

Customer Information Sheet

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Smart Cash Plan	
2	Policy Number	XXXXX	
3	Type of Insurance Product / Policy	<ul style="list-style-type: none"> Benefit 	
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> Individual Sum Insured – Rs. _____ Floater Sum Insured – Rs. _____ 	
5	Policy Coverage (What the policy covers?)	<p>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.</p> <p>Accident Hospitalisation Benefit: Double the daily benefit shown on the schedule shall be payable for a consecutive and completed period of hospital confinement of more than 5 days subject to a maximum of 15 days per policy year due to road/rail/air accident. For such duration no benefit shall be payable under Benefit A.</p> <p>Convalescence Benefit: A lumpsum payment of Rs.10000/- is payable towards Hospital Confinement beyond 15 consecutive and completed days, in addition to Benefit A, 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.</p> <p>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 7 listed</p>	Section C

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		<p>Critical Illness. This Benefit shall be admissible only if there is an admissible claim under Hospital confinement Benefit.</p> <p>Joint Hospitalisation due to an Accident: If two or more Insured Persons covered under the same policy are hospitalised concurrently as inpatients 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.</p> <p>Child Birth Benefit: We will pay a lumpsum of Rs.10000/- and Rs.20000/- under Gold and Platinum Plan respectively, in the event of hospitalisation resulting in Child Birth.</p> <p>Pre-existing disease benefit: Shall be covered up to a maximum of 5 days per person per policy year for the chosen daily benefit or Rs.5000/- per day whichever is lower. 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. This benefit is applicable under Gold & Platinum plans.</p> <p>Health Check up cost reimbursement: Reimbursement of 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.</p> <p>Intensive Care Benefit: We will pay double the Hospital Confinement Benefit 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 ICU 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.</p> <p>Parental Accomodation 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 up to a maximum of 5 days per policy year in addition to hospital confinement benefit, provided the claim is admissible under Benefit A.</p>	
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		<p>This benefit is applicable only under Platinum plan.</p> <p>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 up to a maximum of Rs.1 lac per Insured Person per policy year shall be payable.</p> <p>This benefit is applicable only under Platinum plan.</p> <p>PERSONAL ACCIDENT BENEFIT - OPTIONAL BENEFIT</p> <p>Death: In unfortunate event of fatal accident the Sum stated in the Policy Schedule will be paid to the nominee of Insured Person (under Gold, Silver and Platinum Plans).</p> <p>Permanent Total Disablement: In unfortunate event of an accident resulting in Permanent Total Disablement the Insured Person will be paid the Sum stated in the Policy schedule (under Silver, Gold and Platinum Plan).</p> <p>Permanent Partial Disablement: In unfortunate event of an accident resulting a Permanent Partial Disablement the Insured Person will be paid a specified percentage of Sum stated in the Policy Schedule according to the disability which has been listed in the policy (under Silver, Gold and Platinum).</p>	
6	Exclusions (What the Policy does not cover)	<ul style="list-style-type: none"> Investigation & Evaluation, Rest Cure, rehabilitation and respite care, Obesity/ Weight Control, Change-of-Gender treatments, Cosmetic or plastic Surgery, Hazardous or Adventure sports, Breach of law, Excluded Providers, Treatment for, Alcoholism, drug or substance abuse, Tobacco abuse or any addictive condition and consequences, Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons, Dietary supplements and substances that can be purchased without prescription, to Vitamins, minerals and organic 	Section D

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		<p>substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure,</p> <ul style="list-style-type: none"> • Refractive Error, • Unproven Treatments, • Sterility and Infertility, • Maternity <p>• The expenses that are not covered in this policy are placed under List-I of Annexure-A</p> <p>(Note: the above is a partial/indicative list of the policy exclusions. Please refer to the policy clauses for the complete details/list on Exclusions.)</p>	
7	Waiting Period	<ul style="list-style-type: none"> • Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents) • Pre-existing diseases: Covered after 36 months 	Section D
8	<p>Financial limits of coverage</p> <p>i.Sub-limit</p> <p>ii.Co-payment</p> <p>iii.Deductible</p> <p>iv.Any other limit</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p> <p>Not applicable.</p> <p>Not applicable</p> <p>As per details mentioned in point no 5. Policy Coverage of this customer information sheet.</p>	
9	Claims/Claims Procedure	<p>Claims Procedure for hospitalization claims occurring in India:</p> <p>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.</p> <p>2. The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from</p>	E.1

