

Secure All

Health is Wealth. Your Health is your biggest investment. What will happen to your family in case you have a medical emergency? Secure All helps you to get quick and effective treatment in hospitals for yourself and your family without drawing on your savings or borrowing money from friends and relatives.

Presenting “Secure All” from Royal Sundaram General Insurance Co Limited., which is a Health Insurance Plan offered for two years term.

Who is providing coverage under Secure All?

Your Coverage under Secure All is offered by Royal Sundaram General Insurance Co. Limited (first private non-life Insurance Company licensed to operate in India).

What is the coverage provided under Secure All?

This policy is specially designed to offer complete protection to you and your Dependents who bear any legal relation to you.

Hospitalization Cover: Any expenses incurred towards Inpatient Hospitalization for a period of more than 24 hours, for the illnesses / diseases contracted or injury sustained by the insured person during the period of Insurance. However this time limit is not applicable to the following specific “Day Care treatments: Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) tonsillectomy, D&C, Cardiac Catherization, Hydrocele Surgery, Hernia repair surgery, Stapedotomy, Tympanoplasty, Myringoplasty, Incision of tear glands, Reconstruction of tongue, operation of salivary glands and salivary ducts, surgical treatment of anal fistulas, incision of ovary, incision of the breast, incision of tissue in perianal region, operations of prostrate, operations of scrotum/vaginalis testis, coronary angiography etc taken in the Hospital/Nursing Home and the Surgical Operation necessitates hospitalisation and due to technological advancement/infrastructure facilities available in the hospital reduces the requirement of stay less than 24hrs.

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home subject to a limit of 1.5% of the Sum Insured per day and for Intensive Care Unit 3% of the Sum Insured per day.
2. Nursing Expenses incurred during In-Patient hospitalization.
3. Surgeon, Anaesthetist, Medical Practitioner, Consultants & specialist Fees are subject to a limit of 40% of the sum insured.
4. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Donors medical expenses towards Organ transplant, Cost of Pacemaker, Artificial Limbs, Cost of Organs.
5. AYUSH Treatment - Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.
6. Pre - Hospitalisation Medical Expenses incurred for a period of 30 days prior to hospitalization.
7. Post - Hospitalisation Medical Expenses incurred for the period of 60 days after discharge from hospital
8. Modern Treatments: The following procedures will be covered (whichever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:
 - a. Uterine Artery Embolization and HIFU
 - b. Balloon Sinuplasty

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- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection
- f. Intra vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio surgeries
- i. Bronchical Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM - (Intra Operative Neuro Monitoring)
- l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

The Claim amount payable towards the treatment of following disease, illness, medical condition or injury is subject to a limit of:

Treatment	Limit Per Claim
Cataract	7.5% of the Sum Insured subject to maximum of Rs.20000/-
Piles, Fistula, Fissure, Tonsillitis, Sinusitis	10% of the Sum Insured
Benign Prostatic Hypertrophy, Hernia	20% of the Sum Insured
Knee/Hip Joint Replacement, all Cancer, Renal Failure	50% of the Sum Insured
Appendicitis, Gall bladder stones and Gynaec disorders	25% of the Sum Insured
Dialysis, Chemotherapy and Radiotherapy	10% of the Sum insured per month

What is the age at entry and other eligibility conditions?

- The policy is issued to individual for covering their family.
- The insurance is available to persons between the age of 91 days and 65 years at the Policy Start Date. The Proposer should be minimum 18 years (completed age) on Policy Start Date.
- This policy covers Self, Spouse and dependants who bear legal relation to the proposer. Underwriter's are free to define the scope of relations who can be covered as a family member, out of eligible family member.
- There is no Exit age in the policy. Policy can be renewed continuously subject to payment of premium within Grace Period.
- Persons holding existing health policy either with Royal Sundaram or any other Insurers can port in to this Policy subject to the guidelines issued by Authority & subject to underwriting guidelines.

What additional benefits do I get?

Along with the above benefits, you are also entitled to avail of the following benefits:-

- **Cashless Hospitalization:** Secure All also provides the benefit of a cashless cover for more than 4000 network hospitals.
- **Cumulative Bonus:** Sum Insured under the policy for hospitalization benefit shall be increased by slabs of 5% for every claim free year, subject to a maximum of 10 slabs. In case of a claim under the policy, the earned bonus will be reduced by 1 slab.

