shall pay the Benefits in accordance with terms, conditions and exclusions of the Policy.

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

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

1. **Definitions:**
    1. **Accident** means a sudden, unforeseen and involuntaryevent caused by external, visible and violent means.
    2. **Adventure or Hazardous Sports/Activities** means Anysports or activity which is adventurous in nature uses any apparatus or involves physical movement, rotation, swinging, floating in air or water. These activities include Para sailing, Para gliding, trekking with apparatus, Bungee jumping, para jumping, rock climbing, mountaineering, motor racing, horse racing or deep-sea diving etc. “
    3. **Age** means the completed age (in years) of the Insured Person as on his/her latest birthday.
    4. **Annexure** means a document attached and marked as Annexure to this Policy.
    5. **Bank** means a banking Company which transacts the business of banking in India.
    6. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
        a. **Internal Congenital Anomaly -** Congenital anomaly which is not in the visible and accessible parts of the bodyred
        b. **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible

UIN: RSAHLGP25021V012425

parts of the body

7. **Condition Precedent** means a Policy term or condition upon which Our liability under the policy is conditional upon.
8. **Common Carrier** means any land, sea or air conveyance operated under a licence issued by a government authority having jurisdiction for the transportation of fare paying passengers and which has fixed established routes only.
9. **Company/We/Our/Insurer/Us**
10. Company/We/Our/Insurer/Us Royal Sundaram General Insurance Co. Limited
11. **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
12. **Fracture** is a break in continuity of the bone evidenced by an X-Ray and certified by the attending Medical Practitioner.
13. **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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section of 56(1) of the said Act OR complies with all minimum criteria as under:
    a. Has qualified nursing staff under its employment round the clock;
    b. 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;
    c. Has qualified Medical Practitioner(s) in chargeround the clock;
    d. Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
    e. Maintains daily records of patients and makes this accessible to the insurance company's authorized personnel.
14. **Hospitalization** means admission in a Hospital for aminimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
15. **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, illnessor 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 definedas 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

UIN: RSAHLGP25021V012425

iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope withit
iv. it continues indefinitely
v. it recurs or is likely to recur

16. I**nsured Event** means any event specifically mentioned as covered under this Policy.
17. Risk Commencement Date means the inception date of this Policy as specified in the Policy Schedule/ Certificate of Insurance
18. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
19. Insured Person means the person(s) named in the Policy Schedule/ Certificate of Insurance, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
20. **Loss of Daily Living** means that the Insured Person is permanently unable to perform independently three or more of the following six activities of daily living:
    a. Washing: the ability to maintain an adequate level of cleanliness and personal hygiene
    b. Dressing: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary
    c. Feeding: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
    d. Toileting: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
    e. Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence
    f. Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.
21. **Medical Advice** means any consultation or advise from a Medical Practitioner including the issue of any prescription or follow-up prescription.
22. **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.

    23. Medically Necessary Treatment means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
    a. Is required for the medical management of the Illness or injury suffered by the Insured Person;
    b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
    c. Must have been prescribed by a Medical Practitioner.
    d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India

UIN: RSAHLGP25021V012425

24. 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 the scope and jurisdiction of license.

25. Nominee means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on the death of the Insured Person

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

27. Policy means this Policy document, the Proposal Form and the Policy Schedule/ Certificate of Insurance which form part of the Policy including endorsements, as amended from time to time which form part of the Policy and shall be read together.

28. Policy Period means the period between the Inception Date and the Expiry Date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

29. Policy Year means a period of 12 consecutive months commencing from the Inception Date.

30. Policy Schedule means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

31. 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.

32. Sum Insured which is the maximum liability of the Company under this Policy shall mean:

a) Fixed Sum Insured shall mean sum insured as specified in the policy/certificate of insurance schedule

b) Reducing Balance Sum Insured shall mean the following:

i) The percentage of sum insured as per the Amortization Chart specified as per Annexure- II.
ii) For the purpose of this definition as well as claim payment purposes, the amortization schedule prepared by the Financial Institution shall not apply.

33. Pre-existing disease means any condition, aliment, injury or disease that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

Provided that the definition of the pre-existing disease shall not be applicable for Overseas Travel Policies.

