SURGICAL SHIELD INSURANCE POLICY
Quality Surgical Insurance

Royal Sundaram represents the coming together of Sundaram Finance and Royal & SunAlliance, key players in the financial services and insurance sectors respectively. Sundaram Finance is one of India's most respected finance companies. Royal & SunAlliance is one of the largest general insurance groups in the world, with over 20 million customers in 130 countries. Together, they stand for reliability, integrity and trust.

Introducing Surgical Shield Insurance Policy

A Comprehensive Surgical hospitalization cover specially designed to offer complete protection to the insured and family. You can cover your spouse and children (above 90 days) from all surgical worries. .

With Surgical Shield Insurance Policy you will also have access to value added services like cashless treatment (subject to conditions and authorizations) at a list of hospitals provided by us, a 24 hrs helpline at no additional cost.

It has been designed to ensure that you and your family get the best Surgical medical treatment at any time when you need it.

Persons who can be insured

This is a family policy. The family comprises of the policy holder, his/her legal spouse and all dependent children. The insurance is available to persons between the age of 91 days and 65 years at the policy start date (Renewability lifelong). The policy holder should have minimum age of 18 years on policy start date.

Key Benefits of Surgical Shield Insurance Policy

1. Main Benefits

1. **Surgical Benefit**: This Policy pays a fixed amount on undergoing of covered Surgery. The Surgeries are classified as category-1, category-2, category-3 and category-4. The amount payable is 100% of the Sum Insured for all category-1 Surgeries, 50% of Sum Insured for all category-2 Surgeries, 25% of Sum Insured for all category-3 surgeries and 10% of Sum Insured for all category-4 surgeries subject to following limits:

   One category-1 Surgery per annum per Insured OR any Two Surgeries from categories other than category-1 per annum per Insured. The amount of benefit payable is reduced by 20% for a claim arising from a Non-Network Hospital.

CATEGORY 1

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
1	Coronary artery bypass graft surgery for triple vessel disease or higher degree of blocks	90 days

2	Heart transplantation	90 days
3	Lung transplantation or combined heart-lung transplantation	90 days
	Neurology	
4	Cranioplasty	90 days
5	Repair of cerebral/ spinal arteriovenous malformations/ cerebral aneurysms	90 days
6	Craniotomy for excision of malignant cerebral tumours	90 days
	Urology	
7	Kidney transplantation as a recipient	90 days
	General Surgery	
8	Major reconstructive oromaxillafacial surgery for trauma or burns (not for cosmetic purposes)	
	ENT	
9	Block dissection of thoracic structures for cancers	90 days
10	Extensive Surgery for oropharangeal malignancy accompanied with Radical neck dissection along with reconstructive surgery	90 days

CATEGORY 2

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
11	Coronary angioplasty	90 days
12	Coronary artery bypass grafting for single/double vessel blocks	90 days
13	Heart valve replacement using mechanical prosthesis via open heart surgery	90 days
14	Major surgery of the aorta	90 days
15	Major surgery of the pulmonary artery	90 days

16	Permanent pacemaker implantation	90 days
	Neurology	
17	Craniotomy for benign tumours / space occupying lesions	90 days
18	Excision of spinal cord tumours	90 days
	Urology	
19	Radical prostectomy	90 days
	General Surgery	
20	Abdominoperineal resection	90 days
21	Hemi / Total colectomy	90 days
22	Hepatectomy	90 days
23	Oesophagectomy	90 days
24	Radical mastectomy	90 days
25	Radical thyroidectomy	90 days
26	Whipples operation	90 days
	ENT	
27	Major Surgical treatment for Oropharangeal Malignancy (Excision Biopsy Excluded)	90 days
	Gynaecology	
28	Wertheim's operation	90 days
	Orthopaedics	
29	Total hip replacement	2 years
30	Total knee replacement	2 years

Category 3

Sl.No	Surgeries	Waiting Period
	Neurology	
31	Craniotomy for traumatic fracture of skull with intracranial haematoma evacuation	90 days
32	Major nerve repair with grafting to prevent muscle paralysis	90 days
33	Trans-sphenoidal surgery Urology	90 days
34	Nephrolithotomy	90 days
35	Major replacement/Reimplantation surgeries for reflux ureter General Surgery	90 days
36	Gastrectomy	90 days
37	Nephrectomy	90 days