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		<p>the date of discharge. Delay if any in submission of documents shall be considered based on merits of each case.</p> <ol style="list-style-type: none"> Photocopy of and discharge certificate/card from the Hospital (For maternity claims, Discharge Summary mentioning LMP, EDD & Gravidia). Photocopy of all investigation and lab reports. Photocopy of F.I.R. /M.L.C. copy in case of an accident. Complete set of Hospital/medical records if specifically sought by Us. Age proof of child in respect of Parental Accommodation benefit. 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. If required, the Insured / Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense. If required, the Insured / Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense. <p>Documents to be submitted if specifically sought</p> <ol style="list-style-type: none"> Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart) Copy of bills and receipts for hospitalization expenditure Copy of extract of Inpatient Register Attendance records of employer/educational institution Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any Attending Physician's certificate clarifying <ul style="list-style-type: none"> reason for hospitalization and duration of hospitalization history of any self-inflicted injury history of alcoholism, smoking history of associated medical conditions, if any 	
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		<p>7. Previous master health check-up records/pre-employment medical records if any</p> <p>8. Any other document necessary in support of the claim on case to case basis.</p> <p>Documents to be submitted for Health Check up cost reimbursement:</p> <ul style="list-style-type: none"> • Original Health check up Bill with Money Receipt • Photocopy of the Investigation Reports <p>Claims Procedure for hospitalization claims occurring abroad:</p> <p>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.</p> <p>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.</p> <ul style="list-style-type: none"> 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) <p>Documents to be submitted if specifically sought</p>	
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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.

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

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		<p>respect of whom such amount shall become payable without any refund of premium.</p> <p>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.</p> <p>Claims Procedure for Personal Accident claims occurring in India:</p> <p>Death Claim (Submit the duly filled in claim form with the following documents)</p> <ul style="list-style-type: none"> • 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. <p>Disablement Claim (Submit the duly filled in Claim form with the following documents).</p> <p>Permanent Total or Partial Disablement.</p> <ul style="list-style-type: none"> • 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. <p>Claims Procedure for Personal Accident claims occurring abroad</p> <p>Death Claim (Submit the duly filled in claim form with the following documents)</p> <ul style="list-style-type: none"> • Original Death Certificate. • Autopsy Report (If conducted) 	
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		<ul style="list-style-type: none"> • 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. <p>Disablement Claim (Submit the duly filled in Claim form with the following documents).</p> <p>Permanent Total or Partial Disablement.</p> <ul style="list-style-type: none"> • 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. <p>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</p> <p>2. Payment of Claim:</p>	
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		<ul style="list-style-type: none"> • 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. 	
10	Policy Servicing	<p>Call Center number of the insurer: 1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer</p>	E.22
11	Grievances / Complaints	<p>Grievances Redressal Procedure:</p> <p>We promise to provide the service you want, but sometimes mistakes can happen. If you're not satisfied with our service, we're here to make it right. Your satisfaction is our main concern, especially when things haven't gone as planned.</p> <p>Step 1 : Please raise a complaint with us through our Online form, and we would come back to you with a response in 2 business days.</p> <p>Step 2 : In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai – 600097 Call us at 1860 425 0000 1860 258 0000</p>	E.22

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		<p>Drop us an email care@royalsundaram.in</p> <p>Step 3: In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097 Senior Citizen Redressal : 9500413019 Grievance Redressal Officer : Mr. T M Shyamsunder, 9500413094 Drop us an email manager.care@royalsundaram.in Senior Citizen can Write to us at seniorcitizengrievances@royalsundaram.in</p> <p>Step 4 : In case you are not satisfied with our online response or have not received any response in 2 business days, you may approach our office at the following address: Customer Services Team Royal Sundaram General Insurance Co. Limited Vishranthi Melaram Towers No.2/319 , Rajiv Gandhi Salai(OMR) Karapakkam, Chennai - 600097 https://www.cioins.co.in/Ombudsman Click here to view Office of the Executive Council of Insurers Drop us an email head.cs@royalsundaram.in</p> <p>Step 5 : In case you are not satisfied with the decision/resolution of the Company, you may approach the IRDAI Grievance Call Center IRDAI Grievance Call Center Insurance Regulatory & Development Authority of India United India Tower, 9th floor, 3-5-817/818 Basheerbagh, Hyderabad- 500 029. Contact Number: 040-66514888 Call us at 1860 425 0000 1860 258 0000 Drop us an email</p>	
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<p>Policy Renewal:</p> <p>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.</p> <p>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</p>																																																											

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		<p>You of any such changes at least 3 months prior to date of such revision or modification.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	E.19
		<p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>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:</p> <p>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.</p>	E.20

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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>

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>

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.

Claims in respect of Multiple Policies

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		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.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period such as change in occupation.	

Declaration by the policy holder:

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

Place:

Date:

(Signature of the Policy Holder)

Note:

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