Basic Cover

The following Benefits shall be available only if specified in the Policy Schedule/Certificate of Insurance, subject to the terms, conditions, limitations and exclusions of the Policy.

1.1. Accidental Death

If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's death within three hundred and sixty-five (365) days from the occurrence of such Accident the Company will pay the Sum Insured (fixed or reducing balance sum insured as opted by the insured person) specified in the Policy Schedule/ Certificate of Insurance, provided that:

- The Company will deduct any amounts alreadypaid under Clause 1.2 (Permanent Total Disablement) or 1.3 (Permanent Partial Disablement) inrespect of the Insured Person from any amount payable under Clause 1.1 of Basic Cover
- If an accident is reported under Personal Accident section under Section 1,3, (Permanent Partial Disablement) resulting in claim payment of less than 100% of the sum insured, then post reporting of a claim under Personal Accident Section, balance of sum insured remaining out of the 100%, only, will be considered for subsequent claims under Personal Accident and Criti Assure (Loan Assure – Section 1) sections
- In the event of 100% claim settlement under Criti Assure (Loan Assure – Section 1) or Personal Accident (Sub-section 1.1, 1.2 or 1.3) section, the cover under Loan Assure policy in respect of all sections will stand terminated.

1.2. Permanent Total Disablement

i. If the Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's Permanent Total Disability within three hundred and sixty-five (365) days from the occurrence of such Accident the Company will make payment in accordance with the grid below provided that:
ii. The Permanent Total Disability is proved with a disability certificate issued by a Civil Surgeon orthe equivalent appointed by the Central or the State Government being presented to Us; and the Permanent Total Disability continues for a continuous period of at least six (6) calendar months from the commencement of the disability and such disability is permanent at the end of this period;
iii. If the Insured Person dies before a claim has been admitted under this benefit, The Company shall not be liable to make any payment under this benefit.
iv. The Company shall deduct any amounts already paid under any of the basic covers

UIN: RSAHLGP25021V012425

in respect of that Insured Person from any amount payable under this benefit.

Nature of Permanent Total Disablement	% of SI Payable
Actual loss by physical separation ortotal and permanent loss of use of both hands	100%
Actual loss by physical separation ortotal and permanent loss of use of both Feet	100%
Loss of sight in both eyes	100%
Actual loss by physical separation ortotal and permanent loss of use of one hand and one foot	100%
Actual loss by physical separation ortotal and permanent loss of use of one hand and sight in one eye	100%
Actual loss by physical separation ortotal and permanent loss of use of one foot and sight in one eye	100%
Loss of speech and loss of hearingin both ears	100%
Permanent and incurable paralysisof all limbs	100%
Permanent total loss of mastication	100%
The Insured Person suffers Injuries which do not fall within any of the categories specified above but are such that the Insured Person is unlikely to ever be able to physically engage in any occupationor employment or business for remuneration or profit	100%

Note: For the purpose of this benefit, 'physical separation' of a hand means separation at or above thewrist and of the foot means separation at or above the ankle.

1.3. Permanent Partial Disablement

i. If the Insured Person suffers an Injury solely and directly due to an Accident occurring during thePolicy Period which solely and directly results in the Insured Person's Permanent Partial Disability within three hundred and sixty-five (365) days from the occurrence of such Accident, The Company will pay the amount specified in the table below;

ii. The Permanent Partial Disability is proved with a disability certificate issued by a Civil Surgeon or the equivalent appointed by the Central or the State Government being presented to Us; and the Permanent Partial Disability continues for a continuous period of at least six (6) calendar months from the commencement of the disability and such disability is permanent at the end of this period;

iii. If the Insured Person dies before a claim has been admitted under this benefit, The Company shall not be liable to make any payment under this benefit.

iv. The Company shall deduct any amounts already paid under the any of basic covers in respect of that Insured Person from any amount payable under this benefit.

