



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

Part II- Policy Document

Policy Terms and Conditions

Preamble

IMPORTANT NOTES ABOUT THIS INSURANCE

- Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements.
- Please inform us immediately of any change in your address, occupation, or of any other changes affecting any Insured Person.
- This Policy is an evidence of the contract between You and Royal Sundaram General Insurance Co. Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer and/or over telephone to our teleagent by You/proposer, forms the basis of this Contract.
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

A. PERSONS WHO CAN BE INSURED

This is a Family Policy. The family comprises of the Policy holder, his/her legal spouse and all dependant children. The insurance is available to persons aged between 91 days and 65 years at the Policy Start Date. The Policy Holder should have completed 18 years on Policy Start Date. Children should be aged between 91 days to 21 years on the Policy Start Date.

B. DEFINITIONS & INTERPRETATIONS

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.

Accident/Accidental

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

Company/We/Our/Insurer/Us

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

Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly

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

Date of Commencement of Risk

Date of Commencement of Risk is the date when the Company assumes risk under this Policy with respect to each Insured.

Day Care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Family

"Family" means the Proposer, his or her lawful spouse, all dependent children aged between 91 days and 21 years at entry.

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 instalment During the policy period.

Hazardous Sports/Activities

Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, potholing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, diving or underwater activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters and persons whilst engaged in occupation/activities of similar hazard. Persons whilst engaged in the following occupations are also excluded.

- Aircraft pilots and crew.
- Armed Forces personnel.
- Artistes engaged in hazardous performances.
- Aerial crop sprayer.
- Bookmaker (for gambling).
- Demolition contractor.
- Entertainment Industry.
- Explosives users.
- Fisherman (seagoing).
- Jockey.
- Marine salvager.
- Miner and other occupations underground.



- Off-shore oil or gas rig worker.
- Policeman.
- Pop Musicians.
- Professional sports person.
- Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m.
- Saw miller.
- Scaffolder.
- Scrap metal merchant.
- Security guard (armed).
- Ship crew.
- Steeplejack.
- Stevedore.
- Structural steelworker.
- Tower crane operator.
- Tree feller.

Hospital/Nursing Home

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of 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.

Hospitalisation

Hospitalisation means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. Chronic condition - A chronic condition is 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 your rehabilitation or for you to be specially trained to cope with it.
- it continues indefinitely

- it comes back or is likely to come back.

Injury

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

Insured/You/Your/Insured Person (s)

Anybody shown on the Schedule as Insured under this Policy.

Medical Practitioner is 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 licence. The registered practitioner should not be the insured or close family members

Medically Necessary

Medically necessary treatment is defined as 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.

Network Provider

"Network Provider" means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Non-Network

Any hospital, day care centre or other provider that is not part of the network.

Policy Anniversary

Policy Anniversary is the end of every Policy Period.

Policy Holder

The Proposer shall be referred to as the Policy Holder upon issuance of this Policy.

Policy Start Date

Policy Start Date refers to the date and time of inception of this Policy.

Policy Period

Policy Period means the period of 24 or 48 consecutive calendar months starting from the Policy Start Date or Policy Anniversary upto next Policy Anniversary.

Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for preexisting conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Premium

Premium refers to the payment or one of the regular periodic payments that the Insured pays or agrees to pay to the Company for effecting or continuing the coverage under this Policy.



Premium Due Date

Premium Due Date refers to the date on which the Premium is due and is same as the Policy Anniversary Date.

Pre-existing Condition

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which you had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 36 months prior to your first Policy with us.

Proposer

The person who signs the proposal form on behalf of Insured Persons. A person who does not intend to be Insured under this Policy cannot be a Proposer. Proposer should be aged between 18 years to 65 years at entry.

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reconstructive Surgery

Reconstructive surgery refers to use of Surgery to restore the form and function of the body and excludes a Surgery for purely cosmetic reasons.

Renewal

Renewal defines 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 all waiting periods.

Surgery

Surgery means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

Third Party Administrator (TPA)

Third Party Administrator (TPA) means any person or entity that, is licensed by the Insurance Regulatory and Development Authority as a TPA on the Date of Commencement of Risk and is engaged for a fee or remuneration by the Company for the provision of rendering health administration services as per the terms and conditions of this Policy.