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- **Tax Benefit:** This insurance scheme is approved by IRDAI and the premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961. If non-dependent members are covered exemption under Section 80D of Income Tax Act will not be applicable.
- **Hospital Cash Benefits:** Fixed amount as daily benefit stated in the Schedule/Certificate of Insurance is paid for each completed 24 hours of hospitalization subject to maximum amount specified in the Schedule/Certificate of Insurance on admissibility of a valid claim for hospitalisation benefit under the policy.
- **Recovery Benefit:** A lump sum of Rs. 25,000/- is payable, only if a valid claim for hospitalisation is admitted under the policy, if the period of hospitalization exceeds 15 days.
- **Personal Accident Benefit:** In an unfortunate event of accidental death or disablement, the sum stated in Schedule/Certificate of Insurance is payable. The cover is operative worldwide.

What is the coverage amount under Secure All?

You and your family would be covered under the following Sum Insured, on Individual basis as opted.

Secure All	
Plans	Sum Insured
Plan 1	1,50,000/-
Plan 2	2,00,000/-
Plan 3	3,00,000/-
Plan 4	4,00,000/-
Plan 5	5,00,000/-

The limits specified above are in Indian Rupees and is applicable for the stipulated policy period for policy with One year duration. In respect policy of 2 year tenure, the Sum Insured shall be available per annum.

Who is eligible for the coverage?

You must satisfy the following conditions:

Parameter	Eligibility
Age at entry	91 days - 65 years
Coverage Term	1/2 years
Health Condition	You need to be in good health, have understood and signed the health declaration form.

What are the geographical limits?

All medical treatments for the purpose of this Insurance under Hospitalisation benefit of the policy have to be taken in India only. The Personal Accident Benefit Cover operates worldwide.

What do I need to pay?

Payment of premium : Single payment only irrespective of tenure.

Indicative premium for single life for coverage of stipulated Sum Insured is shown in the table below.

Premium table (including 12.36% Service Tax)

1 year

PLAN	SI - Medical	91 days to 18 yrs	19 to 40 yrs	41 - 50 yrs	51 to 60 yrs	61 to 65 yrs	66 to 70 yrs*	71 to 75 yrs*	76 to 80 yrs*
PLAN 1	150000	4286	5635	7080	7956	9359	9952	10931	12056
PLAN 2	200000	4618	6442	8256	9303	11162	11926	13187	14637
PLAN 3	300000	6068	8007	11110	12679	15487	16576	18371	20435
PLAN 4	400000	7548	10179	14043	16026	20466	22020	24585	27534
PLAN 5	500000	9407	13484	17875	20281	25880	27824	31033	34723

2 years

PLAN	SI - Medical	91 days to 18 yrs	19 to 40 yrs	41 - 50 yrs	51 to 60 yrs	61 to 65 yrs	66 to 70 yrs*	71 to 75 yrs*	75-80 yrs*
PLAN 1	150000	6704	9131	11733	13310	15836	16903	18664	20689
PLAN 2	200000	7301	10584	13849	15735	19080	20456	22726	25336
PLAN 3	300000	9911	13401	18987	21811	26866	28825	32056	35772
PLAN 4	400000	12576	17311	24266	27835	35827	38625	43241	48551
PLAN 5	500000	15921	23260	31163	35495	45572	49072	54848	61490

*Applicable for renewal only

Family Discount: 5% for covering two and 10% for covering 3 or more insured under a single policy.

How do I pay my Premium?

You will get the choice of easy payment option as follows:

- If you prefer, you can choose to pay the premium in full by a cheque or demand draft in favour of “Royal Sundaram General Insurance Co. Limited”
- In case you wish to continue the policy after the stipulated period of one year, you have the option of making the premium payment by providing an ECS mandate against your bank account or by issuing a cheque in favour of Royal Sundaram General Insurance Co Limited.
- You can also pay your premium through your credit card.

What are the specific circumstances under which the premium could be loaded or a discount provided could be withdrawn and the extent to which it will be done?

- Family Discount of 5% for covering two and 10% for covering 3 or more insured under a single policy. Discount will be withdrawn in renewal if the no. of members covered is less than 3

How do I Enroll?

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Quick and easy enrolment process. Medical examination is required for persons above 60 years . All you need to do is to complete the enrolment cum health declaration form. Kindly ensure all details are captured accurately and completely filled in before signing.

When does the coverage start?

Coverage in respect of all customers starts from the date of receipt of premium.

How can my coverage end?

The coverage shall end on occurrence of any one of the instances as mentioned in the table below.

Event	Parameter
End of coverage term	After 1/2 years of policy inception (Depends on the tenure chosen) unless renewed
If you cancel the coverage	Premium would be refunded for the unexpired policy period as per the cancellation clause as specified in the policy.
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.

What are the medical examinations to be done before taking Secure All?

The following pre-Policy check-up at our network may be required for insured persons above 60 years.

- ECG with Report,
- Blood Sugar – both fasting and post prandial & Urine Sugar both fasting and post prandial.

Company reserves the rights to prescribe further tests based on the Medical Reports of the Individuals.

