



Royal Sundaram

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED

Regd Office: 21, Patullos Road, Chennai 600 002.

Corporate Office: Vishranthi Melaram Towers, No.2/319,

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097

Ph: 91-44- 71177117 Fax: 91-44- 7113 7114

GRAMIN AROKYA RAKSHA INSURANCE

B. Preamble

The insurance cover provided under this Policy to the Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium, and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) for Yourself and on behalf of all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person.

If any Claim arising as a result of an Illness or Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with terms, conditions and exclusions of the Policy subject to availability of Sum Insured and Cumulative Bonus (if any).

C. Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to the male include the female and references to any statutory enactment include subsequent changes to the same:

C.1 Standard Definitions

C.1.1 Accident

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.1.2 Congenital Anomaly refers to a condition (s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a) Internal Congenital Anomaly: Which is not in the visible and accessible parts of the body
- b) External Congenital Anomaly: Which is in the visible and accessible parts of the body

C.1.3 Day Care Center:

A day care centre means any institution established for Day Care Treatment of illness and/or injuries or a medical set-up within a Hospital and which has been registered within the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner (s) in charge;
- iii. had a fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

C.1.4 Day Care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure which is:

- I. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- II. which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

C.1.5 Dental Treatment

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

C.1.6 Grace Period:

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received

C.1.7 Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

C.1.8 Hospitalization

Hospitalisation means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours, except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

C.1.9 Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment

C.1.10 Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

C.1.11 In-Patient

An Insured Person who is admitted to Hospital and stays for a minimum period of 24 hours, for the sole purpose of receiving treatment.

C.1.12 In-Patient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

C.1.13 Intensive Care Unit

Means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

C.1.14 Medically Necessary:

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

C.1.15 Medical Practitioner

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.. It excludes the treatment by a doctor who is an immediate family member i.e. self, spouse, children and parents)

C.1.16 OPD treatment

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

C.1.17 Portability

Portability means the right accorded to individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

C.1.18 Pre-Existing Disease

Pre-existing disease means any condition, ailment, injury or disease

- (a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- (b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

C.1.19 Renewal

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

C.1.20 Subrogation

Subrogation means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

C.1.21 Surgery:

Means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

C.1.22 Unproven/Experimental treatment

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

C.2 Specific definitions**C.2.1 Company/We/Our/Insurer/Us**

Royal Sundaram General Insurance Co. Limited.

C.2.2 Insured:

Bharthiya Samruddhi Finance Ltd. (hereinafter called BSFL) proposing for insurance cover.

C.2.3 Insured person:

Shall mean person(s) who has availed loan from Bharthiya Samruddhi Finance Ltd. and their spouse declared for insurance and are aged between 18 and 65 years (age in completed years). The set age is for entry stage only and there is no exist age for renewal of existing insured person.

C.2.4 Alternative treatments

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

C.2.5 Dependent Child

A dependent child refers to a child (natural or legally adopted), whose age is upto 18 years and who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

C.2.6 Endorsement

Endorsement means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

C.2.7 Period of Insurance & cover Inception date.

Period of Insurance means the period shown in the Schedule and cover inception date as per terms stated under the schedule.

D. Benefits covered under the policy:**Special provisions**

- a) Insured person is covered as long as he/she holds his/her outstanding loan account and declared for insurance month on month by BSFL and premium is paid by BSFL as agreed.
- b) Insured person are not covered under this policy when
 - i. He / she cease to be the customers of BSFL.
 - ii. He / she closing his/her loan account during the policy period, however the cover ceases only from the end of that month on which the account is closed.
- c) The cover ceases to operate for particular month, where the premium has not been maintained / remitted to Royal Sundaram at the beginning of the month (i.e., on 1st of each month) & the cover resumes only from the date of receipt of premium by Royal Sundaram.
- d) It is the responsibility of the BSFL to declare the list of persons availed loan at a particular defined period and remains in the books, before 20th of the succeeding month.

D.1 SECTION I: HOSPITAL CASH**⇒ Benefits**

In the event of hospitalization of the Insured person for each completed 24 hrs, a daily cash benefit as shown in the schedule of the policy is paid, subject to a maximum period of 5 days per Insured person per annum i.e., for a period of 12 months from the date of enrollment. The benefit commences fresh after completion of 12 months.

EXCLUSIONS

1. 30 Days Waiting Period: Hospitalisation due to disease within 30 days of becoming the loan customer of Basix. However this exclusion will not apply for those loan customers who re – enter as Basix customer before end of the following month of last loan closure month.
2. Treatment arising from or traceable to pregnancy, childbirth including cesarean section, any fertility, sub-fertility or assisted conception operation.
3. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due an accident.
4. Outpatient Treatment, general debility, 'Run-down' condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury, industrial disaster.

