ROYAL SUNDARAM INSURANCE
Sundaram Finance Group

# Personal Accident Care Platinum Insurance

## PROSPECTUS

**Personal Accident Care Platinum Insurance – Protecting what you value**

No matter how good your health is, an accident can take place any time, anywhere. It can leave you or your family in severe financial hardship and ruin the comfort that you have worked so hard to provide to them.

You can now safeguard yourself and your family against such hardships by opting for Personal Accident Care Platinum Insurance, underwritten by Royal Sundaram General Insurance company Limited.

This is a round the clock, worldwide cover towards accidental death/disablement. This product offers you renewal for life long.

In an unfortunate incident of fatal accident, the nominee will be getting the Sum Insured. In case of an accident resulting in permanent total or partial dismemberment / disablement of organs, the assured benefit will be paid to you.

**Who is providing coverage under Personal Accident Care Platinum Insurance?**

Your Coverage under Personal Accident Care Platinum Insurance is offered by Royal Sundaram General Insurance Company Limited (first private non-life Insurance Company licensed to operate in India).

**What are the key benefits of Personal Accident Care Platinum Insurance?**

Personal Accident Care Platinum Insurance is a worldwide Personal Accident Cover that is specially designed to cover the following, occurring within 12 months from the date of accident (caused by external, violent and visible means) :

- **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.

- **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 from the place of Accident.

- **Medical Expenses due to Accident hospitalization:** Reimbursement of Hospitalization expenses for a minimum period of 48 hours upto the amount stated in the Schedule/Certificate of Insurance, is payable 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 form the place of Accident.

- 75% of sum insured only is payable for Death & PTD benefit for accidents due to motor cycle

**Additional Benefits**

**Cumulative Bonus**

Compensation payable under Section 1, arising out of accidental injuries, shall be increased by 5% thereof in respect of each completed claim free year, during which the Policy shall have been in force. Amount of such increase shall not exceed 25% of the sum stated in the relevant section of the Policy Schedule. This Cumulative Bonus is applied on sum stated in the relevant section of the Policy Schedule, so long as it is renewed continuously with the Company. The earned Cumulative Bonus will not be lost if the Policy is renewed within 30 days after its expiry.

This clause shall not in any way alter the annual character of the insurance, nor the right of the Company to decline or renew or to cancel the Policy.

**Policy Tenure**

- Policy tenure - One and Two years

**Who is eligible for the coverage?**

You must satisfy the following conditions:

| Parameter | Eligibility |
|---|---|
| Age at entry | 18 years - 70 years |
| Coverage Term | 1/2 year |
| SI Limits | 8 times of annual income |

**When does the Coverage Start?**

Cover shall start from the time and date when premium is received by Royal Sundaram General Insurance Co. Ltd.

**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. |
| On Payment of Claim | Once a claim is made and found admissible (for Death & PTD where 100% SI is payable) |

**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 incase 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 insured under this section.

(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 2 - MONTHLY INCOME BENEFIT**
1. Any exclusion mentioned in the General Exclusion of this policy.

**Exclusions under SECTION 3 – MEDICAL EXPENSES DUE TO ACCIDENT HOSPITALISATION:**
1. 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, detainments 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 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.

10. 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.

11. Participation in Hazardous Sports or Hazardous Activities.

12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.

13. Self exposure to needless peril (except in an attempt to save human life).

14. 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.

15. 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.

16. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Certificate 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 (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement "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 organization(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. If the Company allege 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.

**Claims Procedure**

**Preliminary Notice:** Upon the happening of any event, which may give rise to a claim under the policy, a preliminary notice with all particulars shall be given to the Company, Immediately, in any case, not later than 30 days after the occurrence of the event.

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.

**Claim Documentation:**

**Death Claim** (Submit the duly filled in claim form with the following documents)
• Original Death Certificate.
• Post Mortem Report.
• Inquest report.
• Accident report.
• FIR/MLC copy.
• Hospital records.

• News Paper cuttings if any and any other relevant records.
• Chemical Analysis Report if available.
• English Translation of vernacular documents.
• Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy or if the nominee is not alive at the time of claim.
• Any other document as may be required by the Company.

**Disablement Claim** (Submit the duly filled in Claim form with the following documents)
• Disability Certificate issued by the attending physician.
• Accident report.
• FIR/MLC copy.
• Hospital Records.
• News Paper cuttings if any and any other relevant records.
• English Translation of vernacular documents.
• Latest IT return to show Proof of annual income (at the option of the Company).
• Any other document as may be required by the Company.

**Medical Expenses Claim** (Submit the duly filled in Claim form with the following documents)
• First Information Report (in case of Road accident).
• Admission/Discharge Summary
• All Original receipts and bills including final hospital bills.
• Medical bills and bills for lab tests.

**Educational Grant** (Submit the duly filled in Claim form with the following documents)
• Document confirming the name and number of children.
• Proof of continuing education.
• If the bills/ vouchers / Reports are in a language, other than English /Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person/his/her legal heir(s).

The Claim documents should be sent to:
**Health Claims Department**
M/s.Royal Sundaram General Insurance Co. Limited,
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Corporate office: Vishranthi Melaram Towers, No. 2 / 319
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

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

**Renewal Process**

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.

For persons above 60 years, the sum insured under the policy shall be restricted to a maximum of 10 lacs, unless otherwise stated in the schedule.

**Cancellation Process**

**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.

**PREMIUM TABLE**

| **Plan Name** | **Personal Accident Care PLATINUM** | |
|---|---|---|
| **Sum Insured** | **1000000** | **2500000** |
| | Death | Death |
| | PTD-50% & 100% of SI | PTD-50% & 100% of SI |
| | Monthly Income Benefit | Monthly Income Benefit |
| | Education Grant | Education Grant |
| | Medical Expenses | Medical Expenses |
| | Transportation of Mortal Remains | Transportation of Mortal Remains |

| | | |
|---|---|---|
| **Premium with out GST** | **Rs.1017/-** | **Rs.2035/-** |
| **Premium with out GST** | **Rs.1798/-** | **Rs.3600/-** |

**Free Look in:**

At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

a) 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.

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

**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:

a) The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.

b) 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.

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

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

**Migration:**

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

i. The waiting periods 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.

iii. 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

**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.

**Disclaimer:**

Insurance is the subject matter of solicitation. Personal Accident Care Platinum 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.

**Grievance Redressal**

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

**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

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