

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED

Registered office: No. 21, Patullos Road, Chennai- 600 002

Corporate Office: Vishranthi Melaram Towers, No. 2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai- 600 097

COVID SECURE**Policy Terms and Conditions****1. PREAMBLE**

This Policy is a contract of insurance issued by Royal Sundaram General Insurance Co. Limited (hereinafter called the 'Company') to the proposer mentioned in the schedule (hereinafter called the 'Insured') to cover the person named in the Schedule of Insurance (hereinafter called the 'Insured Person'). The policy is based on the statements and declaration provided in the online proposal Form by the proposer and is subject to receipt of the requisite premium.

2. OPERATIVE CLAUSE

If during the policy period Insured Person shall contract and diagnosed positive for Corona virus diseases i.e. COVID <XX> requiring Hospitalisation or quarantine (including Home quarantine) in India, Company will pay the lump sum amount (fixed benefit) as stated in the Schedule of Insurance.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage, exclusions, conditions and definitions contained herein. Maximum liability of the company shall be the Sum Insured (Individual) opted as specified in the schedule of Insurance.

3. DEFINITIONS

The terms defined below and at other junctures in the policy have the meanings ascribed to them wherever they appear in this Policy and, references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

3.1.Age means age of the Insured person on last birthday as on date of commencement of the policy.

3.2.Break in Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

3.3.Company means Royal Sundaram General Insurance Co. Limited.

3.4.Condition Precedent means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

3.5.Coronavirus as defined by World Health Organization is a new strain that has not been previously identified in humans.

3.6.Diagnosis means diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

Note: The diagnostic test for Corona Virus should be as advised by World Health

Organization or Indian Council of Medical Research (ICMR) and should be conducted in India from a diagnostic centre authorised by Government of India/ ICMR Authorized Centre authorised to conduct Corona Virus diagnosis.

3.7. Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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

3.9. Hospital means any institution established for in-patient care and day care treatment of disease/ 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 Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- a) has qualified nursing staff under its employment round the clock;
- b) has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
- c) has qualified medical practitioner (s) in charge round the clock;
- d) has a fully equipped operation theatre of its own where surgical procedures are carried out
- e) Maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

3.10. Hospitalisation means admission in a hospital for a minimum period of twenty-four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.

3.11. Illness means 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.

- i) Acute condition- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- ii) Chronic condition- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics: -
 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
 2. it needs ongoing or long-term control or relief of symptoms
 3. it requires your rehabilitation for You or for you to be specifically trained to cope with it
 4. it continues indefinitely –
 5. it comes back or is likely to come back.

3.12.Inpatient Care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

3.13.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.

3.14.Insured Person means person named in the schedule of the Policy.

3.15.Medical Practitioner means 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 the licence.

3.16.Medical Advice: Any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

3.17.Medical Practitioner: A Medical Practitioner means 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 setup 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

3.18.Medically Necessary Treatment: Medically necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- a) is required for the medical management of the Illness or injury suffered by the insured;
- b) must exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- c) must have been prescribed by a Medical Practitioner;
- d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

3.19.Notification of Claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

3.20.Pre-Existing Disease (PED): 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
- 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.

3.21.Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains

details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured Person.

3.22. Policy period means period of one policy year as mentioned in the schedule for which the Policy is issued.

3.23. Policy Schedule means the Policy Schedule attached to and forming part of Policy.

3.24. Policy year means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve month commencing from the end of the previous policy year and lapsing on the last day of such twelve months period, till the policy period, as mentioned in the schedule.

3.25. Quarantine means temporary restriction of movement/ social interaction for people advised by medical practitioner or any other statutory authority post positive diagnosis of Corona Virus. Quarantine Facility includes all government or private quarantine facilities certified by Government of India or any other relevant Authority in India or Municipal Corporation or District Collector. It includes Home/Institutional/Government quarantine if certified by any Competent Authority.

3.26. Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

3.27. 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.

3.28. Surgery or Surgical Procedure 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.

3.29. Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) during the Policy Year.