38	Resection and anastomosis of intestine	90 days
39	Splenectomy	90 days
40	Surgery for major burns (third degree burns of more than 10% of the body surface area)	
41	Surgical treatment of diaphragmatic/hiatus hernia	90 days
	ENT	
42	Radical glossectomy	90 days
43	Radical tonsillectomy Orthopaedics	90 days
44	Anterior cruciate ligament reconstruction(Arthroscopic/Open)	
45	Anterolateral decompresion and Spinal fusion	90 days
46	Excision of malignant bone tumours	90 days
47	Major amputation (Above knee/ Below knee, Above elbow/ Below elbow)	90 days
48	Open reduction with internal fixation of long bones of lower limb	
49	Surgical treatment of fracture neck femur with or without prosthesis	
50	Total elbow joint replacement	2 years

Category 4

Sl.No	Surgeries	Waiting Period
	Cardio Vascular System	
51	Percutaneous transluminal mitral valvulotomy/Valvuloplasty	90 days
	Neurology	
52	Evacuation of brain abscess / hematoma through burrhole surgery	90 days
53	Facial nerve decompression	90 days
	Urology	
54	Diathermy destruction of bladder neoplasm	2 years
55	Lithotripsy/Basketting/DJ stenting for renal calculus	90 days

56	Operations for injuries of the bladder	90 days
57	Pyeloplasty for hydronephrosis	90 days
58	Ureterolithotomy General Surgery	90 days
59	Appendicectomy (Open / Laproscopic)	90 days
60	Bypass procedure for inoperable cancer of pancreas	90 days
61	Cholecystectomy with or without chole biliary duct (CBD) exploration (Open / Lap)	2 years
62	Direct operation on oesophagus for portal hypertension	90 days
63	Fistulectomy for high rectal fistula/ complex fistulas	2 years
64	Herniorhaphy for external hernia with or without mesh repair	2 years
65	Herniotomy (Open / Laproscopic)	2 years

66	Laparoscopic adhesiolysis	90 days
67	Laparotomy for PeritonitisLavage and drainage	90 days
68	Lumbar sympathectomy	90 days
69	Operation for intestinal Obstruction	90 days
70	Pancreato duodenectomy	90 days
71	Partial / Total thyroidectomy	2 years for benign conditions & 90 days for malignant conditions
72	Surgery for prolapse rectum	2 years
73	Prostatectomy(Open/ Trans urethral resection of prostateTURP)	2 years
74	Simple mastectomy	90 days
75	Total Parotidectomy	90 days
76	Varicose vein stripping with or without sub fascial ligation (Non Cosmetic)	2 years

	OPthalmology	
77	Bilateral cataract extraction with intraocular lens implantation (half 2 payment for one eye)	years
78	Corneal transplant	90 days
79	Evisceration / Excentration of eyeball	90 days
80	Retinal detachment surgery	90 days
81	Vitrectomy	90 days
	ENT	
82	Angiofibroma excision	90 days
83	Excision of para thyroid adenoma/carcinoma	90 days
84	Functional endoscopic sinus surgery (FESS) / Septoplasty	2 years
85	Mastoidectomy with tympanoplasty	90 days
86	Myringoplasty	90 days
87	Stapedectomy	90 days
88	Tracheostomy	90 days
	Gynaecology	
89	Colporraphy/Colpoperinnioraphy	90 days
90	Hysterectomy (Abdominal / Vaginal / Laparoscopic / Pan)	2 years for benign conditions & 90 days for malignant
		conditions
91	Myomectomy	2 years
92	Ovarian cystectomy	90 days
93	Salphingo oophrectomy/ Oophorectomy	90 days
	Orthopaedics	
94	Arthrodesis	90 days
95	Bi-polar hemi-arthroplasty	90 days
96	DHS Surgery of Hip	
97	Disarticulations / Amputation of digits	90 days
98	Disc prolapse surgeryDiskectomy	2 years except for with laminectomy / Excision of tumours &

		90 days tumours for malignant conditions
99	Open Reduction with internal fixation of long bones of upper limb	
100	Total Shoulder joint replacement	2 years

2. Supplementary Benefits

These benefits are payable only if the Surgical Benefit (Main Benefit 1) is availed at Network Hospital.

