

Policy wordings

Royal Sundaram General Insurance Co. 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

A. PREAMBLE:

This Policy is a contract of insurance between Insured Person and Royal Sundaram General Insurance Co. Limited which is subject to the receipt of premium in full in respect of the Insured Persons, 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.

The group administrator's/Master Policyholder's role is that of only a facilitator in offering a group cover and facilitating insurance services including claims.

This Policy is valid for the period as specified in the Schedule. An Insured Person's coverage under the Policy is valid only during the Coverage Period specified in the Certificate of Insurance.

This policy is specially designed personal accident cover which will be offered by India Post Payments Bank to the labourers registered on the e-shramik portal.

B. DEFINITIONS:

The terms defined below and at other junctures in the policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Note: For the purpose of policy, accident means an incident reported to appropriate legal authority(police) and FIR and or entry into Accident register is mandatory. In absence of the same, such incident would not fall under the purview of accident under this policy.
2. **Accidental Death:** Death resulting from bodily injury caused by an accident occurring during the policy period, solely and directly due to the accident and independent of any other causes, and such death occurs within 12 months from date of accident.
3. **Admissible claim:** Admissible claim means any claim payable under Section 3, subject to fulfilment of required claim documentation as enumerated in this policy.
4. **Age** means the completed Age of the Insured Person on his / her most recent birthday as per the English calendar, regardless of the actual time of birth.
5. **Break in policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.
6. **Certificate of Insurance** means the document issued by The Company detailing the effective date, Insured Person(s), benefits, sums insured, Deductible, premium and more generally all special condition(s) and or endorsement(s).

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7. **Coma** means a state of unconsciousness with no reaction or response to external stimuli or internal needs.
8. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
9. **Cover** means an Insurance contract whether in the form of a Policy or a Certificate of Insurance
10. **Cover Period** is the period commencing from the Cover Period Start Date and ending on the Cover Period End Date and as specifically appearing in the Certificate of Insurance against the Insured Person during which this Insurance Policy Coverage is valid for that specific Insured Person
11. **Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under.
 - i. has qualified nursing staff under its employment,
 - ii. has qualified medical practitioner (s) in charge,
 - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
12. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
13. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
14. **Emergency** means a severe injury which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
15. **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 in instalments during the policy period.
16. **Hospital** means any institution established for in-patient care and day care treatment of disease/ 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 Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

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17. **Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
18. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensives charges.
19. **Injury** means Accidental physical bodily harm solely and directly caused by external, violent and visible and evident means, excluding illness or disease which is verified and certified by a medical practitioner.
20. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
21. **Inpatient** means the Insured Person's admission to for treatment in a Hospital for more than 24 hours for a covered event.
22. **Insured Person** means person named as insured in the Schedule of Insurance Certificate. Any Family member may be added as an Insured Person during the Policy Period if We have accepted his application for insurance and issued an endorsement confirming the addition of such person as an Insured Person.
23. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
24. **Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of 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.
25. **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 the licence.
26. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
27. **Notification of Claim** means the process of intimating a claim to the insurer through any of the recognized modes of communication within days from date of loss.
28. **Permanent Neurological deficit** means long-lasting (more than 24 hours) impairment of brain function that persists at the time of hospital discharge or death. This impairment can manifest as new focal or global dysfunction, affecting areas like movement, speech, sensation, or cognitive abilities
29. **Policy Period** means the period between the date of commencement and the expiry date specified shown in the Schedule of Insurance Certificate.
30. **Policy Year** means the period of one year commencing on the date of commencement specified in the Schedule of Insurance Certificate or any anniversary thereof.
31. **Portability**
Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

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32. **Pre-Existing Disease (PED):** “Pre-existing disease (PED)” 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.
33. **Product Benefit Table** means the Product Benefit Table issued by Us and accompanying this Policy (see Annexure 1) and annexures thereto.
34. **Qualified Nurse**
Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
35. **Reasonable and Customary Charges**
Reasonable and Customary charges mean 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.
36. **Rehabilitation:** Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
37. **Renewal**
Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
38. **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
39. **Schedule of Insurance Certificate** means the schedule provided in the insurance certificate issued by Us, and, if more than one, then the latest in time.
40. **Sum Insured** means the sum shown in the Schedule of Insurance Certificate which represents Our maximum total and cumulative liability for any and all claims under the Policy during the Policy Year.
41. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously relieved without any break.
42. **We/Our/Us** means Royal Sundaram General Insurance Co. Limited.
43. **You/Your/Policyholder** means the person named in the Schedule of Insurance Certificate who has concluded this Policy with Us.
- Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.

