

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Naari Suraksha Cancer Cover	
2	Policy Number	xxxxxxx	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> Benefit Policy 	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured – Rs. _____ 	
5	Policy Coverage (What the policy covers?)	<p>A lump sum amount as specified in policy schedule will be paid to insured person if diagnosed with “Cancer” during the policy period. For the purpose of this Policy, “Cancer” means the following;</p> <p>Cancer (Cancer of Specified Severity)</p> <p>I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.</p> <p>II. The following are excluded –</p> <ol style="list-style-type: none"> All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; Malignant melanoma that has not caused invasion beyond the epidermis; All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; Chronic lymphocytic leukaemia less than RAI stage 3 Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; 	Section 3

		<p>ix. All tumors in the presence of HIV infection.</p> <p>Survival Period</p> <p>a. A survival period of 30 days is applicable before any Cancer claim can be payable subject to all other policy terms and conditions being satisfied.</p> <p>b. If diagnosis takes place on or before the Policy/ Coverage expiry date, but the Survival Period expires after the Policy/Coverage expiry date, the Company will pay a claim provided that the Insured Person survives duration as specified in Policy Schedule/ Insurance Certificate from the date of diagnosis.</p> <p>c. If a Cancer Cover claim is filed after the death of the policyholder, the Cancer must have been diagnosed while the insured is alive.</p>	
6	Exclusions (What the Policy does not cover)	<p>We shall not be liable to make any payment for any claim under Cancer Benefit of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:</p> <p>4.1. Specific Exclusions</p> <p>1. Waiting Period: All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.</p> <p>The Company shall not be liable to make any payment under this Policy for the Cancer Cover directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following Waiting Periods:</p> <p>i. Pre-existing Diseases: Any Cancer arising on account of or in connection with any Pre-Existing Disease(s).</p> <p>ii. Initial Waiting Period: Any Cancer where the symptoms indicative of such Cancer have first manifested or first occurred prior to the Risk Inception Date or arisen within first 120 days of commencement of the Period of Cover.</p>	Section 4
7	Waiting Period	<p>Survival period –30 days, Initial Waiting Period – 120 days</p>	
8	<p>Financial limits of coverage</p> <p>i.Sub-limit</p> <p>ii.Co-payment</p> <p>iii.Deductible</p> <p>iv.Any other limit</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Not applicable</p> <p>Not applicable.</p> <p>Not applicable.</p> <p>Not applicable.</p>	
9	Claims/Claims Procedure	<p>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 first diagnosis of the illness:</p> <p>i. Certificate from the attending Doctor of the Insured Person confirming details of the Insured Event.</p> <p>ii. Duly completed and signed claim form.</p>	Section 5

		<p>iii. Test reports and prescriptions relating to First/ Previous consultations for the same or related illness.</p> <p>iv. Death summary in case of death of the insured person at the hospital.</p> <p>v. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.</p> <p>vi. Biopsy Report / supporting investigation report /Discharge summary</p> <p>vii. During the assessment period Company will assess the condition/illness prior to making a decision on acceptance of claim.</p> <p>viii. If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Specialist Medical Practitioner at our expense.</p> <p>ix. If required, the Insured or Insured Person must agree to be examined by a Specialist Medical Practitioner of Our choice at our expense.</p> <p>x. Insurer has the right to investigate and appoint a Service Provider to check all details relating to claim. Insured Person/legal heir/nominee should cooperate and render all assistance at all times.</p> <p>xi. Insurers have the right to reject the claim if the documents are inadequate and if the requirements for additional documents by the Insurer are not complied with in reasonable time of not more than 45 days from the time of making such request, unless additional time has been sought in writing.</p> <p>The documents should be sent to: Health Claims Department, M/s. Royal Sundaram General Insurance Co. Limited., Corporate office: Vishranthi Melaram Towers, No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097. Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Customer Services at 1860 425 0000</p> <p>Payment of Claim</p> <p>i. All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. The company shall be released from any obligation to pay benefits if any of the obligations are breached</p> <p>ii. All claims under this Policy shall be payable in Indian Currency.</p> <p>iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case</p>	Section 6
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10	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer</p>	
11	Grievances / Complaints	<p>We promise to provide the service you want, but sometimes mistakes can happen. If you're not satisfied with our service, we're here to make it right. Your satisfaction is our main concern, especially when things haven't gone as planned.</p> <p>Step 1: 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.</p> <p>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</p> <p>Step 3: Escalation 2 If you feel your grievance has not been resolved satisfactorily, you may escalate further to: head.cs@royalsundaram.in</p> <p>Step 4: Escalation to Grievance Redressal Officer - Final Internal Escalation If you need further resolution, you may escalate it to:</p>	7.20

		<p>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</p>	
12	Things to remember	<p>• 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.</p> <p>Cancellation</p> <p>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.</p> <p>Survival Period:</p> <p>a. A survival period of 30 days is applicable before any Cancer claim can be payable subject to all other policy terms and conditions being satisfied.</p> <p>b. If diagnosis takes place on or before the Policy/ Coverage expiry date, but the Survival Period expires after the Policy/Coverage expiry date, the Company will pay a claim provided that the Insured Person survives duration as specified in Policy Schedule/ Insurance Certificate from the date of diagnosis.</p> <p>c. If a Cancer Cover claim is filed after the death of the policyholder, the Cancer must have been diagnosed while the insured is alive.</p> <p>Moratorium Period</p> <p>After the expiry of Moratorium Period which is 5 years from the date of first inception, 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.</p>	<p>7.15</p> <p>7.4</p> <p>7.18</p> <p>7.19</p>
13	Your Obligations	The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the insured by sending seven days' notice in writing by Registered A/D to the	

		insured at her last known address in which case the Company shall not refund to the insured any portion of the premium.	
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Declaration by the policy holder:

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

Place:

Date: (Signature of the Policy Holder)

Note:

- i. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.