Nature of Permanent Partial Disablement	% of SI Payable
Total and irreversible loss of hearing in both ears	50%
Total and irreversible loss of speech	50%

UIN: RSAHLGP25021V012425

Nature of Permanent Partial Disablement	% of SI Payable
Actual loss by physical separation or total and permanent loss of use of one hand	50%
Actual loss by physical separation or total and permanent loss of use of one foot	50%
Total and irreversible loss of sightin one eye	50%
Actual loss by physical separation or total and permanent loss of use of four fingers and thumb of one hand	40%
Actual loss by physical separation or total and permanent loss of use of four fingers	30%
Total and irreversible loss of hearingin one ear	30%
Actual loss by physical separation or total and permanent loss of use of thumb and index finger of the same hand	25%
Actual loss by physical separation of all toes	20%
Actual loss by physical separation or total and permanent loss of use of thumb	15%
Actual loss by physical separation or total and permanent loss of use of index finger	10%
Non-union of fractured leg orkneecap	10%
Loss of thumb-one phalanx	10%
Shortening of leg by at least 5 cm	7.5%
Actual loss by physical separation or total and permanent loss of use of middle finger	6%
Actual loss by physical separation or total and permanent loss of use of ring finger	5%
Actual loss by physical separation or total and permanent loss of use of little finger	4%
Actual loss by physical separation of great toe (both phalanges)	5%
Actual loss by physical separation of great toe (one phalanx)	2%
Actual loss by physical separation of any toes other than the great toe, provided that more than one toe is lost	1% each
Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional)	3%

UIN: RSAHLGP25021V012425

2. Exclusions

The Company shall not be liable to make any payment for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

2.1. Any claim arising on account of or in connection with any Pre-Existing Disease(s)/Condition

2.2. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane

2.3. Mental illness or sickness or disease including a psychiatric condition, mental disorders of or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction tothe same.

2.4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is amember of the Insured Person's Family.

2.5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.

2.6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease

2.7. Congenital external diseases, defects or anomalies or in consequence thereof.

2.8. Death or disablement directly or indirectly caused due to or associated with human T-call Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.

2.9. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule/ Certificate of Insurance.

2.10. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.

2.11. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.

2.12. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;

2.13. Death or disablement caused by participation of the Insured Person in any flying activity including chartered flights except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

2.14. Insured Persons whilst engaging in adventure and hazardous sport, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule/ Certificate of Insurance.

2.15. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Sports/Activities.

2.16. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

2.17. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death

2.18. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

2.19. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy.

3. **Claim Procedure**

Provided that the due observance and fulfilment of the terms and conditions of this Policy (conditions and all Endorsementshereon are to be read as part of this Policy) shall, so far as theyrelate to anything to be done or not to be done by the Insured and /or Insured person, be a condition precedent to any liabilityof the Company under this Policy.

The Claims Procedure is as follows:

3.1. Claim Documentation

The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days from the date of occurrence:

3.1.1. Death Claims

i. Duly completed claim form
ii. Original Death certificate
iii. Post-mortem report
iv. First Information Report
v. Inquest report/Panchanama Report
vi. Extract of MLC/Accident Register
vii. Final report issued by Police Authorities if sought
viii. Chemical analysis report/viscera report if preservedfor analysis
ix. Admission/Discharge/Death summary issued bythe hospital authority
x. Medical records pertaining to hospitalisation
xi. English translation of vernacular documents
xii. Legal Heir Certificate / Succession Certificate or Alternate set of legal documents

sought in theabsence of nomination

xiii. Any other document sought by the Company

3.1.2. Disablement Claims

xiv. Duly completed claim form along with medicalcertificate forming part of claim form

xv. Attending physician's certificate certifying extent ofdisability

xvi. First Information Report

xvii. Medical records pertaining to hospitalisation

xviii. Photographs of the insured exhibiting disability

xix. Any other document sought by the Company

3.2. Payment of Claim

- All valid claims will be settled within 15 workingdays upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. Thecompany shall be released from any obligation to pay benefits if any of the obligations are breached.
- All claims under this Policy shall be payable in Indian Currency.
- The Company shall be liable to pay any interest at2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days fromthe date of acceptance.
- The claim if admissible shall be paid to the legal heir/ nominee of the proposer in case if the proposer is not surviving at the time of payment ofclaim
- If a claim is settled for an insured, cover for other insured members under the policy shall continue.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.
- All claims are to be notified to Us within a timeline. In case where the delay in intimation is proved to be genuine and for reasons beyond the controlof the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim andsubmission of claim is at Our evaluation.
- The claim documents should be sent to:

  Health Claims Department
  Royal Sundaram Alliance Insurance Co Ltd Vishranthi Melaram Towers,

  No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097

4. General Conditions

4.1. Observance of terms and conditions

The due adherence/observance and fulfillment of the terms, conditions and endorsement of this Policy in sofar 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.