C. BENEFITS COVERED

Our liability to make payment to the Insured Person(s) for one or more of the events described under the covers mentioned below, would be limited to the sum insured as specified under the respective sections.

The Benefits under this Policy are subject always to the Sum Insured, any subsidiary limit specified in the Policy Schedule/ Certificate of Insurance, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for or as shown in the Policy Schedule/Certificate of Insurance.

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C.1. BASE COVERS

C.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 12 months) from the date of such Accident, then we shall pay the insured person or his/her nominee as the case may be, a lump sum amount equal to the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance, provided that:

- a) On the acceptance of a claim under this Benefit and payment being made under Clause C.1.1 of Base Cover, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.
- b) The Company will deduct any amounts already paid under Clause C.1.3 (Permanent Partial Disablement) of the Basic Cover from any amount payable under Clause C.1.1 of Base Cover.

C.1.2. Permanent Total Disablement

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 Disablement within 12 months from the occurrence of such Accident then we shall pay the insured person or his/her nominee as the case may be, the lump sum amount as per below table. The benefit amount is calculated on the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover. The benefit as per nature of the permanent total disablement is as specified below:

Nature of Permanent Total Disablement	% of Sum Insured Payable
Actual loss by physical separation or total and permanent loss of use of both hands	100%
Actual loss by physical separation or total and permanent loss of use of both Feet	100%
Loss of sight in both eyes	100%
Actual loss by physical separation or total and permanent loss of use of one hand and one foot	100%
Actual loss by physical separation or total and permanent loss of use of one hand and sight in one eye	100%
Actual loss by physical separation or total and permanent loss of use of one foot and sight in one eye	100%
Loss of speech and loss of hearing in both ears	100%
Permanent and incurable paralysis of all limbs	100%
Permanent total loss of mastication	100%

Conditions:

- a) For the purpose of this Benefit: - Limb means a hand at or above the wrist or a foot above the ankle; - Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

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- b) Once a claim has been accepted and paid under this Benefit then cover under Section C.1.2 of this Policy shall immediately and automatically cease in respect of that Insured Person.
- c) The Company will deduct any amounts already paid under Clause C.1.3 (Permanent Partial Disablement) of the Basic Cover from any amount payable under Clause C.1.2 of Base Cover.

C.1.3. Permanent Partial Disablement

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 Partial Disablement within 12 months of such accident then We shall pay the Insured Person or his/her nominee as the case may be, the lump sum amount as per below table. The benefit amount is calculated on the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance against this cover.

Nature of Permanent Partial Disablement	% of Sum Insured Payable
Total and irreversible loss of hearing in both ears	50%
Total and irreversible loss of speech	50%
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 sight in 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 hearing in 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 or kneecap	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%

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Conditions:

- a) In case the Insured Person suffers a loss not mentioned in the table above, then the treating medical practitioner shall determine the degree of disablement and the amount payable, if any.
- b) If a claim in respect of a whole member (any organ, organ system or a limb) also encompasses some or all of its parts, our liability to make payment under this Benefit shall be limited to the member only and not for any of its parts or constituents.
- c) If the claim for limb shall also encompass some or all of its part, We shall pay for the limb only. No additional payment shall be done for the constituting parts of the limb.
- d) Benefit amount paid under this Cover shall reduce the Sum Insured of Base Sections C.1.1 and C.1.2 for remaining Policy Period.