5. Any treatment relating to sex change or treatment which results from, or is in any way related to, sex change, Hormone replacement therapy.
6. All Hospitalization arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
7. Admission at Hospital/Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
8. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
9. The treatment of psychiatric, mental or nervous conditions, insanity, any cosmetic, plastic surgery, aesthetic or related treatment of any description, whether or not for psychological reasons, unless medically necessary as a result of an accident.
10. Any Ayurvedic, Homeopathic, Naturopathy treatment or any other form of local medication (except Allopathy), any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or a place where there is no active regular treatment.
11. Unproven / Experimental Treatment

D.2 SECTION II: PERSONAL ACCIDENT

⇒ Benefits

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means anywhere in the world, then the Company shall pay to the Insured Person or nominee(s) / legal heir(s) of the Insured Person as the case may be, the sum or sums hereinafter set forth, that is to say:

- A. If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of
 - Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or such loss of sight of one eye and such loss of one entire hand or one entire foot, the Sum Insured stated in the Schedule hereto.
 - Use of two hands or two feet or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Sum Insured stated in the Schedule hereto.
 - Sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Sum Insured stated in the Schedule hereto
 - Use of a hand or a foot without physical separation, fifty percent (50%) of the Sum Insured stated in the Schedule hereto.
Note: 'physical separation' of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.
- B. If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any gainful employment or occupation of any description,

whatsoever, then a lump sum equal to hundred percent (100%) of the Sum Insured stated in the Schedule hereto.

- C. If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and / or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the Sum Insured as indicated below shall be payable.

			Percentage of Sum Insured
i)	Loss of toes	- all	20
	Great	- both phalanges	5
	Great	- one phalanx	2
	Other than Great, if more than one toe lost,	- for each toe	1
ii)	Loss of hearing	- both ears	75
iii)	Loss of hearing	- one ear	30
iv)	Loss of four fingers and thumb of one hand		40
v)	Loss of four fingers		35
vi)	Loss of thumb	- both phalanges	25
		- one phalanx	10
vii)	Loss of index finger	- three phalanges	} 10
		- two phalanges	
		- one phalanx	
viii)	Loss of middle finger	- three phalanges	} 6
		- two phalanges	
		- one phalanx	
ix)	Loss of ring finger	- three phalanges	} 5
		- two phalange	
		- one phalanx	
x)	Loss of little finger	- three phalanges	} 4
		- two phalanges	
		- one phalanx	
xi)	Loss of metacarpals	- first or second (addl)	} 3
		- third, fourth or fifth (addl)	
xii)	Any other permanent partial disablement	- percentage as assessed by the panel doctor of the Company.	

EXCLUSIONS

The Company shall not be liable under this Policy for:

1. Death
2. Disablement that exist prior to commencement of insurance cover.
3. Payment of compensation in respect of Disablement arising out of or due to
 - a) Intentional self-injury, suicide or attempted suicide
 - b) Whilst under the influence of intoxicating liquor or drugs
 - c) Directly or indirectly caused by disease or insanity
 - d) Whilst on racing on wheels, hunting, shooting, mountaineering, wintersport skiing
 - e) The Insured Person committing any breach of law with criminal intent
4. Any payment exceeding the sum Insured stated in the relevant section of the Policy schedule.

D.3 EDUCATION GRANT TO CHILDREN

In the event of the death of the Insured Person due to an accident as defined in the Policy, the Company shall pay educational grant for the dependent Children as below:

- a) If the Insured Person has one dependent child below the age of 25 years, an amount Rs 10,000/- shall be paid.
- b) If the Insured Person has more than one dependent children below the age of 25 years, maximum of Rs 20,000/- shall be paid.

D.4 ADD-ON COVER**HOSPITALISATION DUE TO ACCIDENT**

If at any time during the currency of this policy the insured shall sustain any bodily injury, resulting solely and directly from accident caused by external violent and visible means and if such injury shall be the sole and direct cause of the admission of the insured person as

in-patient at any nursing home or hospital in India, then the company shall reimburse the hospitalisation expenses, reasonably and necessarily incurred in respect thereof but not exceeding the sum insured set in the policy schedule for any one year period of insurance i.e., for a period of 12 months from the date of enrollment. The benefit commences fresh after completion of 12 months.

EXCLUSION FOR HOSPITALISATION

The company shall not be liable to make any payment under this policy in respect of any expenses incurred in connection with or in respect of:

- (i) Treatment not connected to the accidental injury, e.g., any medical expenses incurred on general check-up and or to investigate / treat for existing disability.
- (ii) Treatment of illness/disease or any disorders other than arising out of accidental injury.
- (iii) Out patient treatment
- (iv) Abortion or miscarriage or any complication and or sequel there from unless arising out of accident.
- (v) Naturopathy treatment.

