ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

Royal Sundaram General Insurance Co. Limited
Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002

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	Surgicare	
2	Policy Number	**xxxxx**	
3	Type of Insurance Product / Policy	• Benefit	
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured – Rs._____ • Floater Sum Insured – Rs._____	
5	Policy Coverage (What the policy covers?)	• **Surgical Benefit:** Fixed amount stated in the policy wording shall be paid in the event of Insured person undergoing covered surgery. • The covered surgeries are classified into 4 categories. The fixed benefit amount, depending upon the category in which the covered surgery falls, shall be payable irrespective of the actual amount incurred. • **Hospital Cash benefit:** Fixed cash benefit of Rs.1000/- is paid for each completed 24 hours of Hospitalisation to cover incidental expenses; subject to a maximum of 10 days per annum per insured. • **Ancillary Service:** Insured can seek a second medical opinion for any life threatening or serious condition through this service for the listed surgeries.	Section C
6	Exclusions (What the Policy does not cover)	• 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,	Section D

		• Excluded Providers, • Treatment for, Alcoholism, drug or substance abuse, Tobacco abuse or any addictive condition and consequences, • Treatments received in heath hydros, 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 substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure, • Refractive Error, • Unproven Treatments, • Sterility and Infertility, • Maternity • The expenses that are not covered in this policy are placed under List-I of Annexure-A (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.)	
7	Waiting Period	• Specific waiting period: 90 days or 2 years are applicable for category 1, category 2, category 3, category 4 as per policy condition. • Pre-existing diseases: Covered after 36 months	Section D
8	Financial limits of coverage i.Sub-limit ii.Co-payment iii.Deductible iv.Any other limit	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: As per details mentioned in point no 5. Policy Coverage of this customer information sheet. Not applicable. Not applicable As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.	

		Claim Procedure Provided that the due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured and / or Insured person be a condition precedent to any liability of the Company under this Policy. Cashless and Reimbursement both Claims will be settled through TPA. The Claims Procedure is as follows: **For admission in Network Hospital (Cashless Claims)** Insured Person shall call the TPA helpline and furnish Membership Number, Policy Number and the Name of the Patient within 72 hours before admission to hospital for planned hospitalization and not later than 48 hours of admission in case of emergency hospitalization. The insured shall also provide to the TPA by e-mail or through TPA's web portal, the details of hospitalization like diagnosis, name of hospital, duration of stay in hospital, estimated expenses of hospitalization etc. in the prescribed form available with the Insurance help desk at the Hospital. The Insured shall also provide any additional information or medical record as may be required by the medical panel of the TPA. After establishing the admissibility of the claim under the policy, the TPA shall provide a pre-authorisation to the hospital guaranteeing payment of the hospitalization expenses subject to the sum insured, terms conditions and limitations of the policy. The difference between the amount of pre-authorisation approved and the final hospital bill owing to deductions such as non-payable items, excluded items, policy sub-limits, copay amount, deductible amount etc., shall be borne by the insured. **For admission in Non-Network Hospital or into Network Hospital if cashless facility is not availed (Re-imbursement Claims)** **Notice of claim:** 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 the attending hospital, should be given to the Insurer within 72 hours before admission in case of planned hospitalization, and not later than 48 hours or before discharge, in case of emergency hospitalization. **Submission of claim:** The insured shall submit the claim form along with attending physician's certificate duly filled and signed in all respects with the following claim documents not later than 30 days from the date of discharge.	Section F

		Turn Around Time (TAT) for claims settlement: i. TAT for preauthorisation of cashless facility is 1 hour ii. TAT for cashless final bill authorisation is 3 hours i. Network Hospital details: https://www.royalsundaram.in/cashless-hospital ii. Helpline number: Customer Services - 1860 258 0000 / 1860 425 0000 MediAssist TPA – 04068213621 Paramount TPA – 1800226655 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.royalsundaram.in/claims/health-insurance-claims iv. Downloading / getting claim form https://www.royalsundaram.in/claims/claim-forms Intimation – Before 3 days in case of planned hospitalisation and within 2 days of admission in case of emergency hospitalization	
10	Policy Servicing	Call Center number of the insurer: 1860 258 0000 / 1860 425 0000 Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	G.26
11	Grievances / Complaints	In case of any grievance the insured person may contact the company through Website: https://www.royalsundaram.in Grievance Redressal: https://www.royalsundaram.in/customer-service You may call us at – 1860 258 0000, 1860 425 0000 Email: 1. Please raise a complaint with us through e mail – care@royalsundaram.in, and we would come back to you with a response in 24 hours. 2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to manager.care@royalsundaram.in	G.26

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

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

Fax us at: 044 – 7117 7140
Courier us your complaint at:
Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097
Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.
If Insured person is not satisfied with the Redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Mr. T M Shyamsunder
Grievance Redressal Officer
Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai – 600097

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

If Insured person is not satisfied with the Redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for Redressal of grievance as per insurance Ombudsman Rules 2017.
Insurance Ombudsman addresses - https://www.cioins.co.in/ContactUs
Grievance may also be lodged at –
Registration of Complaints in Bima Bharosa by Policyholders:

		1. Can directly register complaint in the **Bima Bharosa Portal** https://bimabharosa.irdai.gov.in/ 2. Can send the complaint through Email to complaints@irdai.gov.in. 3. Can call Toll Free No. **155255** or **1800 4254 732**. 4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to: **General Manager** **Insurance Regulatory and Development Authority of India(IRDAI)** **Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.** **Sy.No.115/1, Financial District, Nanakramguda,** **Gachibowli, Hyderabad – 500 032.** **No loading shall apply on renewals based on individual claims experience.** Insurance is the subject matter of solicitation.	
12	Things to remember	• **Free Look**: 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. **Cancellation**	G.22

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

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

Short period rates:

Short Period Scale for 2 Years

For a period not exceeding	30 days	10% of the Premium paid
For a period not exceeding	2 months	15% of the Premium paid
For a period not exceeding	4 months	30% of the Premium paid
For a period not exceeding	6 months	40% of the Premium paid
For a period not exceeding	8 months	50% of the Premium paid
For a period not exceeding	10 months	60% of the Premium paid
For a period not exceeding	12 months	70% of the Premium paid
For a period not exceeding	14 months	75% of the Premium paid
For a period not exceeding	16 months	80% of the Premium paid
For a period not exceeding	18 months	85% of the Premium paid
For a period exceeding	18 months	Full Premium paid

Short Period Scale for 3 Years

For a period not exceeding 1 month	10% of premium

G.11

			For a period not exceeding 3 months	20% of premium	
			For a period not exceeding 6 months	25% of premium	
			For a period not exceeding 12 months	30% of premium	
			For a period not exceeding 13 months	40% of premium	
			For a period not exceeding 15 months	50% of premium	
			For a period not exceeding 18 months	60% of premium	
			For a period not exceeding 24 months	70% of premium	
			For a period not exceeding 25 months	75% of premium	
			For a period not exceeding 27 months	80% of premium	
			For a period not exceeding 30 months	90% of premium	
			For a period exceeding 30 months	Full Premium	
		Policy Renewal: i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date. ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.			G.7

		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. **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. **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: 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.	G.23

		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.	G.24 G.25
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.	

Customer Information Sheet

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.