C.2. ADD ON COVERS (Inbuilt)

C.2.1. Accidental Medical Expenses - Inpatient Hospitalisation Cover

Under this benefit, an insured Person can opt for a coverage for any necessary and reasonable Medical Expenses out of inpatient hospitalization for a minimum period of 24 hours on the advice of a Doctor/ Medical Practitioner because of Accidental Bodily Injury sustained during the Cover Period. The Company will reimburse the Medical Expenses, for below listed items up to the Sum Insured stated in the Certificate of Insurance, subject otherwise to all other terms, conditions and exclusions of the policy.

- i. General Ward Bed rent/charges and boarding expenses
- ii. If admitted in ICU the Company will pay up to actual ICU expenses provided by Hospital.
- iii. Nursing
- iv. Consultation fees
- v. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- vi. Medicines, drugs and consumables,
- vii. Diagnostic procedures,
- viii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- ix. Day Care Procedures

C.2.2. Prolonged Hospitalisation Benefit - in case of Accidents (only Plan A)

Under this benefit, the Insured Person can opt for prolonged hospitalisation benefit in case of accidents. The Company will pay a lump-sum as specified in the Policy Schedule/ Certificate of Insurance if the Insured is hospitalized for more than 7 consecutive days in case of accident during the policy period, subject to admissible claim under Section C.2.1, provided that:

- 1. Admission should be followed by accident & injury should be grievous in nature
- 2. Admission should be medically admissible followed by active line of treatment
- 3. Claim will not be admissible if admission is only for diagnostic & rehabilitation purpose

Note:

- i. This benefit is payable in addition to the sum insured and payable once in the policy period
- ii. This benefit is applicable only for Plan A with Rs.10,00,000/- Sum Insured.

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C.2.3. Funeral Expense

Following an admissible claim towards Section C.1.1– Accidental Death of the Insured Person, the Company shall indemnify up to the limits mentioned in the Policy Schedule / Certificate of Insurance towards funeral expenses of the Insured Person. Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company. This benefit is payable in addition to the sum insured.

C.2.4. Repatriation of Mortal remains

Following an admissible claim under Section C.1.1– Accidental Death, the Company shall indemnify the expenses towards repatriation of mortal remains of the insured person from the place of death to the place of residence of the Insured Person, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance, provided, the death of the Insured Person occurred in a location that is not the place of residence of the Insured Person. The expenses under this benefit, include expenses for embalming, cremation and coffin charges. This benefit is payable in addition to the Sum Insured.

C.2.5. Coma Benefit in case of Accidents

Under this benefit, the Company will pay the amount mentioned in the Policy Schedule / Certificate of Insurance for an Injury due to Accident which results in Coma within 1 month from the date of Accident, during the Policy period.

This diagnosis must be supported by evidence of all of the following:

- i. No response to external stimuli continuously for at least 96 hours;
- ii. Life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 45 days after the onset of the coma.
- iv. Provided for an admissible claim under the policy due to an Accident and it is payable only once during policy period of the insured person.
- v. This coverage shall immediately and automatically cease on payment of the amount specified in the Policy Schedule/Certificate of Insurance under this benefit.

Note:

- i. This benefit is payable in addition to the Sum Insured
- ii. The condition has to be confirmed by a specialist medical practitioner.
- iii. Coma resulting directly from alcohol or drug abuse / due to any disease is excluded.

C.2.6. Education Benefit

Following an admissible claim under Section C.1.1 – Accidental Death, the Company will pay the fixed limit as mentioned in the Policy Schedule / Certificate of Insurance towards the cost of education of Dependent Children who are under the age of 25 years and who are studying at an educational institution on the date the Insured parent met with an Accident.

Note:

- iii. This benefit is payable in addition to the Sum Insured
- iv. This benefit is applicable only for Plan A with Rs.10,00,000/- Sum Insured.
- v. Onetime benefit amount shall be paid irrespective of no of children.

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D. WAITING PERIOD

Not Applicable.

E. STANDARD EXCLUSIONS

We will not cover the following conditions in the policy and no claims will be made for them.

