

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

Naari Suraksha Cancer Cover

1. 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/Enrollment Form and the terms, conditions and exclusions of this Policy.

The Policy covers the Insured Person during the Policy/ Coverage Period for the Cancer (Insured Event), provided it occurs, manifests or diagnosed itself during the Policy/ Coverage Period as a first incidence and the Insured Person survives the defined Survival Period.

We will not make payment under this Policy in respect of an insured person and for any and all policy periods more than once in the insured person's lifetime under Cancer Cover (Section 3 of Naari Suraksha Cancer Cover).

The Insured Person shall on her expense, inform the Company immediately of any change in the address, nature of job, state of health, or of any other changes affecting her or any Insured Person.

The Policy, Certificate of Insurance, Policy 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.

2. Definitions

In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy.

Standard Definitions

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

2.1.2 **Congenital Anomaly** means a condition 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 body.

b. External Congenital Anomaly

- Congenital anomaly which is in the visible and accessible parts of the body.

2.1.3 **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) and

- the said act or complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
- 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;

- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

- 2.1.4 **Hospitalization** means admission in a Hospital for a minimum 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.
- 2.1.5 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- 2.1.6 **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check- ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- 2.1.7 **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.
- 2.1.8 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 2.1.9 **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.
- 2.1.10 **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.
- 2.1.11 **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 2.1.12 **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 2.1.13 **Pre-existing disease** means any condition, ailment, 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.

2.2 Specific Definitions

- 2.2.1 **Adventure or Hazardous Sports/Activities** means any sports 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.
- 2.2.2 **Age** means the completed age (in years) of the Insured Person as on his/her latest birthday.
- 2.2.3 **Bank** means a banking Company which transacts the business of banking in India.
- 2.2.4 **Company/We/Our/Insurer/Us** means Royal Sundaram General Insurance Co. Limited.
- 2.2.5 **Commencement Date** is the first inception date of Section 3 for that Insured Person with the Company without any break in period of cover.
- 2.2.6 **Cancer** means malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues, subject to inclusions and exclusions which have been expressly defined under section 3.1 of this policy.
- 2.2.7 **Diagnosis** means the identification of a disease/illness/ medical condition made by a Physician in India, based upon such specific evidence, as required, in the definition of the particular Cancer (Cancer of Specified Severity) concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological, laboratory evidence or any other medical tests following medical advancement, acceptable to the Company.
- 2.2.8 **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
- 2.2.9 **First Policy** means the Policy Schedule/Certificate of Insurance issued to the Insured Person at the time of inception of the Coverage as stated in section 1 mentioned in the Policy Schedule/ Certificate of Insurance with the Company
- 2.2.10 **Insured Event** means any event specifically mentioned as covered under this Policy.
- 2.2.11 **Material Fact** shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the Company
- 2.2.12 **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
- 2.2.13 **Policy** means our contract of insurance with the Policyholder providing cover as detailed in this Policy terms and conditions, the proposal form, Policy Schedule/ Certificate of Insurance, Information Summary Sheet, Endorsement/s, if any and Annexure, which form part of the contract and must be read together
- 2.2.14 **Policy Period** is the period between the inception date and the expiry date of the Policy as specified in the Policy Schedule/ Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier
- 2.2.15 **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.
- 2.2.16 **Policy Year** means the period of one year commencing on the date of commencement specified in

the Policy Schedule/ Certificate of Insurance or any anniversary thereof.

2.2.17 **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

2.2.18 **Survival Period** means the period post the date of first diagnosis that the Insured Person has to survive before a claim becomes valid, as mentioned in section 7.18 of the Policy.

2.2.19 **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.

3. Benefits covered under the policy

3.1 CANCER COVER

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;

Cancer (Cancer of Specified Severity)

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.

II. The following are excluded –

- i. 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.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. 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
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. 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;
- ix. All tumors in the presence of HIV infection.

Survival Period

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.

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.

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.

4. Exclusions

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:

4.1. Specific Exclusions

1. Waiting Period: All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

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:

i. Pre-existing Diseases: Any Cancer arising on account of or in connection with any Pre-Existing Disease(s).

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.

4.2. Standard Exclusions:

1. **Congenital Anomaly:** Any Cancer arising out of any Congenital Anomaly of the Insured Person.
2. Any claim made without a medical certificate from the treating Medical Practitioner and supporting investigation reports evidencing the diagnosis of Cancer.
3. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Certificate.
4. Any breach of the law by the Insured Person with a criminal intent.
5. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of citizens of whatever nation, riots or civil commotion.
6. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from nuclear weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
7. Usage, consumption or abuse of alcohol and/or drugs.
8. Any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
9. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel
10. Any consequential or indirect losses or expenses related to any Insured Event.

5. Claims Procedure

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

The Claims Procedure is as follows:

- i. 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:
- ii. Certificate from the attending Doctor of the Insured Person confirming details of the Insured Event.
- iii. Duly completed and signed claim form.
- iv. Test reports and prescriptions relating to First/ Previous consultations for the same or related illness.

- v. Death summary in case of death of the insured person at the hospital.
- vi. 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.
- vii. Biopsy Report / supporting investigation report /Discharge summary.
- viii. During the assessment period Company will assess the condition/illness prior to making a decision on acceptance of claim.
- ix. If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Specialist Medical Practitioner at our expense.
- x. If required, the Insured or Insured Person must agree to be examined by a Specialist Medical Practitioner of Our choice at our expense.
- xi. 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.
- xii. 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 within reasonable time of not more than 45 days from the time of making such request, unless additional time has been sought in writing.
- xiii. 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.
- xiv. 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

6. Payment of Claim

- 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.
- ii. All claims under this Policy shall be payable in Indian Currency.
- iii. 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
- iv. In the event of claim customer shall intimate us immediately either in person or through online mode, distribution channel, authorized call centre of the insurer, any other mode as may be specified in the policy document
- v. If a claim is settled for an insured, cover for the claimant shall cease in the policy. Cover for other insured members (if any) under the policy shall continue.
- vi. At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

7. General terms and clauses

7.1. Observance of terms and conditions

The due adherence/observance and fulfillment 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.

7.2. 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.

7.3. 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 their 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.

7.4. Cancellation/Termination (other than Free Look cancellation)

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.

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.

7.5. Automatic Termination

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

Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.

7.6. Notice

- a. 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 Person other information through electronic and telecommunications means with respect to the Policy from time to time.

7.7. 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.

7.8. Nomination

- a. 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.
- b. 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.

7.9. 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 including Arbitration and Conciliation Act of India.

7.10. 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.

7.11. Geography

All benefits are available in India only and all claims shall be payable in India in Indian Rupees only

7.12. 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.

7.13. Withdrawal of the Product

This product or any variant/plan under the product may be withdrawn at the Company's option subject to 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.

7.14. 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.

7.15. Free Look Period:

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

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

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

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

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

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.

7.16. Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the 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. If customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies.

7.17. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) 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, 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 hereinbefore 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.

7.18. 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.

7.19. 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>.

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>

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Council for Insurance Ombudsmen

Contact details:

Council for Insurance Ombudsmen

Address: Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

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