Unproven/Experimental Treatment

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Waiting Period

Means a continuous period immediately following the Effective Date of cover as stated in the Policy Schedule during which period no benefits will be payable.

The Waiting Period shall not be applicable where the claim occurs due to injuries caused by an Accident.

C. DESCRIPTION OF INSURANCE BENEFITS

All benefits under this Policy are payable subject to terms, conditions, limitations, Waiting Period and Exclusions mentioned in this document. Waiting Period shall not apply if a covered Surgery is required due to an Accident.

1.0 Main Benefits 1.1 Surgical Cash

The Sum Insured under this policy is per Insured Person per policy period:

- Type 1:** This plan has a term of two years and Sum Insured is INR 300,000 per insured per annum plus applicable indexation.

- Type 2:** This plan has a term of 3 years and Sum Insured option of INR 150,000 or INR 200,000/- per insured per annum plus applicable indexation.
- This Policy pays a fixed benefit amount on the Insured person undergoing of covered Surgery.
- The covered surgeries are classified as Category-1, Category-2, Category-3 and Category-4.
- The amount payable is 100% of the Sum Insured for all category-1 Surgeries, 50% of Sum Insured for all category-2 Surgeries, 25% of Sum Insured for all category-3 surgeries and 10% of Sum Insured for all category-4 surgeries subject to following limits:

Maximum life time benefit payable under this policy is 4 times the annual Sum Insured at policy inception, opted by the individual Insured.

- The fixed benefit amount depending upon the category in which the covered Surgery falls shall be maximum amount payable, irrespective of the number of Surgicare policy the Insured Person holds.
- The fixed benefit amount depending upon the category in which the covered Surgery falls shall be payable irrespective of the actual cost incurred by the Insured Person(s).
- If the actual cost incurred is lower than the benefit amount, the Policy Holder shall be entitled to the difference as cash payout.
- The cash payout shall be made only after completion of the surgery as certified by the attending Medical Practitioner.
- The cash payout will not be made if the surgical procedure is not conducted even though it may have been advised by the Medical Practitioner.

A 90 day waiting period is applicable for all listed surgeries from date of inception except for those surgeries necessitated due to accident. A waiting period of two years is applicable for some of the surgeries listed below from the date of inception.

A detailed description of covered surgeries is as follows: **CATEGORY 1- Benefit scale 100% of the applicable SI**

Sl.No	Surgeries	Waiting Period
Cardio Vascular System		
1	Coronary artery bypass graft surgery	2 years
2	Heart, Lung or combined heart-lung transplantation	2 years
ENT		
3	Block dissection of thoracic structures for cancers	
4	Extensive Surgery for oropharyngeal malignancy accompanied with Radical neck dissection along with reconstructive surgery	
General Surgery		
5	Bone Marrow transplant	



6	Kidney or Liver transplantation as a recipient	2 years
7	Major reconstructive oro-maxillofacial surgery for trauma or burns (not for cosmetic purposes)	
Neurology		

8	Craniotomy for excision of malignant cerebral tumours	
9	Repair of cerebral/ spinal arterio-venous malformations/cerebral aneurysms	2 years
Orthopaedics		
10	Head-Face, Trauma, Craniofacial Approach Open Reduction and Fixation	

42	Nephrectomy	
43	Open lobectomy/pneumonectomy	
44	Repair of rupture of abdominal cavity viscus	
45	Segmental Osteotomy of mandible	
46	Segmental Osteotomy of maxilla	
47	Skin grafting treatment for major burns (third degree burns of more than 10% of the body surface area)	
48	Surgical treatment of diaphragmatic/hiatus hernia	years
49	Total Gastrectomy/ Gastroduodenectomy	
Gynaecology		
50	Repair of Ruptured Uterus	
Neurology		
51	Cranioplasty	
52	Craniotomy for traumatic fracture of skull with intracranial haematoma evacuation	
53	Decompression of nerve entrapment syndromes of upper and lower limbs with nerve transposition and endoneurolysis	
54	Major nerve repair with grafting to prevent muscle paralysis	
55	Trans-sphenoidal surgery of intracranial tumors	
Orthopaedics		
56	Anterolateral decompression and Spinal fusion	
57	Excision of bone tumours – Deep	
58	Extensive Crush Injuries (Lower limb and Upper limb), Debridement with repair of bone and soft tissues	
59	Hand and Foot, Complex Injuries, Debridement with Repair/Reconstruction	
60	Knee - ligament reconstruction(Arthroscopic / Open)	
61	Major amputation (Above knee/Below knee, Above elbow/Below elbow)	
62	Open reduction with internal fixation of long bones of lower limb	