1. Any Injury or disability arising out of a Pre- Existing Disease or any complication arising therefrom
2. Self-inflicted Injury, Suicide or attempted suicide.
3. Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader)
4. Loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or anyway related to Act of Terrorism
5. Any Natural death not limited to sickness, illness, disease and any claim arising out of any Illness, complication or ailment not arising out of Injury (as defined in the policy)
6. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent.
7. Any event/injury arising from or caused due to use, abuse or a consequence or influence of abuse of any substance, intoxicant, drug, alcohol or hallucinogen
8. Participation in
 - i. naval, military or air force operations.
 - ii. hazardous activity,
 - iii. professional or Adventure sports
 - iv. Actual or attempted felony, riot, crime, misdemeanour (excluding traffic violations) or civil commotion;
 - v. Arising or resulting from the Insured Person(s) committing any breach of law with including but not limited to actual or attempted felony, riot, crime, misdemeanour (excluding traffic violations) or civil commotion
9. Maternity, Pregnancy or Child birth or in consequence thereof.
10. Any non-allopathic treatment.
- 11.
12. Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns.
13. Mosquito bites, insect bites, and any diseases or health conditions resulting from them are excluded under this Policy
14. Costs which are not Reasonable & Customary and treatments which are not Medically Necessary.
15. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
16. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
17. Treatment availed is unproven / Experimental Treatment.
18. Rest Cure, rehabilitation and respite care. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

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Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

19. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
20. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought
21. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization

F. CLAIM PROCEDURE

Provided that 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:

Claim Documentation

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

1. Death Claims (including repatriation of Mortal Remains, Last Rites Expenses, Education Allowance for Children)

- 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 preserved for analysis
- ix. Burial certificate, Newspaper cuttings, if any
- x. Admission/Discharge/Death summary issued by the hospital authority
- xi. Medical records pertaining to hospitalisation
- xii. English translation of vernacular documents
- xiii. Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination
- xiv. Copy of KYC and NEFT details of the Nominee/ Legal Heir
- xv. Please confirm if Insured has taken any other Insurance Policy. If yes, please share Policy schedule and settlement letter
- xvi. Any other document sought by the Company

2. Disablement Claims

- i. Duly completed claim form along with medical certificate forming part of claim form
- ii. Attending physician's certificate certifying extent of disability

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- iii. First Information Report
- iv. Medical records pertaining to hospitalisation
- v. MLC /AR Copy
- vi. Photographs of the insured exhibiting disability
- vii. Disability certificate from the Government Authority
- viii. Any other document sought by the Company

3. Additional documents required for Optional covers

- i. Medical Expenses due to accident – All bills and receipts in original (with serial number, date and stamp), all receipts for proof of payment, hospital records, doctors' prescriptions for lab tests/medicines, Discharge summary, indoor case papers. MLC/ FIR/AR copy
- ii. Educational grant – Bona fide certificate of the student from the educational institution in which the child is studying, ID proof, Age proof of the child and proof to establish the relationship with the Insured
- iii. Coma benefit- Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc. Medical certificate from treating doctor giving the details of neurological status & prognosis, proving the conditions as per defined in the policy wordings along with Documents related to Accidental Hospitalization as mentioned in the policy wording
- iv. Bills/receipts/invoices for the cost incurred towards home alteration or vehicle modification. The claim form duly completed in all respects along with all documents (if applicable) listed below should be submitted within 30 days after the occurrence of the event.
- v. Any other document sought by the Company

Note:

- All documents MUST be submitted within 30 days from discharge.
- For any delay in submission, You MUST provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
- We reserve the right to ask for additional documents/reports from case to case basis.
- We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution

4. 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

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- 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.

