

Suraksha Personal Accident Insurance Prospectus

Target customers

This Suraksha Personal Accident Insurance is available for all Citibank Credit Card holders who are aged between 18 and 70 years (age in completed years).

1. All persons who cease to be Cardholders of Citibank for reasons such as
 - a) Voluntary cancellation of Card by Card holders; or
 - b) Expiry of Card; or
 - c) Withdrawal of Card by Citibank;after the commencement of the Policy, would also cease to be Insured Persons automatically from the date of their cessation of membership as Cardholders of Citibank.
2. Further, all Cardholders of Citibank who have voluntarily withdrawn from the Citibank Suraksha Personal Accident Insurance after the commencement of the Policy will also cease to be the Insured Persons from the month in which he/she opts out of the Scheme.
3. All Card holders of Citibank in respect of whom the Installment premium has not been debited from the Citibank card account for any of the months during the currency of the policy due to any reason whatsoever shall cease to be Insured Persons from the month for which the Installment premium has not been paid.

Once the Cardholder ceases to be an Insured Person, he/she cannot be included under the policy benefit.

Coverage

Coverage against Accidental Death & Disablement; the policy also provides other benefits like monthly income benefit and medical expenses due to accident hospitalization.

Other free benefits in this cover include education grant for dependent children and transportation expenses for mortal remains as per the policy terms and conditions.

- **Death:** In unfortunate event of fatal accident the Sum stated in the Schedule / Certificate of Insurance will be paid to the nominee of Insured Person.
- **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 Schedule / Certificate.
- **Permanent Partial Disablement:** In unfortunate event of an accident resulting in Permanent Partial Disablement the Insured Person will be paid the Sum stated in the Schedule / Certificate.
(Payments under this section shall be restricted to a maximum of 75% of the Sum Insured mentioned in the schedule for accidents caused by Motor Cycle Accidents.)
- **Monthly Income Benefit:** Fixed lump sum stated in the Schedule / Certificate of Insurance as compensation is payable every month, up to a period of 12 months, for accident resulting in Permanent Total Disablement.
- **Medical Expenses due to Accident hospitalization:** Fixed Amount as stated in the Schedule / Certificate of Insurance is payable towards medical Expenses for

hospitalization for a minimum period of 24 hours, due to accident resulting in Death / Disablement.

- **Educational Grant:** In the event of death of the insured person, Educational grant as stated in the Policy condition shall be payable.
- **Transportation of Mortal Remains:** A lump sum of Rs.5000/- is payable for carriage of Insured person's dead body to the place of his/her residence.

Exclusions under Section 1 ACCIDENTAL DEATH & DISMEMBERMENT:

The Company shall not be liable to make any payment under this Benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

(a) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.

(b) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an Accident.

(c) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the sum payable under Table A & B of the Policy.

(d) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement, as mentioned in Table A.

(e) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

(f) Any claim for death or Disablement of the Insured Person from.

(a) intentional self-injury, suicide or attempted suicide.

(b) whilst under the influence of intoxicating liquor or drugs.

(c) self-endangerment unless in self-defense or to save life.

(g) Any exclusion mentioned in the 'General Exclusions' of this Policy.

Exclusions under SECTION 3 – MEDICAL EXPENSES DUE TO ACCIDENT HOSPITALISATION:

1. Any claim during the first 7 days from the inception of the policy.
2. Any exclusion mentioned in the General Exclusion of this policy.

GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS OF THE POLICY):

The Company shall not be liable to make any payments in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.

2. Any claim in respect of Pre-existing conditions.

3. Any claim if the insured acts against the advice of a physician.

4. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and/or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from .
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure, capture, arrest, restraints, detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any Act of Terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.
10. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - b) Nuclear weapons material.
 - c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
11. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
12. Participation in Hazardous Sport/Hazardous Activities.
13. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
14. Self exposure to needless peril (except in an attempt to save human life).
15. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.
16. Payment of compensation in the event of a rail accident except if the accident is directly caused / occurring while
 - Boarding/travelling/alighting from a train.
 - Within the railway area to which a public has got right of access.