The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Company may prescribe the list of network centres which the customer has to access to do the medical tests or may allow the customer to choose any diagnostic centres of his choice. For accepted proposals, the cost of medicals undertaken shall be borne / reimbursed by the Company @ 100% for policies with more than 1 year tenure and @ 50% for policies with tenure of 1 year tenure and less.

Is there a Free Look provision under Secure All?

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.

What document will I get as a proof of Insurance?

A Certificate of Insurance (COI)/ Policy Copy issued to you by the company can be used as a proof of payment of premium to claim a benefit under the prevailing taxation laws. You would also get the Health Cards and the policy terms and conditions towards the insurance policy along with the Health Kit.

What is the claim process?

Claims Procedure for hospitalization/hospital cash/ recovery benefits

Provided that the due observance and fulfillment of the terms and conditions of this Policy conditions and all Endorsements here- on 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.

For admission in network Hospital - The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.

For admission in non-network Hospital - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/ injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us within seven days from the date of hospitalization/injury/death, failing which admission of claim is at insurer's discretion.

Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.

Mandatory documents

1. Test reports and prescriptions relating to First / Previous consultations for the same or related illness.
2. Case history / Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
3. Death summary in case of death of the insured person at the hospital.
4. Hospital Receipts / bills / cash memos in Original (including advance and final hospital settlement receipts).
5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor's prescription advising such tests / investigations (CDs of angiogram, surgery etc need not be sent unless specifically sought).
6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
7. F.I.R/MLC. in the case of accidental injury and English translation of the same, if in any other language.
8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.
9. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
10. For a) Cataract claims - IOL sticker b) PTCA claims – Stent sticker.
11. Copies of health insurance policies held with any other insurer covering the insured persons.

12. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that Original claim documents are retained at their end.

- **Documents to be submitted if specifically sought**
- 1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart).
- 2. Copy of extract of Inpatient Register.
- 3. Attendance records of employer/educational institution.
- 4. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any
- 5. 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.
- 6. Previous master health check-up records/pre-employment medical records if any
- 7. Any other document necessary in support of the claim on case to case basis.

- Insured /Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

2. Claim Procedure for Personal Accident Benefit:

Insured Person/his/her legal heir(s) shall have to produce the below documents for processing the claim.

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 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).

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- Any other document as may be required by the Company.
- 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
Vishranthi Melaram Towers
No 2/319 Rajiv Gandhi Salai (OMR)
Karapakkam, Chennai 600097

- Insured /Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

However, if the documents submitted along with the claim are not in order or not complying with the requirements of the insurer, the claim could get rejected. Claims can also be rejected in case the declaration signed at the time of enrollment is proved to be false.

Under Network hospitals cashless can be availed only for Hospitalization expenses.

Under Non-network hospitals customer will get as reimbursement from the Company under all sections.

Can I renew my policy after the stipulated period of one year?

Yes, for subsequent renewals post the expiry of your policy period, you have the following options:

- Provide ECS (Electronic Clearing System) instructions against your bank account.
- Provide a cheque in favor of Royal Sundaram General Insurance Co. Limited.
- Provide your credit card no with expiry date.

In addition to the above Royal Sundaram would also send you a renewal notice for your policy which would have the confirmation of the payment details.

What are the benefits of renewing the policy next year?

You become eligible to claim for ailments, which have a waiting period. For example, you may claim expenses for ailments Cataract, Sinusitis, etc. (Two Year Exclusions) after the first renewal of the policy. You also become eligible for cumulative bonus provided if you have not made any claim during the policy period.

What are the exclusions?

Below is the list of important exclusions.

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

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

1. Pre-Existing Diseases - Code- Excl01

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- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Products) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period- Code- Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

I. List of specific diseases/procedures is as under (24 months):

Treatment for Congenital Internal Anomaly/Disorders/Defects, any type of Migraine/Vascular headache, Stones in the

Urinary and Biliary systems, Surgery on Tonsils Adenoids, Gastric and Duodenal Ulcer, any type of

Cyst/Nodules/Polyps, any type of Breast Lumps, Treatment of Spondylosis/Spondylitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders. Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Sinusitis, Hernia, Hydrocele, Knee/Hip Joint replacement, , any type of Carcinoma/Sarcoma/ Blood Cancer, Chronic Renal Failure or end stage Renal Failure and Osteoarthritis of any joint during the first two years of the operation of the Secure All Policy. However, if these diseases are Pre Existing at the time of proposal then they will be considered as falling under Exclusion 1.