E. GENERAL EXCLUSIONS

The Company shall not be liable to make any payment under this Policy in connection with or in respect of:

1. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials or radioactive contamination.
2. Injury or disease 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).

3. Any claim or expense of any kind caused directly or indirectly by:
 - a) Ionizing radiation or contamination by any nuclear fuel or from any nuclear waste from burning nuclear fuel or
 - b) Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

4. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover 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, 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 exclusion "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 disablement 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.

F. GENERAL TERMS AND CLAUSES

1. Upon the happening of any event which may give rise to a claim under this Policy, written notice with full particulars must be given to the Company immediately, and in any case, within one calendar month of the disablement.
2. Proof satisfactory to the Company shall be furnished for all matters upon which a claim is based. Any medical practitioner or other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may, from time to time require shall be furnished within the space of fourteen days after demand in writing.
3. The Company shall not be liable to make any payment under this Policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement of device whether by the Insured or by any person acting on behalf of the Insured.
4. The Insured shall give immediate notice to the Company of any change in his business or occupation.
5. Monthly declaration:
 - a. The Insured is required to declare every month the list of all customers (including their spouse, wherever applicable), who have availed loan and still remain in their books during the policy period and appropriate premium is required to be remitted with out any omission.
 - b. The insured has to ensure that adequate premium is in place to cover them all in that month.
6. The Insured shall maintain a proper record of the all their customers who have availed loans and enrolled under the scheme and shall allow the Company to inspect such records at any reasonable time.
7. The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation by the Insured, by giving fourteen (14) days notice in writing by courier /

registered post / acknowledgement due post to the Insured at address recorded / updated in the policy. In the event of such cancellation on the grounds of mis representation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy. In the event of cancellation on the grounds of non cooperation, the company shall be liable to repay on demand a rate able proportion of the premium for the unexpired term from the date of cancellation.

The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period his Policy has been in force on prorata basis.

8. Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or e-mail to the address specified in the Policy Schedule or to:

Royal Sundaram General Insurance Co Limited
 'Vishranthi Melaram Towers', No.2/319,
 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097
 Ph: 91-44- 71177117 Fax: 91-44- 7113 7114

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, post or e-mail.

Provided that the due observance and fulfillment of the terms and conditions (conditions and all Endorsements hereon are to be read as part of respective certificate of insurance) shall, so far as they relate to anything to be done or not to be done by the Insured person, be a condition precedent to any liability of the Company under this Policy.

9. Claim Procedure:

The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.

- a) Photo copy of bills, receipt and discharge certificate/card from the Hospital.
- b) Photo copy of F.I.R. if lodged in case of an Accident.
- c) Complete set of Hospital/medical records if specifically sought by Us.
- d) If required, the Insured Person must give consent to obtain Medical Report from any Medical Practitioner at our expense.
- e) If required, the Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.

The documents should be sent to policy issuing office or to:
 Royal Sundaram General Insurance Co Limited
 Health Claims Department
 'Vishranthi Melaram Towers', No.2/319,
 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097
 Ph: 91-44- 71177117 Fax: 91-44- 7113 7114

10. Payment of a claim:

Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document. At the time of claim settlement, Company may insist on KYC documents of the claimant as per the relevant AML guidelines in force

The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days the date of acceptance.

11. Free Look Period: At the inception of the policy you will be allowed a period of 15 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 you have not made any claim during the free look period, you 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 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.

12. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 Arbitrators comprising of two Arbitrators, one to be appointed by each of the parties to the dispute / difference and the third Arbitrator to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Condition Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator / Arbitrators of the amount of the loss or damage shall be first obtained.

13. Portability: If the insured person(S) covered under this policy choose to migrate from this policy to individual policy or family floater with us, the insured person(S) under this policy have the right to transfer the credit gained by the insured person(S) for pre-existing conditions and time bound exclusions, provided policy has been maintained without any break or within thirty days from the date of expiry of the group policy.

We would not be liable to offer portability if the policyholder fails to approach the new insurer atleast 45 days before the premium renewal date.

14. This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. For persons above 60 years the premium will be loaded by 20%.

Policy must be renewed within the Grace Period of thirty days of expiry to maintain the continuity of Coverage. However no coverage shall be available during the period of such break. A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at the discretion of Us.

The coverages, terms & conditions and the premium are guaranteed till the expiry date shown in the policy. At renewal, the coverages, terms & condition & premium may change, in which case a 90 days notice by Courier / Registered Post / Acknowledgement due post shall be sent to the Insured Person at his last known address as recorded in the policy.

The product / plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer by Courier / Registered Post / Acknowledgement due post 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.

15. It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been the subject matter of a suit in Court of Law or pending reference with Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.