4.2. 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 You or any one acting on Your behalf, under this Policy.

4.3. Material Change

It is a Condition Precedent to the Our liability underthe Policy that the Policyholder shall immediately notify Us in writing of any material change in the riskon 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. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the contract.

4.4. Cancellation/Termination

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.

4.5. Notice

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

b. 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

c. the Company may send the Insured Personother information through electronic and telecommunications means with respect to the Policy from time to time.

4.6. Fraudulent claims

If a claim is in any way found to be fraudulent, or if anyfalse statement, or declaration is made or used insupport 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 benefitunder 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.

4.7. Nomination

d. 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.

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

4.8. 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 shallbe preferred to be dealt and resolved under the alternative dispute resolution system including Arbitration and Conciliation Act of India.

4.9. Maintenance of Records

As a Condition Precedent, the Insured Person shall keep an accurate record containing all relevant medicalrecords 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.

4.10. Geography

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

4.11. 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.

4.12. Withdrawal of the Product

This product or any variant/plan under the product may be withdrawn at the Company's option subjectto change in regulations. 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.

4.13. 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, byan 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.

4.14. Free Look Provision:

At the inception of the policy the Insured Person willbe allowed a period of 30 days from the date of receiptof 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 ofthe insured person and the stamp duty charges or;

b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premiumfor period on cover or;

c) Where only a part of the risk has commenced, such proportionate risk premium commensurate withthe 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 standextinguished on the free look cancellation of the Policy.

4.15. Multiple Policies

If multiple certificates are issued under the same Grouppolicy or across multiple group policies in the name ofsame 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. . If

customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies.

4.16. Arbitration

If any dispute or difference shall arise as to the quantumto be paid under this 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 difference 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 three Arbitrators, comprising of two Arbitrators, oneto 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 ordispute shall be referable to Arbitration as hereinbeforeprovided, 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.

4.17. Moratorium Period

After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from data of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

4.18. Grievances 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.

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

Insurance is the subject matter of solicitation.

Annexure – II

Reducing Balance – Amortization chart

Month	Policy Term (Years)				
	1	2	3	4	5
1	100%	100%	100%	100%	100%
2	92%	96%	98%	98%	99%
3	84%	92%	95%	97%	97%
4	76%	88%	93%	95%	96%
5	68%	85%	90%	93%	95%
6	59%	81%	88%	91%	93%
7	51%	77%	85%	89%	92%
8	43%	73%	83%	88%	91%
9	34%	69%	80%	86%	89%
10	26%	65%	77%	84%	88%
11	17%	61%	75%	82%	86%
12	9%	56%	72%	80%	85%
13	0%	52%	70%	78%	83%
14		48%	67%	76%	82%
15		44%	64%	74%	81%
16		40%	62%	73%	79%
17		35%	59%	71%	78%
18		31%	56%	69%	76%
19		27%	53%	67%	75%
20		22%	51%	65%	73%
21		18%	48%	63%	72%
22		14%	45%	61%	70%
23		9%	42%	59%	68%

24		5%	39%	57%	67%
25		0%	36%	54%	65%
26			33%	52%	64%
27			31%	50%	62%
28			28%	48%	60%
29			25%	46%	59%
30			22%	44%	57%
31			19%	42%	56%
32			16%	40%	54%
33			12%	37%	52%
34			9%	35%	51%
35			6%	33%	49%
36			3%	31%	47%
37			0%	28%	45%
38				26%	44%
39				24%	42%
40				22%	40%
41				19%	38%
42				17%	37%
43				15%	35%
44				12%	33%
45				10%	31%
46				7%	29%
47				5%	27%
48				2%	26%
49				0%	24%
50					22%

51					20%
52					18%
53					16%
54					14%
55					12%
56					10%
57					8%
58					6%
59					4%
60					2%
61					0%