3. 30-day waiting period- Code- Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

4. Investigation & Evaluation- Code- Excl04

Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation and respite care- Code- Excl05

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

8. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

13. Treatments received in health 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. Code- Excl13

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

15. Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

16. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility: Code- Excl17

Expenses related to Sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

18. Maternity: Code Excl18

- i. **Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;**
- ii. **Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.**

19. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident. **(Excl19)**

20. The cost of spectacles, contact lenses and **(Excl20)**

21. Dental treatment or surgery of any kind unless requiring Hospitalisation. **(Excl21)**

22. Convalescence, general debility, 'Run-down' condition, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self-injury or attempted suicide. **(Excl22)**

23. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination. **(Excl23)**

24. Directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not). **(Excl24)**

25. Directly or indirectly caused by or arising from or attributable to:

- 1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
- 2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it. **(Excl25)**

26. Outpatient treatment charges. **(Excl26)**

27. Hormone replacement therapy. **(Excl27)**

28. Any treatment received outside India. **(Excl28)**

29. Any other alternative medicine except Allopathy (Modern Medicine). **(Excl29)**

30. Any person whilst engaged in following occupation: **(Excl30)**

Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing), Jockey, Marine salvager, Miner and other occupations underground, Off-shore oil or gas rig worker, Policeman, Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, steeplejack, Stevedore. Structural steel- worker, Tower crane operator, Tree feller

31. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List- IV respectively of Annexure-A **(Excl31)**

Exclusions for Personal Accident Benefit:

The Company shall not be liable to make any payment under this Benefit in connection with or in respect of any expenses what so ever 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 insured under this benefit.
- 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 of benefits.
- 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) In the event the insured is a victim of culpable homicide, i.e. where the insured dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing bodily injury as is likely to cause death, or with the knowledge that such act is likely to cause death.
- h) Any exclusion mentioned in the 'General Exclusions' of this Policy.

General Exclusions (Applicable to Personal Accident Benefit Section):

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 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 Sport / 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 any 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
 - I Boarding / traveling / alighting from a train.
 - I 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 or disablement resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical,

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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 clause

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

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

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

If the Company alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person.

What are the Cancellation/Termination provisions available under the policy?

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 misrepresentative, 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.

Will the policy be withdrawn by the insurer at any point of time? If so, what are the options available?

The product / plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer at the address recorded / updated in the policy. When the policy is withdrawn, the product / plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the Schedule of the policy.

In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

What are the conditions associated with renewal of my policy?

- 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.

In case of floater policies, children attaining 25 years at the time of renewal will be moved out of the floater into an individual cover however all continuity benefits on the policy will remain intact. Cumulative Bonus earned will be suitably passed on the fresh policy of child.

Change in Sum Insured

When the Company is admitting liability for disease/illnesses/ medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person during the first occurrence of such disease/illness/medical condition/ burns or the available Sum Insured under the current Policy, whichever is less. Fresh underwriting at the time of renewal is applicable only in case of increase in Sum Insured. For any increase in Sum Insured, the underwriting of the policy and the waiting period shall start afresh only for the enhanced portion of the sums insured.

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 specified in Exclusion 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 benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the 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 per 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: Page **133** of **155**

- i. The waiting periods specified in Exclusion 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 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.

In case of non-disclosure of a condition, we can incorporate additional waiting period of not exceeding 36 months for the said undisclosed disease or condition from the date the un-disclosed condition was detected and continue with the policy subject to obtaining prior consent from you or Insured Person.

Where the non-disclosed condition allows us to continue the coverage by levying extra premium or loading based on the objective criteria laid down in the Board approved underwriting policy, we shall levy the same prospectively from the date of noticing the non-disclosed condition. However, in respect of policy contracts for a duration exceeding one year, If the un-disclosed condition is surfaced before the expiry of the policy term, we may charge the extra premium or loading retrospectively from the first year of issuance of the policy or renewal, whichever is later.

Nominee

You are mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims, under the Policy in the event of death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

Grievance Redressal

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
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 – 9500413094

Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in - Senior Citizen Grievance Number - 9500413019 (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.

Council for Insurance Ombudsmen

Contact details:

Address:

Council for Insurance Ombudsmen,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

INSURANCE OMBUDSMAN OFFICE LIST

The contact details of **Insurance Ombudsman Office** details are as below:

<https://www.cioins.co.in/ContactUs>

WHAT IF I EVER NEED TO COMPLAIN?

We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.

In all instances, call our Customer Services at our Chennai office at 1860 258 0000 or e-mail at care@royalsundaram.in or write us to Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611

Annexure A

List I – Items for which coverage is not available in the policy

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES

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15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES

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28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II — Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEX I MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKETS/VARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III — Items that are to be subsumed into Procedure Charges

SI No	Item
1	HAIR REMOVAL CREAM

List IV — Items that are to be subsumed into costs of treatment

2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRITS DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES

16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

Disclaimer:

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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 Prospectuses 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 Ten lakh rupees.