Claims Procedure

Notification of claim

- i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
- ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
- iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case

Documents to be submitted

- Basic documents required for All claims
- Duly completed claim form
- Photo Identity Proof of the insured person
- Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station
- Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
- Any other relevant document required by the Company for assessment of the claim

Documents required in case of Death covered under Section D.1.1

- Death certificate;
- Post Mortem Report (if conducted);
- Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.
- Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station
- Panchanama / Accident report
- Chemical analysis report of viscera / blood sample
- Admission / Discharge / Death summary issued by hospital authority
- English translation of vernacular documents

Documents required in case of Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD), covered under Sections D.1.1

- Original treating Medical Practitioner's certificate describing the disablement
- Original Discharge summary from the Hospital
- Disability certificate issued by treating Medical Practitioner
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.
- Copy of FIR/MLC/Accident register

Documents required for coverage under Section D.3- Hospitalisation Expenses due to Accident:

- Discharge Summary from The Hospital
- Medical & Investigation reports
- Prescriptions, and consultation papers of the treatment
- Any other medical, investigation reports, as applicable

Documents required for coverage under Section D.4 - Education Grant:

- Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.
- Photo Identity Proof of Child
- Age proof of Child
- Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution

Claim Settlement

The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.

In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

Payment of Claim

All claims under the policy shall be payable in Indian currency only.

When does the Cover End?

Event	Parameter
End of coverage term	Expiry date of policy period unless renewed
If you cancel the coverage	Premium would be refunded as per the grid short period scales
Non receipt of renewal premium	If the renewal premium is not paid within the due date and within the Grace Period of 30 days.
Fraudulent event/non-cooperation	The policy when not renewed on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you.

Cancellation/Termination

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.

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.

Grievances Redressal Procedure

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

Step 1: Raise a Complaint

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

write us at

Customer Services Team

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers

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

Chennai – 600097

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

We will acknowledge your grievance immediately and provide a resolution.

Step 2: Escalation 1

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

Step 3: Escalation 2

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

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

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

Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094
Senior Citizen Redressal: 9500413019
Email: gro@royalsundaram.in

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

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

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

Rates

The rates ranges from Rs.862/- to Rs.1588/- according to Sum Insured selected by the Insured. The loading and discounts from the table rate will be based on claims experience; volume of business generated through a particular channel and distribution of age profile across the group. However such loading and discount will be restricted to maximum of 25% from the table rates.

PREMIUM RATES	
SUM INSURED	ANNUAL PREMIUM
1000000	862
2500000	1588

*above rates are excluding service tax.

Portability:

If proposer desires to port to any Personal Accident policy of the company, application in the appropriate form should be made before two weeks from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's

underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the first inception date of any Personal Accident Insurance Policy and such rights shall be limited to the extent of the sum insured, in each of the year, provided the Policy has been continuously renewed without any break. If insured desires to port this policy with other insurers, he shall approach them well before the renewal date (at least 45 days prior to renewal date) to avoid break in the policy coverage due to possible acceptance delays.

Disclaimer:

Insurance is the subject matter of solicitation. Suraksha Personal Accident Insurance is issued by Royal Sundaram General Insurance Company Limited. Claims will be settled by Royal Sundaram General Insurance Company Limited as per the terms and conditions of the policy. This Prospectus is not a contract of Insurance. Please refer policy document for exact terms and conditions and specific details applicable to this Insurance. This plan is underwritten by Royal Sundaram General Insurance Company Limited. Your participation in this insurance product is purely on a voluntary basis.

Prohibition of rebates:

Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published Prospectus or table of the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

For any Complaint / Grievance / Refund / Cancellation / Claim, please contact:

Royal Sundaram General Insurance Co. Limited
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Vishranthi Melaram Towers,
No. 2 / 319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097
Phone: 044-7117 - 7117
Toll No. 1-860-425-0000
Email: customer.services@royalsundaram.in
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