3.30. Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

4. COVERAGE

If during the policy period Insured Person shall contract and diagnosed for Corona Virus (this includes positive diagnosis after being quarantined), then Company will pay the lump sum amount (Fixed Benefit) in line with Sum Insured stated in the schedule.

- A. The insured person must have been diagnosed positive for Corona Virus in any Government designated laboratory in India, appointed for testing of Corona Virus disease.
- B. The Insured Person has been either in-patient hospitalised or quarantined (including Home/Institutional/Government quarantine) in India resulting from Corona Virus disease.

- C. Insurance under this policy shall cease to exist for said Policy year upon payment of lump-sum amount.
- D. The diagnostic test for Corona Virus should be as advised by World Health Organization or Indian Council of Medical Research (ICMR) and should be conducted in India from a diagnostic centre authorised by Government of India/ ICMR Authorized Centre authorised to conduct Corona virus diagnosis.
- E. The diagnostic test report of positive diagnosis should be after the completion of the 30 days initial waiting period.
- F. Benefit is only payable under reimbursement mode.

5. WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

5.1. First Thirty Days Waiting Period

- i. Benefit under this policy related to Coronavirus Disease shall be excluded.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

6. EXCLUSIONS

The Company shall not be liable to make any payment under the policy if:

- 6.1. If there is no In-patient Hospitalisation or quarantine (including Home/Institutional/Government quarantine) in India. Any quarantine which is not certified by any competent Authority as mentioned under definition 3.25 will not be considered.
- 6.2. For Any Illness, sickness or disease other than Coronavirus.
- 6.3. Any claim with respect to Coronavirus contracted or manifested or the onset of diseases or where the insured has tested positive for corona virus is prior to Commencement date of this policy or during the initial waiting period of 30 days.
- 6.4. Coverage in respect of foreign nationals who are working in India. This exclusion shall however not be applicable in respect of OCI (Overseas Citizenship of India) cardholders working in India.
- 6.5 Old form of Corona virus such as
 - a) Human coronavirus OC43 (HCoV-OC43), β -CoV
 - b) Human coronavirus HKU1 (HCoV-HKU1), β -CoV
 - c) Human coronavirus 229E (HCoV-229E), α -CoV
 - d) Human coronavirus NL63 (HCoV-NL63), α -CoV
 - e) Middle East respiratory syndrome-related coronavirus (MERS-CoV), β -CoV
 - f) Severe acute respiratory syndrome coronavirus (SARS-CoV), β -CoV

7. CLAIMS PROCEDURE

7.1. Notification of Claim: Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event / diagnosis of Coronavirus.

7.2. Submission of Documents: The Insured Person or person(s) claiming on behalf of the Insured Person shall submit within 15 days from the date of notification of claim, the filled and signed claim form and all relevant documents, information medical records

and any other information/ documents the Company may request, to establish the Claim made

Such documents include but not limited to the following: -

1. Duly completed claim form
2. Corona Virus positive diagnostic test report done at an approved laboratory of Indian Council of Medical Research (ICMR) / Government of India.
3. Discharge summary of hospitalization
4. Doctor's prescription stating provisional diagnosis and advising admission or quarantine

(Please note that specific medical reports may be sought by our medical panel on case to case basis)

Claim documents may be submitted on our website www.royalsundaram.in or physical copies may be despatched to the below address or scanned claim documents may be sent by email to customer.services@royalsundaram.in or healthclaims.documentsubmission@royalsundaram.in

Health Claims Department
M/s. Royal Sundaram General Insurance Co. Limited
Corporate office: Vishranthi Melaram Towers, No. 2 / 319
Rajiv Gandhi Salai (OMR), Karapakkam, Chennai – 600097

All claims are to be notified to Us within a timeline specified. In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our evaluation.

7.3. Claim Settlement (provision for Penal Interest)

The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

- i. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- ii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iii. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

7.4. Payment of Claim

All claims under the policy shall be payable in Indian currency only.

8. GENERAL TERMS & CONDITIONS

8.1. Disclosure of Information:

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

8.2. Condition Precedent to Admission of Liability:

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim arising under the policy.

8.3. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may adjust the scope of cover and/ or premium, if necessary, accordingly.