The claim documents should be sent to:

Health Claims Department
Royal Sundaram General Insurance Co Ltd
Vishranthi Melaram Towers, No.2/319,
Rajiv Gandhi Salai (OMR) Karapakkam,
Chennai – 600097

G. GENERAL CONDITIONS

G.1. Observance of terms and conditions

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

G.2. Disclosure to Information Norm

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

G.3. Material Change

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

G.4. Portability Option

The insured Person will have the option to port the policy to other insurers as an extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

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G.5. Cancellation/Termination

i. Cancellation by Insured Person:

You may terminate this Policy during the Policy Period by giving Us at least 7 days' prior written notice. We shall cancel the Policy and refund proportionate premium for unexpired policy period, provided that no claim has been made under the Policy by or on behalf of any Insured Person.

ii. Cancellation/Termination by Us

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form or non-cooperation by the insured, by giving seven (7) days' notice in writing by courier/ registered post with acknowledgement due to the Insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.

G.6. Notice

- i. 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.
- ii. The Company at the following address:
M/s. Royal Sundaram General Insurance Co. Limited.,
Corporate office: Vishranthi Melaram Towers,
No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam,
Chennai - 600097
- iii. the Company may send the Insured Person other information through electronic and telecommunications means with respect to the Policy from time to time.

G.7. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due to renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
- iv. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Moratorium period etc.) accrued under the policy shall be protected.
- v. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
- vi. No loading shall apply on renewals based on individual claims experience

G.8. 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

Policy wordings

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.

G.9. Nomination

- i. Insured Person is mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims under the Policy in the event of Insured Person death.
- ii. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made by the Company.

G.10. 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.

G.11. 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.

G.12. Geography

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

G.13. 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.

G.14. 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.

G.15. 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.

Policy wordings

G.16. Renewal

- 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 the Insured Person(s) 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 immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits.
- 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 the Insured Person(s) regarding the withdrawal of this product and the options available to the Insured Person(s) at the time of Renewal of this Policy.
- vii. Renewal are not applicable in respect of the Insured Person for whom, a claim has been admitted and as it is a one-time benefit during the lifetime of the Insured Person.

G.17. Free Look Provision:

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

- i. where the risk has already commenced and the option of return of the policy is exercised, a
- ii. deduction towards the proportionate risk premium for period on cover or;
- iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- iv. 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.

Policy wordings**G.18. 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.

G.19. 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 preferable 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.

G.20 Moratorium Period

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

G.21 Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), migration benefits shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the below link: -

<https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf>

Policy wordings

G.22. Grievance Redressal Procedure

We promise to provide the service you want, but sometimes mistakes can happen. If you're not satisfied with our service, we're here to make it right. Your satisfaction is our main concern, especially when things haven't gone as planned.

Step 1: Raise a Complaint

Please raise your concern with us through our Online form / Call us at: 1860 425 0000 / 1860 258 0000 / mail us at care@royalsundaram.in & write us at

Customer Services Team

Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers
No.2/319, Rajiv Gandhi Salai(OMR) Karapakkam,
Chennai – 600097

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

We will acknowledge your grievance immediately and provide a resolution.

Step 2: Escalation 1

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

Step 3: Escalation 2

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

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

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

Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094

Senior Citizen Redressal: 9500413019

Email: gro@royalsundaram.in

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

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

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

You can also lodge online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in

ANNEXURE – 1: Product Benefit Table

Product Benefit Table	Antyodaya Shramik Suraksha Yojana, Royal Sundaram General Insurance Co. Limited
Sum Insured	5 Lacs, 10 Lacs
Age Band	18 to 65 Years
Renewal	Up to 70 yrs
Family Coverage	Individual
Policy Tenure	1 Year