Sl.No	Surgeries	Waiting Period
Cardio Vascular System		
11	Coronary angioplasty with stenting	years
12	Heart valve replacement using prosthesis via open heart surgery	years
13	Major Surgery of the Aorta with graft	
14	Major surgery of the pulmonary artery	
15	Permanent pacemaker implantation	years
ENT		
16	Major Surgical treatment for Oropharyngeal Malignancy (Excision Biosy Excluded)	
General Surgery		
17	Abdominoperineal resection	
18	Hemi/Total colectomy	
19	Hepatectomy	
20	Large Vessel, Injury, Repair with Grafting	
21	Mandible, Tumours, Marginal Resection with/without Bone Graft	
22	Oesophagectomy	
23	Oesophagus, Tumour, Bypass with Stomach/Intestine	
24	Open Thoracotomy for mediastinal mass	
25	Radical Mastectomy / Modified Radical Mastectomy	Years
26	Radical nephrectomy	
27	Radical thyroidectomy	
28	Testis, Tumour, Retroperitoneal Lymph Node Dissection Following Orchidectomy	Years
29	Whipples operation	
Gynaecology		
30	Wertheim's operation	Years
Neurology		
31	Craniotomy for benign tumours/space occupying lesions	
32	Excision of benign/malignant spinal cord tumours	
Orthopaedics		

63	Surgical treatment of fracture neck femur with or without prosthesis	
Urology		
64	Major replacement / Reimplantation surgeries for reflux ureter	
65	Open Nephrolithotomy	Years



33	Open Reduction Of Fracture Dislocation & Internal Fixation Of Spine/Pelvis	
34	Total hip replacement	years
35	Total knee replacement	years
Urology		
36	Radical prostatectomy	years

Sl.No	Surgeries	Waiting Period
Cardio Vascular System		
66	Percutaneous transluminal mitral valvulotomy/Valvuloplasty	Years
ENT		
67	Angiofibroma excision	



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Surgicare

68	Excision of para thyroid adenoma/ carcinoma	
69	Functional endoscopic sinus surgery (FESS)	years
70	Mastoidectomy with tympanoplasty	
71	Myringoplasty	
72	Septoplasty	years

SL.No	Surgeries	Waiting Period
ENT		
37	Microsurgical Surgeries	



38	Radical glossectomy	
39	Radical tonsillectomy	
General Surgery		
40	Adrenalectomy for carcinoma	
41	Hepatico-jejunostomy	

CATEGORY 2 - Benefit scale is 50% of the applicable SI

Category 4 - Benefit scale is 10% of the applicable SI



Category 3 - Benefit scale is 25% of the applicable SI



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Neurology		
110	Evacuation of hematoma through burrhole surgery	
111	Facial nerve decompression	
112	Primary Repair of Injury to Digital Nerve	
113	Surgery for brachial plexus injury	
114	Surgery for removal of brain abcess	
Ophthalmology		
115	Corneal transplant	
116	Evisceration/Excentration of eyeball	
117	Retinal detachment surgery with or without vitrectomy	Years
118	Repair of penetrating injury of the eye/ globe rupture	
119	Surgery for glaucoma	Years
Orthopaedics		
120	Arthrodesis for ankle/knee joint	years
121	Disarticulations/Amputation of digits	
122	Disc Prolapse Surgery - Discectomy with laminectomy	years
123	Excision of bone tumours – superficial	
124	Implant Removal from long bones - upper /lower limb	
125	K-Wire fixation (Hand/Foot)	
126	Open reduction and fixation of mandibular fracture	
127	Open reduction and fixation of maxillary fracture	
128	Open Reduction Of Dislocations of Joints	
129	Open Reduction with internal fixation of long bones of upper limb	
130	Repair of multiple tendon injury – Flexor/ Extensor of both upper and lower limb	
131	Total Ankle Joint replacement	years
132	Total Shoulder / Elbow joint replacement	years
Urology		
133	Diathermy destruction of bladder neoplasm	
134	Kidney cyst excision	
135	Open drainage of perinephric abcess	
136	Operations for injuries of the bladder	
137	Operations for injuries of the kidney	
138	Pyeloplasty for hydronephrosis	
139	Treatment for renal/ureteric calculi - Lithotripsy/Cystoscopy and Basketting with/without stenting	Years
140	Ureterolithotomy	Years



73	Stapedectomy	
74	Tracheostomy	
General Surgery		
75	Appendicectomy (Open/Laposcopic) Policy Document	
76	Bypass procedure for inoperable cancer of pancreas	
77	Cholecystectomy (Open/Lap)	years
78	Cholecystectomy with chole biliary duct (CBD) exploration (Open/Lap)	years
79	Direct operation on oesophagus for portal hypertension	
80	Fistulectomy for high rectal fistula/ complex fistulas	Years
81	Herniorhaphy for external hernia with or without mesh repair	Years
82	Herniotomy (Open / Laproscopic)	Years
83	Laparotomy for Peritonitis- Lavage and drainage	
84	Laryngectomy	
85	Lumbar sympathectomy	
86	Operation for intestinal Obstruction	
87	Pancreato duodenectomy	
88	Partial/Total thyroidectomy	Years
89	Pharyngotomy	
90	Prostatectomy(Open/Trans urethral resection of prostate-TURP)	Years
91	Resection and anastomosis of intestine	
92	Simple mastectomy	Years
93	Skin and suncutaneous tissue - malignant tumour Wide excision and Reconstruction	
94	Skin grafting treatment for minor burns (third degree burns of less than 10% of the body surface area)	
95	Splenectomy	
96	Surgery for prolapse rectum	Years
97	Surgery for removal of liver abcess	
98	Surgery for removal of lung abcess	
99	Surgical treatment for pseudocyst of pancreas	
100	Temporary / Permanent colostomy as a stand alone procedure	
101	Thoracoplasty	
102	Total Parotidectomy	
103	Surgical treatment for gall bladder calculi (Lithotripsy)	Years
104	Varicose vein stripping with or without sub fascial ligation(Non Cosmetic)	Years



2.0 Supplementary Benefits

The Supplementary Benefits Surgical Benefit (Main Benefit)

Gynaecology		
105	Colporrhaphy/Colpoperinnioraphy	
106	Hysterectomy (Abdominal/Vaginal/Laparoscopic/Pan)	Years
107	Myomectomy	Years
108	Ovarian cystectomy	Years
109	Salphingo oophrectomy/Oophorectomy	

2.1 Hospital Cash Benefit

The Policy shall pay a fixed Hospitalisation to cover stay per annum per Insured.

3.0 Ancillary Service 3.1 Medical Second Opinion

Insured can seek a second medical opinion for any life threatening or serious condition through this service for the listed surgeries. This second opinion will be provided by the world leading specialists in that condition, with the second opinion provider undertaking the facilitation of data gathering, accessing the specialist and providing the relevant feedback.

are payable only if the Company admits liability on 1.1).

cash benefit of Rs.1000 for each completed 24 hours of incidental expenses; subject to a maximum of 10 days No indexation is applied to this benefit.

k) Any birth control procedures and/or hormone replacement therapy, contraceptive measures, fertility tests and invitro fertilization.

D. EXCLUSIONS

1.0 General Exclusions

The Policy will not pay any benefits under following circumstances:

- Surgeries due to Pre Existing condition
- Treatment which is either not taken from recognised Hospitals or not taken under the supervision of a registered Medical Practitioner.
- Treatment by any Medical Practitioner acting outside the scope of licence or registration granted to him by any Medical Council
- Any surgical procedure carried out on account of opportunistic conditions associated with HIV/AIDS, AIDS Related Complex Syndrome (ARCS) and sexually transmitted diseases.
- Where the surgery is being undertaken to correct congenital or hereditary Anomaly/internal or external physical defects.
- Any cosmetic,plastic surgery, aesthetic or related treatment of any description, including laser surgery for power correction,myopia, hyper metropia, astigmatism and any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
- Suicide or attempted suicide or intentional self inflicted injury, by the Insured, whether sane or not at the time.
- Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered Medical Practitioner and surgical procedure necessitated due to Atherosclerosis, Ischemic Heart Disease, Coronary Artery Disease, hemorrhagic stroke, ischemic stroke, Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Emphysema, Chronic Bronchitis, Buerger's Disease (Thromboangitis Obliterans) All types of pre malignant conditions/cancer in situ, oral cancer, Leukoplakia, Larynx cancer, Cancer of Oesophagus, Stomach, Kidney, Pancreas and Cervical Cancers, resulting from, or related to tobacco abuse only.
- Service in the military/Para-military, naval, air force or police organizations of any country in a state of war (declared or undeclared) or of armed conflict.
- Admission into a hospital for pregnancy and childbirth, pregnancy complications such as toxemia, or hyperemesis gravidarum, abortion, ectopic pregnancy.

- Prosthesis, corrective devices, durable medical equipments and items and medical appliances/apparatus/machines, which are not required intra-operatively.
- Participation by the Insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the Insured does not, at that time, have any duty on board such aircraft.
- Insured engaging in or taking part in professional sport (s) or competitive sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
- Admission into a hospital for an organ transplant procedure, where the Insured himself acts as a donor.
- Any covered Surgical Procedure necessitated as a result of the Insured committing any breach of law with criminal intent.
- War, invasion, act of foreign enemy, war like operations whether war be declared or not.
- Treatment by
 - a family member of the Insured, even though the family member may be a registered Medical Practitioner.
 - self-medication by Insured, even though the Insured may be a registered Medical Practitioner.
 - Non Allopathic means.
- Any act of terrorism.
- Nuclear weapons, materials ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- Experimental and unproven treatment, any Illness or Injury caused by or as result or consequence of undergoing of any experimental or unproven treatment, diagnostic tests and treatment not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury for which Hospitalization is required.
- Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.
- Treatment received outside India.
- Any travel or transportation expenses.

F. CLAIMS PROCEDURE

All claims under this policy are administered by a Third Party Administrator (TPA) appointed by the company. Each Insured Person



under this Policy will be issued an identity card by the TPA. It is necessary that all claim intimation should be sent to TPA and all claim documents should also be submitted to the TPA.

1.0 Claims Process at Network Hospitals

All Claims at Network Hospitals should be preauthorised by the Third Party Administrator of the Company. Preauthorisation of a claim allows cashless access at the Network Hospital. In case of hospitalisation, the treating hospital will send a completely filled 'Preauthorisation Request Form' to the nearest office of the TPA. Preauthorisation is completed upon issuance of an Authorisation Letter by the TPA.

For planned surgical admissions, preauthorization would be provided up to 96 hours prior to admission.

If the actual cost incurred by the Insured is lower than the entitled benefit amount, the Policy Holder/Insured shall be entitled to the difference as cash payout. Any Claims for cash payout should be reported to the TPA within 30 days from the date of discharge.

2.0 Claims process at Non-Network Hospitals

Reporting of Claim - All claims should be reported to the TPA within 30 days from the date of discharge from the hospital along with following documents. **Claims Document Submission**

- Duly completed and signed claim form,
- original or attested photo copies of bills, receipts, discharge summary sheet, pathological and investigation reports with Dr. Prescriptions.
- X ray films , Scan films if necessary
- Copies of First Information Report (FIR) and Medico Legal Certificate (MLC) where required.
- Self Declaration as to When, Where and how the accident/ injury happened
- and any other relevant details & documents, indoor case records if specifically sought by Us pertaining to the Hospitalisation.

The claim 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. **3.0**

Emergency Hospitalisation

In emergency, if the Insured gets admitted to a Network Hospital, the Hospital would then contact the TPA and request for the Authorisation.

For emergency claims on the network, the pre-authorization process would include a specific processing queue with an enhanced Turn Around Time.

Claims for Hospital Cash Benefit (section C, article 2.1) are payable after discharge from the Hospital and should be claimed along with excess cash payout (if any) arising from Surgical Benefit (section C, article 1.1). All such claims should be submitted to the TPA within 30 days from the date of discharge.

TAT for hospitalization in a Network hospital.

1. 3 Hours for emergency hospitalization.
2. 6 Hours for normal hospitalization.
3. 48 Hours for planned hospitalization.

4.0 Medical Second Opinion

Process for Medical second opinion

- Customer opinion Calls dedicated Medical Second number.
- TPA verifies the membership ID.
- Qualifying medical condition (QMC) verified.
- TPA sends consent forms to Customer along with list of medical centre.
- Customer relevant medical reports signed forms, and preferred medical centre.
- Records (World leading to medical selected WLMC (World leading to medical selected WLMC centre).
- Medical to Second TPA. option from WLMC sent
- TPA sends Medical Second option to Customer.

F. OTHER POLICY CONDITIONS

1.0 Applicability of Waiting Period

The Waiting Period is applicable individually to all Insured Person(s) from their respective Date of Commencement of Risk under the Policy till the date of undergoing of covered surgery. The Waiting Period shall not re-apply if a new policy is issued in lieu of this Policy upon death of the Policy Holder as described in section 8 D below. Waiting Period shall not be applicable where the Insured Person undergoes covered surgery due to an Accident.

2.0 Indexation

A simple indexation of 10 is applicable, on the SI and the Surgical Cash payable, every two years, with a life time maximum cap of INR 600,000 per Insured. However this indexation benefit does not change the life time maximum SI (as mentioned in 3.0) payable.

3.0 Lifetime Maximum Sum Insured Limit

The lifetime maximum Sum Insured Limit shall be capped at 4 times the annual Sum Insured at inception of first policy in respect of each Insured.

4.0 Premium Payments and Policy Lapsation

The Premium is payable every term depending upon the option chosen by the Policy Holder to the Company on Premium Due Date(s) as mentioned in the Schedule without any break to ensure continuity of cover from the Commencement.

A grace period of 30 days is allowed to renew the policy and maintain continuity of coverage.

However during such grace period, the company shall not be liable for Hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

5.0 Policy Renewal and Premium Resets

This Policy is a 2 years or 3 years policy. The policy is renewed once in 2 years or 3 years by payment of premium in accordance with article 2.0 mentioned above.

6.0 Change in Sum Insured

Change in Sum Insured is not allowed both during currency of the policy and also during subsequent renewals.

7.0 Renewability:

- i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and



realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.

- ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the **Grace Period**. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.
- iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.
- v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered.
- vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy.

8.0 Transfer

Transferring of interest in this Policy to anyone else is not allowed.

9.0 Payment of Benefits

- The benefits payable under this Policy shall be payable only in Indian Rupees in India subject to the Policy terms, conditions, limitations and exclusions. If the Policy Holder dies, the benefits are paid to the Nominee/legal heirs.
- Benefits payable under this policy will be paid within 15 days of the receipt of last necessary document
- The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured

but there is delay in payment beyond 7 days the date of acceptance.

- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

10.0 Family Policy

This Policy is a Family Policy.

- a) **Addition of Spouse** - Addition of Spouse due to the marriage of the Policy Holder should be reported by the Policy Holder to the Company for inclusion in the Policy within 90 days of date of marriage. Coverage shall begin only upon receipt of premium by the Company and written confirmation from the Company.
- b) **Addition of Children** - Children are eligible to be added in the coverage from the age of 91 days. The Policy Holder should report addition of Children to the Company for inclusion in the Policy within 90 days of date of eligibility. There is no restriction on the number of Children that can be covered under this Policy. Coverage shall begin only upon receipt of premium by the Company and written confirmation from the Company.
- c) **Deletion of Insured Person(s) from the Policy** - The coverage for the Insured shall cease automatically on death of any Insured.
- d) **Death of the Policy Holder** - If the Policy Holder dies during the tenor of the Policy, the coverage for surviving Insured Persons shall continue until following Policy Anniversary. A new Policy may be issued for the surviving Insured members with spouse as the primary policy holder, upon request to the Company. Such reissuance will not require underwriting. If there is no spouse, the coverage will not be renewed.

11.0 Cancellation

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact of the insured or non-cooperation by the insured by sending seven days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.

The insured may at any time cancel this policy and in such event, the Company shall allow refund of premium less premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation

Short Period Scales: Two Years

For a period not exceeding	15 days	10% of the Annual Premium
-do-	1 month	15% of the Annual Premium
-do-	2 months	30% of the Annual Premium
-do-	3 months	40% of the Annual Premium
-do-	4 months	50% of the Annual Premium
-do-	5 months	60% of the Annual Premium
-do-	6 months	70% of the Annual Premium



-do-	7 months	75% of the Annual Premium
-do-	8 months	80% of the Annual Premium
-do-	9 months	85% of the Annual Premium
For a period exceeding	9 months	Full Annual Premium

12.0 Incontestability and Duty of Disclosure

The Policy shall be null and void and no benefits shall be payable all premium paid hereon shall be forfeited to the Company in the event of untrue or incorrect statements, misrepresentation, mis description or on non-disclosure in any material information in the proposal form, personal statement, declaration and other related document or any material information having been withheld or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on their behalf to obtain any benefit. If any benefit has already been given under this policy then the amount shall be recovered.

13.0 Notice

Every notice and communication to the Company required by | this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

14.0 Geographical Area

The cover granted under this insurance is valid for treatments taken in India only.

15.0 Company's Rights

We have the right to do the following, in Insured Person's name at Our expense:

- Take over the defense on settlement of any claim.
- Start legal action to get compensation from anyone else.
- Start legal action to get back from anyone else for payments that have already been made by Us.

16.0 Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person.

17.0 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.

18.0 Disclaimer

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

19.0 Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

20.0 Change of Address

The Insured must inform in writing of any change in his/her address.

21.0 Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

22.0 Free Look-in

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.

23.0 Grievances

In case of any grievance the insured person may contact the company through

Website: <https://www.royalsundaram.in>

Grievance

Redressal: <https://www.royalsundaram.in/customer-service>

You may call us at – 1860 258 0000, 1860 425 0000

Email:

- Please raise a complaint with us through e mail – care@royalsundaram.in, and we would come back to you with a response in 24 hours.



2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to manager.care@royalsundaram.in
3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to head.cs@royalsundaram.in
4. In case you are not happy with our response or have not received any response in 2 business days, you may approach gro@royalsundaram.in - GRO Contact Number – 7228087400

Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in - Senior Citizen Grievance Number - 7228933501 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)

Fax us at: 044 – 7117 7140

Courier us your complaint at:

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Mr. T M Shyamsunder
Grievance Redressal Officer

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

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

If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person 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 - <https://www.cioins.co.in/ContactUs>

Grievance may also be lodged at –

Registration of Complaints in Bima Bharosa by Policyholders:

1. Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to complaints@irdai.gov.in.
3. Can call Toll Free No. **155255** or **1800 4254 732**.
4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

General Manager

Insurance Regulatory and Development Authority of India (IRDAI)

Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.

Sy.No.115/1, Financial District, Nanakramguda,

Gachibowli, Hyderabad – 500 032.

No loading shall apply on renewals based on individual claims experience.

Insurance is the subject matter of solicitation.

24.0 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 in waiting periods as per below:

- i. The waiting periods specified in Section D shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
- ii. 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>

25.0 Portability

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 specified in Section D 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.

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

<https://www.royalsundaram.in/health-insurance/health-insurance-portability>

26.0 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 Document

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.

27.0 Claims in respect of Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person issued by us 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.

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/ContactUs>

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