8.4. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representative to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the policy, within reasonable time limit and within the time limit specified in the Policy.

8.5. Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the company to the extent of that amount for the particular claim.

8.6. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

8.7. Territorial Limit

All benefits under this insurance will be payable in India only.

8.8. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression “fraud” means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy: —

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus or disproving is upon the policyholder, if alive, or beneficiaries.

8.9. Cancellation

a. The Insured may cancel this Policy by giving 15 days written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund of Premium (basis Policy Period)	
Timing of Cancellation	Upto 1 Year/ Rate of Premium to be retained
Up to 90 days	85.00% of policy premium will be retained
Exceeding 90 days	Full policy premium will be retained

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.

b. 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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8.10. Automatic termination in Coverage under the policy:

The coverage for the Insured person(s) shall automatically terminate:

1. In the case of his/her (Insured Person) demise.
 Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

8.11. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the policy shall be determined by the Indian court and according to Indian law.

8.12. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by 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 here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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 Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No.3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to

any right of action or suit upon the policy that award by such arbitrator/ arbitrators of the amount of expenses shall be first obtained.

8.13. Renewal of Policy:

This policy is offered on a pilot basis. Therefore, renewal under this policy shall be upto the time the pilot product is offered. Until the product is withdrawn, the policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non-cooperation of the insured.

The Company may withdraw the product at any time in case it is found unviable to continue. In the event of the Company withdrawing the product the insured will be intimated three months in advance prior to their renewal due date and the insured person shall be offered a suitable alternate product (if available) as decided by the Company.

Company shall evaluate the financial viability of the product after a period of 1 year and will continue for 5 years if it is financially viable at that point in time.

There will be a grace period of 30 days for renewal of the policy.

8.14. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

8.15. Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals of the policy.

The insured shall be allowed a period of 15 days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to:

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

8.16. Endorsements (Changes in Policy)

This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

8.17. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

8.18. Nomination:

The policyholder is 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 of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting

nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

8.19. Multiple Policies

You are allowed to buy only one COVID SECURE policy from Royal Sundaram General Insurance Co. Ltd. Company will carry out due diligence in respect of number of COVID SECURE Policies within 30 days of the issuance of the Policy and if Company find that more than one policy is issued for the same Insured Person, claim will be payable under only one policy and premium received against all other policies will be full refunded.

8.20 Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

8.21. Authorization for examination by Medical Practitioner

Any medical practitioner authorized by the company shall be allowed to examine the Insured Person when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.

9. REDRESSAL OF GRIEVANCE

In case the Insured Person is aggrieved in any way, the Insured Person may contact Us for following grievances:

- i. Any partial or total repudiation of claims by the Company.
- ii. Any dispute regard to premium paid or payable in terms of the policy.
- iii. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- iv. Delay in settlement of claims.
- v. Non-issue of any insurance document to customer after receipt of the premium.
- vi. Any other grievance.

You / Insured Person may contact Us with the details of the grievance through:

Our website: www.royalsundaram.in

Email: customer.services@royalsundaram.in

Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in

Call us at : 18604250000

Fax: 91-44-7113 7114

Courier: Any of Our Branch office or Corporate office

In case You/Insured Person is/are not satisfied with the decision of the above office, or have not received any response within 10 days, You/Insured Person may contact the official for resolution on:

The Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

No.2/319, Rajiv Gandhi Salai (OMR)

Karapakkam, Chennai – 600097

Email: grievance.redressal@royalsundaram.in

IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in>

Insurance Ombudsman —the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A
<http://www.ecoi.co.in/ombudsman.html>

**No loading shall apply on renewals based on individual claims experience.
Insurance is the subject matter of solicitation**

Annexure A
INSURANCE OMBUDSMAN OFFICE LIST

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

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD		Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Smt. Neerja Shah	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57- 27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Shri Guru Saran Shrivastava	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh
BHUBANESHWAR		Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Dr. Dinesh Kumar Verma	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Shri M. Vasantha Krishna	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

		Email: bimalokpal.chennai@ecoi.co.in	
DELHI		Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI	Shri Kiriti .B. Saha	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Shri I. Suresh Babu	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR	Smt. Sandhya Baliga	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Ms. