ROYAL SUNDARAM GENERAL INSURANCE CO. LTD

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

SMART CASH PLAN
Policy Document (All Plans)

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, state of health, or of any other changes affecting any Insured Person.
- The 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 tele agent 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 insurance is available to persons from the age of 91 days at the Commencement Date of the Policy. Dependents, who bear any legal relation to the Proposer, can also be insured. If non-dependent members are covered exemption under Section 80D of Income Tax Act will not be applicable.

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.

Air accident

Air accident shall mean an accident caused directly while boarding/ travelling/alighting from an aircraft. Accident within the airport area to which the public have got no right of access is excluded.

Cancer Of Specified Severity - A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded:

Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3

Any skin cancer other than invasive malignant melanoma

All tumours of the prostate unless histologically classified as having Gleason score greater than 6 or having progressed to atleast clinical TNM classification T2N0M0.

Papillary micro-carcinoma of the thyroid less than 1cm in diameter

Chronic lymphocyctic leukaemia less than RAI stage 3

Microcarcinoma of the bladder

All tumours in the presence of HIV infection

Company/We/Our/Insurer/Us

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

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.

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

Commencement date

Commencement date of this Policy shall be the inception date of first Insurance policy under this Hospital Cash Plan for that Insured Person, insured with Us and without any break in period of cover thereto.

Condition Precedent

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

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.

Critical Illness

Critical Illness means those disease/illness, which have been expressly defined under critical illness benefit.

Dependent Child

A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

Diagnosis

Diagnosis means the identification of a disease/illness/medical condition made by a Physician, based upon such specific evidence, as required, in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence based upon radiological, clinical, histological, laboratory evidence or any other medical tests following medical advancement, acceptable to the Company.

Emergency Care

Emergency care means management for a severe illness or injury which results in symptoms 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.

Endorsement

Endorsement means written evidence of change to Your Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

First Heart Attack – of specified severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

a) history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)

b) new characteristic electrocardiogram changes

c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T ii. Other acute Coronary Syndromes

iii. Any type of angina pectoris

Family Members shall mean Spouse, parents, children and own siblings.

Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. If the premium is paid in instalments, coverage will still be available during the grace period.

Hazardous Sports/ Activities

Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, nuclear installations, handling hazardous chemicals, 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, caving, potholing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, diving or under-water 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, 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.

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.

Hospital

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

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.

Day Care Centre

A day care centre means any institution established for day care treatment of illness and/or 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-

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

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.

Medical Advise

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

In-Patient care

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.

Insured/You/Your/Insured Person is anybody shown on the Schedule as Insured in this Policy.

Intensive Care Unit

Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

Maternity Expense/Treatment

Maternity Expense/Treatment shall include

(a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

(b) Expenses towards lawful medical termination of pregnancy during the policy period.

Medical Practitioner

A 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.

Multiple Sclerosis With Persisting Symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

i. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis; ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart

iv. other causes of neurological damage such as SLE and HIV are excluded.

Nuclear, Chemical, Biological Terrorism shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/ or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

"Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

OPD treatment

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded

i. Angioplasty and/or any other intra-arterial procedures ii. any key-hole or laser surgery.

Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

Period of Insurance

Period of Insurance means the period shown in the Schedule, for which You have paid and We have received and accepted Your premium.

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.

Pre Existing Disease

Any condition, ailment or injury or related condition(s) for which you had signs or symptoms and/or were diagnosed and/or received medical advise/ treatment, within 36 months prior to your first policy issued by the Insurer.

Proposer

Insured or the person who signs the Proposal form on behalf of the Insured

Qualified Nurse

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 Rail accident

Rail accident shall mean an accident caused directly while boarding/ travelling/alighting from a train, Accident within the railway area to which the public have got no right of access is excluded.

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.

Road Accident

Accidents arising out of use of vehicle (including pedal cycle) in a public place viz. road, street, way or other place, to which the public have a right of access.

Stroke Resulting In Permanent Symptoms

i. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

ii. The following are excluded:
   a. Transient ischemic attach (TIA)
   b. Traumatic injury of the brain
   c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

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.

Unproven/Experimental treatment

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

Free Look in Period

All new individual health insurance policies except those with tenure less than a year shall have a free look period. The free look period shall be applicable at the inception of the policy.

Notification of Claim

Notification of claim is the process of notifying a claim to the Insurer by specifying the timelines as well as the address/telephone number to which it should be notified.

C. BENEFITS

Benefit Table Structure

S.No.	Plan/s	Benefit	Description
1	Silver/Gold/ Platinum	A	Hospital Confinement Benefit
		B	Accident Hospital Benefit - Double Benefit
		C	Convalescence Benefit
		D	Critical Illness Benefit
		E	Joint Hospitalisation due to Accident
2	Gold/Platinum	F	Child Birth Benefit
		G	Pre-Existing Disease Benefit
		H	Health Check up cost reimbursement
3	Platinum	I	ICU Benefit
		J	Parental Accommodation Benefit
		K	Emergency Family Member visit

Daily benefit sum Insured shall be restricted to Rs.3000/day (as per Silver Plan) for persons above 70 years at entry.

Benefit A

Hospital Confinement Benefit:

In the event of hospitalisation of the Insured Person for a consecutive and completed period of more than 24 hrs during the policy period, a daily benefit as mentioned in the Schedule of the Policy is payable for each completed and consecutive period of 24 hrs subject to a maximum of 180 days per policy year.

Benefit B

Accident Hospitalisation Benefit

Any hospital confinement benefit payable will be increased to double the daily benefit shown on the schedule for each completed and consecutive 24 hour period of a hospital confinement resulting from an insured person sustaining bodily injury due to road/rail/ air accident.

This benefit becomes payable only if the confinement is for consecutive and completed period of more than 5 days. This benefit is payable for a maximum of 15 days per policy year and for such duration no benefit shall be payable under Benefit A.

Benefit C

Convalescence Benefit:

For Hospital Confinement beyond 15 consecutive and completed days, a lumpsum payment of Rs.10000/- is payable towards convalescence, in addition to the Hospital Confinement benefit, in accordance with the plan chosen for that Insured Person. This benefit is payable only once per illness / accident/ policy.

This Benefit shall be admissible only if there is an admissible claim under Hospital confinement Benefit.

Benefit D

Critical Illness Benefit:

The Policy provides for payment of Rs.10000/- (for Silver Plan), Rs.15000/- (for Gold Plan) and Rs.20000/- (for Platinum Plan), on diagnosis of any of the following Critical Illness

a) First Diagnosis of the below-mentioned Illnesses more specifically described below

1. Cancer of specified severity 2. Multiple Sclerosis with Persisting Symptoms

3. Kidney failure requiring regular dialysis.

b) Undergoing for the first time of the following surgical procedures, more specifically described below.

4. Open chest CABG,

5. Open Heart Replacement or Repair of Heart Valves.

c) Occurrence for the first time of the following medical events more specifically described below 6. Stroke resulting in permanent symptoms

7. First Heart Attack – of specified Severity,

This Benefit shall be admissible only if there is an admissible claim under Hospital confinement Benefit.

Special Exclusion for Critical Illness Benefit Section:

- Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.
- Critical Illness Benefit nos. 3, 4, 5, and 7 shall not be admissible in respect of Insured Persons suffering from pre- existing Hypertension / Diabetes.

Special Condition for Critical Illness Benefit Section:

Only one lump sum payment shall be provided during the Insured's lifetime regardless of the number of Critical Illness, incapacities or treatments suffered by him/her. This Critical Illness benefit under the Policy will be automatically terminated after payment under this Section and shall not be available even during subsequent renewals.

Benefit E

Joint Hospitalisation due to an Accident:

If two or more Insured Persons covered under the same policy are hospitalised concurrently as inpatients during the Policy Period due to an Accident then we shall pay double the Daily Benefit as mentioned in the Schedule under Benefit A, for a maximum period of 5 completed days per policy year per insured person and for such duration no benefit shall be payable under Benefit A.

Benefit F

Child Birth Benefit:

We will pay a lumpsum of Rs.10000/- (for Gold Plan) and Rs.20000/- (for Platinum Plan), in the event of hospitalisation resulting in Child Birth.

Special Condition for Child Birth Section:

- This benefit is applicable only under Gold & Platinum plans and applicable only for female insured person
- This benefit is payable maximum twice during the lifetime of the Insured Person.
- A waiting period of 2 years from inception is applicable for this benefit.
- This benefit shall not be applicable for ectopic pregnancy and termination of pregnancy for whatsoever reason.

Benefit G

Pre-existing disease benefit:

Under Gold & Platinum plans, pre-existing disease shall be covered upto a maximum of 5 days per person per policy year, for the chosen daily benefit or Rs.5000/- per day whichever is lower,

This benefit shall be payable only after 3 years of continuous insurance from the commencement date of the first Policy issued by Us.

Whenever pre-existing disease benefit is admissible under the Policy, we will not pay for any other Benefit for the period pre-existing disease benefit is payable.

Benefit H

Health Check up cost reimbursement:

We will reimburse expenses towards Master Health Check up for the Insured Person/s, after a block of 4 consecutive claim free years with us, up to a maximum of 50% of the average daily benefit chosen of the respective block, per Insured Person.

This benefit is applicable only under Gold & Platinum plans.

Benefit I

Intensive Care Benefit:

We will pay double the Hospital Confinement Benefit chosen for each completed and consecutive period of 24 hours that the Insured Person is admitted in an ICU, subject to a maximum of 5 days per policy year. Whenever Intensive care benefit is admissible under the Policy, we will not pay for Hospital Confinement Benefit or Accident Hospitalization Benefit for the period when the Insured Person is in Intensive Care unit.

This benefit is applicable only under Platinum plan.

Benefit J

Parental Accommodation Benefit:

In the event of hospitalisation of Insured Person aged 12 years or less and the hospitalisation period exceeds a completed and consecutive period of 72 hours parental accommodation benefit shall be payable subject to the following:

- We will pay the chosen daily benefit upto a maximum of 5 days per policy year in addition to hospital confinement benefit for the insured hospitalized, provided the claim is admissible under Benefit A.

This benefit is applicable only under Platinum plan.

Benefit K

Emergency Family Member visit from abroad:

In the event of admissible claim under Critical Illness Benefit (Benefit D) for hospitalisation of Insured Parents/ Spouse/Children due to Critical Illness, flight ticket charges incurred by the Insured Person for emergency travel to India from abroad within a period of 30 days from the date of diagnosis or surgery as applicable, will be payable. Reimbursement of two way flight charges in economy class upto a maximum of Rs.1 lac per Insured Person per policy year shall be payable.

This benefit is applicable only under Platinum plan

Special condition applicable to all benefits

In no case the maximum number of days of hospitalization covered under the policy shall together exceed 180 days per person per policy year.

D. GENERAL EXCLUSIONS

The Company shall not be liable under this Policy for any claim in connection with or in respect of:

1. Pre Existing Disease and any illness, medical condition, injury, which is a complication of a Pre Existing Disease. This exclusion will also apply to any complications arising from pre- existing disease. For example, if a person is suffering from diabetes or hypertension or both, then the policy would be subject to the following exclusions:

Diabetes	**Hypertension/Diabetes**
Diabetic Retinopathy	Coronary Artery Disease
Diabetic Nephropathy	Cerebro Vascular Accident
Diabetic Foot / wound	Hypertensive Nephropathy
Diabetic Angiopathy	Internal Bleeding/Haemorrhages
Diabetic Neuropathy	
Hyper/Hypoglycaemic shocks	

For Gold & Platinum Plan, the above exclusion shall be waived after 3 years of continuous insurance from the commencement date of the first Policy issued by Us as specified under benefit G.

2. 30 Days Waiting Period: Daily benefit in respect of hospital confinement of any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy. This waiting period is not applicable in case of accidents.
3. First Year Exclusions:

During the first 12 months from the Inception date, the daily benefit for hospital confinement towards the following disease / surgical procedures are not covered unless caused by accident:

Treatment of Congenital Internal Anomaly, Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis & related disorders and Knee/Hip replacement.

4. Treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section) except in the case of ectopic pregnancy excepting as provided under Child Birth benefit applicable for Gold & Platinum plans.
5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
6. Convalescence, general debility, `Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Venereal disease, intentional self injury or attempted suicide.
7. Confinement in Hospital arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
8. Confinement at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
9. Hospitalisation for evaluation and / or diagnostic purposes.
10. Directly or indirectly caused by or contributed to/by Nuclear weapons/materials or Radioactive Contamination
11. Directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
12. Directly or indirectly caused by or arising from or attributable to:
    - 12.1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
    - 12.2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
    - 12.3. Nuclear, Chemical, Biological terrorism (If the Company alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person).
13. Any routine or preventative examinations, vaccinations, inoculation or screening. 14. Outpatient (OPD) treatment charges.
15. Sex change or treatment, which results from, or is in any way related to, sex change.
16. Hormone replacement therapy (including hormone replacement treatment following any disease / surgery), Cytotron Therapy, Oxymed Therapy, Arterial Clearance Therapy and similar such therapies.
17. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
18. Treatment of psychiatric and psychosomatic disorders, mental or nervous conditions, insanity.
19. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of cancer, accidents and burns.

20. Expenses incurred towards treatment of illness/disease/injury/ condition/de addiction arising out of use / misuse or abuse of alcohol, solvents, substance or drugs.
21. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
22. Any stay or extended stay in Hospital for any domestic reason or where there is no active regular treatment by a Medical Practitioner. Any Hospitalisation which is not Medically Necessary.
23. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
24. Participation in Hazardous sports / activities of any kind.
25. Hospitalization advised by a Medical Practitioner which is outside of his discipline for which he is licensed.
26. Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent.
27. Any claim in respect of Unproven / Experimental Treatment.

E. CONDITIONS

1. Claims Procedure

Claims Procedure for hospitalization claims occurring in India:

1. Preliminary notice of claim with particulars relating to Policy number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of Hospital/Nursing Home etc. should be given to Us 72 hours prior to admission in case of planned hospitalisation and not later than 48 hours after admission in case of an emergency hospitalisation.

2. The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge. Delay if any in submission of documents shall be considered based on merits of each case.

   a) Photocopy of and discharge certificate/card from the Hospital (For maternity claims, Discharge Summary mentioning LMP, EDD & Gravida).
   b) Photocopy of all investigation and lab reports.
   c) Photocopy of F.I.R. /M.L.C. copy in case of an accident.
   d) Complete set of Hospital/medical records if specifically sought by Us.
   e) Age proof of child in respect of Parental Accommodation benefit.
   f) Copy of tickets/e-tickets, Visa Stamping and Passport, proof of relationship with the person hospitalized, health records of the person hospitalized, for claiming under Emergency Family Member visit from abroad benefit.
   g) If required, the Insured / Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
   h) If required, the Insured / Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

Documents to be submitted if specifically sought

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart)
2. Copy of bills and receipts for hospitalization expenditure
3. Copy of extract of Inpatient Register
4. Attendance records of employer/educational institution

5. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any
6. Attending Physician's certificate clarifying
   - reason for hospitalization and duration of hospitalization
   - history of any self-inflicted injury
   - history of alcoholism, smoking
   - history of associated medical conditions, if any
7. Previous master health check-up records/pre-employment medical records if any
8. Any other document necessary in support of the claim on case to case basis.

Documents to be submitted for Health Check up cost reimbursement:

- Original Health check up Bill with Money Receipt
- Photocopy of the Investigation Reports

Claims Procedure for hospitalization claims occurring abroad:

1. Preliminary notice of claim with particulars relating to Policy number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of Hospital/Nursing Home etc. should be given to Us 72 hours prior to admission in case of planned hospitalisation and not later than 48 hours after admission in case of an emergency hospitalisation.

2. The claim form duly completed in all respects along with all documents listed below should be submitted maximum within 30 days from the date of discharge. Delay if any in submission of documents shall be considered based on merits of each case.

   a) Photocopy of and discharge certificate/card from the Hospital (For maternity claims, Discharge Summary mentioning LMP, EDD & Gravida).
   b) Photocopy of all investigation and lab reports.
   c) Photocopy of M.L.C. copy in case of an accident.
   d) Complete set of Hospital/medical records if specifically sought by Us.
   e) If required, the Insured / Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
   f) If required, the Insured / Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.
   g) Copy of Passport with Visa stamping with date of entry and exit (both in and out of India and abroad)

Documents to be submitted if specifically sought

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart)
2. Copy of bills and receipts for hospitalization expenditure
3. Complete medical records (including indoor case records and OP records) of past hospitalization/ treatment if any
4. Attending Physician's certificate clarifying
   - reason for hospitalization and duration of hospitalization
   - history of any self-inflicted injury
   - history of alcoholism, smoking
   - history of associated medical conditions, if any
5. Previous master health check-up records/pre-employment medical records if any
6. Any other document necessary in support of the claim on case to case basis.

The documents should be sent to:

Health Claims Department

M/s. Royal Sundaram General Insurance Co. Limited.,

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097. Tel.No:044-7117 7117.

2. Payment of Claim:

- All claims under this Policy shall be payable in Indian Currency.
- 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 an 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 from 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.

3. Transfer:

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

4. 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) 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;

b) 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;

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

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

e) Free-look not applicable in case of renewals.

All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

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

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

The Company shall:

a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

6. Misdescription:

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

7. Geographical Scope:

Geographical scope of the cover is restricted to hospitalisation in India. However, the policy stands extended in the event of hospitalisation of the Insured Person due to sudden and unexpected sickness or Accident, whilst on a Trip abroad due to a Holiday or Official visit.

8. Continuation of terms and conditions:

The Insured has to renew the Policy 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.

9. Insurer's rights:

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

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

10. 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.

11. Renewals:

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.

12. 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.

13.Disclaimer:

It is also hereby further expressly 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.

14.Jurisdiction

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

15.Change of address:

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

16.Change in Daily Benefit:

No midterm increase in daily benefit is allowed during the currency of the policy. On renewal the daily benefit can be increased up to a maximum of 100% of the existing Sum Insured. Eligibility for enhancement of sum insured is not automatic and is subject to the underwriting guidelines of the company.

For those customers who have a pre existing disease or who have made a claim the increase in sum insured is not automatic and guaranteed. It shall be subjected to the underwriting guidelines of the company and restricted to a maximum daily benefit of Rs.3000/- or existing daily benefit as per chosen plan whichever is higher.

A chosen sum insured cannot be increased after 70 years.

17.Compliance with Policy provisions:

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

18.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. lf 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/multiplier benefit (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

19.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 as 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

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.

21. Grievance Redressal:

Grievances Redressal Procedure:

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

Step 1: Raise a Complaint

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

write us at

Customer Services Team

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers

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

Chennai – 600097

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

We will acknowledge your grievance immediately and provide a resolution.

Step 2: **Escalation 1**

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

Step 3: **Escalation 2**

If you feel your grievance has not been resolved satisfactorily, you may escalate further to:

head.cs@royalsundaram.in

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

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

Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094

Senior Citizen Redressal: 9500413019

Email: gro@royalsundaram.in

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

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

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

OPTIONAL BENEFIT

PERSONAL ACCIDENT BENEFIT

(Applicable only if additional premium has been paid at inception itself and coverage confirmed in the policy schedule. Coverage under this section cannot be opted or cancelled once coverage under smart cash Plan section has already commenced.)

Benefits

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means anywhere in the world, then the Company shall pay to the Insured or his nominee as the case may be, the sum or sums hereinafter set forth, that is to say:

I) Death

a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured, the sum insured stated in the relevant section of the Policy Schedule shall be payable.

II) Permanent Total Disablement

b) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

i) sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, of such loss of sight of one eye and such loss of one entire hand or one entire foot, the sum insured stated in the relevant section of the Policy Schedule shall be payable.

ii) Use of two hands or two feet or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the sum insured stated in the relevant section of the Policy Schedule shall be payable.

c) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

i) The sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the sum insured stated in the relevant section of the Policy Schedule shall be payable.

ii) Total and irrecoverable loss of use of a hand or a foot without Physical separation, fifty percent (50%) of the sum insured stated in the relevant section of the Policy Schedule shall be payable.

NOTE: For the purpose of Clause (b) and Clause (c) above, physical separation' of a hand means separation at or above the wrist and of the foot at or above the ankle.

d) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description, whatsoever, then a lump sum equal to hundred percent (100%) of the sum insured stated in the relevant section of the Policy Schedule shall be payable.

III) Permanent Partial Disablement

e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and /or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the sum insured as indicated below shall be payable

Table of Benefits	**Percentage of**

		Capital Sum Insured
i) Loss of toes	- all	20 %
• Great	- both phalanges	5 %
• Great	- one phalanx	2 %
• Other than Great, if more than one toe lost,	- for each toe	1 %
ii) Loss of hearing	- both ears	75 %
iii) Loss of hearing	- one ear	30 %
iv) Loss of four fingers and thumb of one hand		40%
v) Loss of four fingers		35%
vi) Loss of thumb	- both phalanges - one phalanx	25 % 10 %
vii) Loss of index finger	- three phalanges -two phalanges - one phalanx }	10 %
viii)Loss of middle finger	- three phalanges -two Phalanges - one phalanx }	6 %
ix) Loss of ring finger	- three phalanges } - two phalanges - one phalanx	5 %
x) Loss of little finger	- three phalanges - two phalanges - one phalanx }	4 %
xi) Loss of metacarpals	- first or second(addl) - third, fourth, or fifth (addl) }	3 %
xii) Any other permanent partial disablement		Percentage of PPD as assessed by the state board's/

	neutral Medical Practioner.

EXCEPTIONS

PROVIDED ALWAYS THAT:

The Company shall not be liable under this Policy for:

1. Compensation under more than one of the foregoing Sub-clauses of Optional Benefit in respect of the same period of disablement.
2. Any other payment after a claim under one of the Sub-clauses (a) or (b) of Optional Benefit has been admitted and become payable.
3. Any payment in case of more than one claim under the Policy during any one period of insurance, by which the maximum liability of the Company in that period would exceed the sum payable under the Sub-clause(a) of Optional Benefit of the policy.
4. Payment of compensation in respect of death, injury or disablement of the Insured
   (a) from intentional self injury, suicide or attempted suicide.
   (b) whilst under the influence of intoxicating liquor or drugs.
   (c) whilst engaging in aviation or ballooning, whilst mounting into or dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. ("Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft is privately owned OR charged OR operated by a regular airline OR whether such an aircraft has single engine or multiengine
   (d) directly or indirectly caused by venereal diseases, AIDS or insanity.
   (e) arising or resulting from the Insured committing any breach of law with criminal intent.
   (f) as a result of, or which is contributed to by, the Insured person suffering from any pre-existing disease or pre- existing physical or mental defect or infirmity. Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing disease.
5. Payment of compensation in respect of death, injury or disablement of the Insured due arising out of or directly or indirectly connected with or traceable to War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments of all Kings, Princes and people of whatsoever nation, condition or quality.
6. Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured
   (a) directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
   (b) directly or indirectly caused by or contributed to by or arising from nuclear weapon material. Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsement 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 be a condition precedent to any liability of the Company under this Policy.

7. Pregnancy Exclusion Clause : The Insurance under this Policy shall not extend to cover death or disablement resulting directly or indirectly caused or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

8. As a result of, or which is contributed to by, the Insured person suffering from any pre-existing disease or pre-existing physical or mental defect or infirmity.

9. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. If the Company alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.

10. Participation in Hazardous sports / activities of any kind

Additional conditions applicable to Optional Benefit section

1. Upon the happening of any event which may give rise to a claim under this Policy, written notice with full particulars must be given to the Company immediately. In case of death, written notice also for the death must unless reasonable cause is shown, be so given before internment cremation and in any case, within one calendar month after the death, and in the event of loss or sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.

2. Proof satisfactory to the Company shall be furnished for all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company and in the event of death to make a post- mortem examination of the body of the insured. Such evidence as the Company may, from time to time required shall be furnished and post-mortem examination report, if necessary be furnished within the space of fourteen days after demand in writing and in the event of a claim in respect of loss of sight, the Insured shall undergo at his own expense such operation or treatment as the Company may reasonably deem desirable. Provided that all sums hereunder shall be payable.

i) In case of death or permanent total disablement only after deleting by an endorsement, the name of the Insured Person in respect of whom such amount shall become payable without any refund of premium.

ii) In case of permanent partial disablement only after reduction by an endorsement of CSI by the amount admissible under the claim in respect of the Insured Person to whom, such sum shall become payable.

Claims Procedure for Personal Accident claims occurring in India:

Death Claim (Submit the duly filled in claim form with the following documents)

- Original Death Certificate.
- Post Mortem Report (If conducted) •Inquest report/Panchanama report.
- FIR/MLC copy / Final Police report wherever necessary.
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Chemical analysis report/viscera report if preserved for analysis
- Admission/Discharge/Death summary issued by the hospital authority

- Hospital records.
- English translation of vernacular documents
- Any other document sought by the investigator
- Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination.
- News Paper cuttings if any and any other relevant records.
- Any other supporting documents as may be required by the Company.

Disablement Claim (Submit the duly filled in Claim form with the following documents).

Permanent Total or Partial Disablement.

- Disability Certificate issued by attending physician.
- Accident report.
- FIR/MLC copy / Final Police report wherever necessary.
- Hospital Records.
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Photographs of the insured exhibiting disability
- News Paper cuttings if any and any other relevant records.
- English Translation of vernacular documents.
- Any other document as may be required by the Company.

Claims Procedure for Personal Accident claims occurring abroad

Death Claim (Submit the duly filled in claim form with the following documents)

- Original Death Certificate.
- Autopsy Report (If conducted)
- Police Report
- Accident/Medico Legal Certificate
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Chemical analysis report/viscera report if preserved for analysis
- Admission/Discharge/Death summary issued by the hospital authority
- Hospital records.
- English translation of foreign language documents
- Any other document sought by the investigator
- Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination.
- News Paper cuttings if any and any other relevant records.
- Certificate given by Indian Embassy for repatriation of mortal remains, if any
- Any other supporting documents as may be required by the Company.

Disablement Claim (Submit the duly filled in Claim form with the following documents).

Permanent Total or Partial Disablement.

- Disability Certificate issued by attending physician.
- Police Report
- Accident/Medico Legal Certificate

- Hospital Records.
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Photographs of the insured exhibiting disability
- News Paper cuttings if any and any other relevant records.
- English Translation of foreign language documents.
- Any other document as may be required by the Company.

The Claim documents should be sent to:

Health Claims Department

M/s.Royal Sundaram General Insurance Co. Limited.,

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097.

Tel.No:044-7117 7117

Claim documents may be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Toll Number 1860 425 0000.

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