1. **Hospital Cash:** The Policy shall pay a fixed cash benefit of Rs.250 for each 24 hours of Hospitalisation to cover incidental expenses; subject to a maximum of 10 days per covered Surgery.
2. **Diagnostic Benefit:** The Policy shall cover at actuals, subject to a limit of Rs.10,000 per Surgical claim, the cost of special diagnostic procedures listed below incurred during the period up to 30 days prior to the date of covered Surgery.
   a) Renal/Cardiac Angiogram.
   b) • Intravenous Pyelogram.
   c) • Ultrasonagraphy.
   d) • Ultrasound Guided FNAC.
   e) • Colour Doppler.
   f) • Mammography.
   g) • CT Scan.
   h) • MRI Scan.
   i) • Treadmill Test ECHO.
   j) • Cardiogram.
   k) • Electrophysiology.
   l) • Endoscopic Procedures.
   m) • Special Radiological Procedures such as barium meal
   n) investigations,
   o) • Arthrogram, ERCP, Intravenous Urogram,
   p) Cystourethrogram,
   q) • Nephrostogram.
   r) • Special Blood Investigations such as Assay of Various Blood
   s) Factors.
   t) • Virology Markers, Complete Coagulation Work up
3. **Emergency Ambulance:** If the covered Surgery is necessiated due to a life threatening emergency as certified by the Medical Practitioner, the Policy shall pay for the actual cost of availing ambulance service for transportation of Insured to the Hospital, subject to a maximum payout of Rs.1000 per Surgical claim.

3. General Exclusions

3.0 Any claim occurring as a result of Pre-existing Conditions disclosed (if any).during the underwriting process are excluded as per description in the Schedule .

3.1 Any claim occurring as a result of Pre-existing Conditions, even if not declared by the Proposer at inception will be excluded

3.2 Treatment which is not taken from recognised hospitals or registered medical practitioners.

3.3 Any surgical procedure carried out on account of an opportunistic conditions associated with HIV/AIDS, AIDS Related Complex Syndrome (ARCS) and sexually transmitted diseases.

3.4 Where the surgery is being undertaken to correct congenital or hereditary diseases / internal or external physical defects.

3.5 Any surgical procedure which is purely cosmetic or experimental in nature.

3.6 Any Surgery for treatment of a condition resulting from an intentional self injury whether arising from an attempt to commit suicide or otherwise.

3.7 Any covered Surgical Procedure necessitated as a result of the Insured Person(s) being under the influence of intoxicating drugs and/or alcohol ,surgical procedure necessitated due to medical conditions, diseases resulting from, or related to tobacco abuse

3.8 Illness or bodily injury whilst performing duties as a serving member of a military, paramilitary or a police force.

3.9 Treatment traceable to pregnancy, ectopic pregnancy and childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization.

3.10 Any birth control procedures and/or hormone replacement therapy.

3.11 Cosmetic or aesthetic treatment of any description or plastic surgery unless necessitated for any of the covered Surgical Procedures under this Policy.

3.12 The performance of hazardous activities and or participation in hazardous sports of any kind or flying other than as a passenger on a scheduled regular carrier.

3.13 Treatment by

a) a family member of the Insured, even though the family member may be a registered Medical Practitioner.
b) self-medication by Insured, even though the Insured may be a registered Medical Practitioner.
c) Non Allopathic means

3.14 Any covered Surgical Procedure necessitated as a result of the Insured Person(s) committing any breach of law.

3.15 War, invasion, act of foreign enemy, war like operations whether war be declared or not.

3.16 Any losses caused directly or indirectly by or arising from or attributable to an act of terrorism by all means including biological, nuclear and chemical.(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)

3.17 Nuclear weapons, materials ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.

3.18 Experimental and unproven treatment, any Illness or Injury caused by or as result or consequence of undergoing of any experimental or unproven treatment, diagnostic tests and treatment not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury for which Hospitalization is required.

3.19 Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.

3.20 Treatment received outside India.

3.21 Any travel or transportation expenses other than those covered under this policy as described in Emergency Ambulance Benefit

3.22 Treatment taken from persons not registered as Medical Practitioners under respective medical councils.

3.23 Any treatment by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council.

4. Claims Procedure

- All claims under this policy are administered by a Third Party Administrator (TPA) appointed by the company.
- It is necessary that all claim intimation is sent to TPA & all claim documents are submitted to TPA.

Claims Process at Network Hospitals

All Claims at Network Hospitals should be preauthorised by the Third Party Administrator of the Company. Preauthorisation of a claim allows cashless access at the Network Hospital. In case of hospitalisation, the treating hospital will send a completely filled 'Preauthorisation Request Form' to the nearest office of the TPA. Preauthorisation is completed upon issuance of an Authorisation Letter by the TPA.

If the actual cost incurred by the Insured is lower than the entitled benefit amount, the Policy Holder/Insured shall be entitled to the difference as cash payout. Any Claims for cash payout should be reported to the TPA within 30 days from the date of discharge.

Claims process at Non-Network Hospitals

Reporting of Claim – All claims should be reported to the TPA within 30 days from the date of discharge from the hospital along with following documents.

Claims Document Submission

- Duly completed and signed claim form,
- Original bills, receipts, discharge summary sheet,
- Pathological and investigation reports including X ray films , Scan films and reports with Dr. Prescriptions,
- Copies of First Information Report (FIR) and Medico Legal Certificate (MLC) where required
- Self Declaration as to When, Where and how the accident /injury happened
- and any other relevant details & documents, indoor case records if specifically sought by Us.pertaining to the Hospitalisation.