Policy wordings

Benefits	Plan A - 10 Lakh Sum Insured (INR 499)	Plan B - 5 Lakh Sum Insured (INR 289)
Base Covers		
Accidental Death	100% of Sum Insured	100% of Sum Insured
Permanent Total Disability	100% of Sum Insured	100% of Sum Insured
Permanent Partial Disability	50% of Sum Insured	50% of Sum Insured
Add on Covers		
Accidental Medical Expenses - Inpatient Hospitalisation Cover	INR 1 Lakh or actual claim amount (whichever is lower) - requires 24 hrs of hospitalisation	INR 50,000 or actual claim amount (whichever is lower) - requires 24 hrs of hospitalisation
Prolonged Hospitalisation Benefit - in case of Accidents	INR 10,000 will be paid if hospitalised for a continuous period exceeding 7 days during the policy period in case of accident - available as a one-time benefit	Not Available
Funeral Expenses	INR 5,000 or actuals whichever is lower	INR 5,000 or actuals whichever is lower
Repatriation of Mortal remains	INR 5,000 or actuals whichever is lower	INR 5,000 or actuals whichever is lower
Coma Benefit in case of Accidents	INR 1 Lakh as a one-time benefit during the policy period	INR 50,000 as a one-time benefit during the policy period
Education Benefit	INR 1 Lakh for dependent children in case of accidental death of the insured member	Not Available
Waiting Period		
Initial Waiting period	Not Applicable	
Premium		
Premium excluding GST	INR 423	INR 245
Premium including GST	INR 499	INR 289
Premium Payment	Annual	Annual

Council for Insurance Ombudsmen

Contact details:

Address:

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

INSURANCE OMBUDSMAN OFFICE LIST

The contact details of Insurance Ombudsman Office details are as below:

<https://www.cioins.co.in/Ombudsman>

Policy wordings

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

Annexure 2:

<u>List I – Items for which coverage is not available in the policy</u>			
SI No	Item	SI No	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE Tablets
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)

Policy wordings

21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

List II — Items that are to be subsumed into Room Charges

SI No	Item	SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	20	LUXURY TAX
2	HAND WASH	21	HVAC
3	SHOE COVER	22	HOUSE KEEPING CHARGES
4	CAPS	23	AIR CONDITIONER CHARGES
5	CRADLE CHARGES	24	IM IV INJECTION CHARGES
6	COMB	25	CLEAN SHEET
7	EAU-DE-COLOGNE / ROOM FRESHNERS	26	BLANKETS/WARMER BLANKET
8	FOOT COVER	27	ADMISSION KIT
9	GOWN	28	DIABETIC CHART CHARGES
10	SLIPPERS	29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
11	TISSUE PAPER	30	DISCHARGE PROCEDURE CHARGES
12	TOOTH PASTE	31	DAILY CHART CHARGES
13	TOOTH BRUSH	32	ENTRANCE PASS / VISITORS PASS CHARGES
14	BED PAN	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
15	FACE MASK	34	FILE OPENING CHARGES
16	FLEXI MASK	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)

Policy wordings

17	HAND HOLDER	36	PATIENT IDENTIFICATION BAND / NAME TAG
18	SPUTUM CUP	37	PULSEOXYMETER CHARGES
19	DISINFECTANT LOTIONS		

List III — Items that are to be subsumed into Procedure Charges		List IV — Items that are to be subsumed into costs of treatment	
SI No	Item	SI No.	Item
1	HAIR REMOVAL CREAM	1	ADMISSION/REGISTRATION CHARGES
2	DISPOSABLES RAZORS CHARGES (for site preparations)	2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	EYE PAD	3	URINE CONTAINER
4	EYE SHEILD	4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	CAMERA COVER	5	BIPAP MACHINE
6	DVD, CD CHARGES	6	CPAP/ CAPD EQUIPMENTS
7	GAUSE SOFT	7	INFUSION PUMP— COST
8	GAUZE	8	HYDROGEN PEROXIDE\SPIRITS DISINFECTANTS ETC
9	WARD AND THEATRE BOOKING CHARGES	9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	10	HIV KIT
11	MICROSCOPE COVER	11	ANTISEPTIC MOUTHWASH
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER	12	LOZENGES
13	SURGICAL DRILL	13	MOUTH PAINT
14	EYE KIT	14	VACCINATION CHARGES
15	EYE DRAPE	15	ALCOHOL SWABES
16	X-RAY FILM	16	SCRUB SOLUTION/STERILLIUM
17	BOYLES APPARATUS CHARGES	17	GLUCOMETER & STRIPS
18	COTTON	18	URINE BAG
19	COTTON BANDAGE		
20	SURGICAL TAPE		
21	APRON		
22	TORNIQUET		
23	ORTHOBUNDLE, GYNAEC BUNDLE		