The benefit payable for any claims arising from a Non Network Hospital get reduced by 20%.

Emergency Hospitalisation

In emergency, if the Insured gets admitted to a Network Hospital, the Hospital would then contact the TPA and request for the Authorisation.

If the Insured gets admitted to a Non-Network Hospital, he/she should be moved to a Network Hospital as soon as the condition stabilizes and would then be required to initiate preauthorisation. The Policy shall pay 100% of the benefits only if the preauthorisation takes place prior to the Surgery.

Claims for Hospital Cash Benefit (section C, article 2.1 of policy), Diagnostic Benefit (section C, article 2.2 of policy) and Emergency Ambulance Benefit (section C, article 2.3 of policy) are payable after discharge from the Hospital and should be claimed along with excess cash payout (if any) arising from Surgical Benefit (section C, article 1.1 of policy). All such claims should be submitted to the TPA within 30 days from the date of discharge.

5. **Coverages**

Following are the maximum limits (subject to a Copay of 20% for non network hospital) for all the benefits described above:

Per person

Sum Assured in INR		300000
Number of Surgeries		100
Category	**Benefit in % age**	**Benefit in INR**
Category 1	100%	300000
Category 2	50%	150000
Category 3	25%	75000
Category 4	10%	30000

6. Rates Schedule

Premium for One Year including Service Tax

Self

Age Group	Premium (Rs.) Male	Premium (Rs.) Female
18-24	903	478
25-29	1029	669
30-34	1076	722
35-39	1141	818
40-44	1294	887
45-49	1950	1549
50-54	3763	2039
55-59	5661	2882
60-64	7869	3722

Self & Spouse

Age Group	Premium (Rs.)
18-24	1380
25-29	1697
30-34	1797
35-39	1958
40-44	2180
45-49	3500
50-54	5802
55-59	8544
60-64	11591

Self, Spouse & Children

Age Group	Premium (Rs.)
18-24	1938
25-29	2232
30-34	2357
35-39	2596
40-44	2900
45-49	4267
50-54	6574
55-59	9275
60-64	12256

The above rates are inclusive of 12.36% Service Tax. However any change in the government regulation on Service Tax shall have an impending change on the final rate.

7. Renewal Conditions

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.

8. Transfer

Transferring of interest in this Policy to anyone else is not allowed.

9. **Conditions under which coverage can end**

Event	**Parameter**
End of coverage term	After 1 year of policy inception 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.

10. Cancellation

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

The Policy may be cancelled at any time by the Proposer by giving notice in writing. Provided no claim has arisen under the within mentioned Policy prior to the receipt of such notice by the Company, the Proposer would be entitled to a return of premium less premium at Company's Short period scales as mentioned below for the period, the Policy had been in force. The refund shall apply only to the Annual Premium paid in the respective Policy Year.

If any claim is lodged after cancellation of the Policy for hospitalization during the period in which the policy was in force, then the premium refunded will be collected back prior to settlement of the admissible claim. But the policy will still be considered as cancelled.

Short Period Scales:

Period on Risk		Rate of Premium to be retained
For a period not exceeding	15 days	10% of annual premium
For a period not exceeding	1 month	15% of annual premium
For a period not exceeding	2 months	30% of annual premium
For a period not exceeding	3 months	40% of annual premium
For a period not exceeding	4 months	50% of annual premium
For a period not exceeding	5months	60% of annual premium
For a period not exceeding	6 months	70% of annual premium
For a period not exceeding	7 months	75% of annual premium
For a period not exceeding	8 months	80% of annual premium
For a period not exceeding	9 months	85% of annual premium
For a period exceeding	9 months	Full Annual Premium

11. Free Look Period

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.

12. 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 as 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

13. 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.

14. Claims in respect of Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person issued by us then we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited. If customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies.

15. 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 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.

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

How to apply

You will have to fill in the Surgical Shield Insurance Policy Proposal Form. The rate schedule gives the amount payable by you.

Disclaimer:

Insurance is the subject matter of solicitation. Surgical Shield Insurance Policy is issued by Royal Sundaram Alliance Insurance Company Limited. Claims will be settled by Royal Sundaram Alliance 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 Alliance 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:

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:
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.
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
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
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:
Can directly register complaint in the **Bima Bharosa Portal** https://bimabharosa.irdai.gov.in/
Can send the complaint through Email to complaints@irdai.gov.in.
Can call Toll Free No. **155255** or **1800 4254 732**.

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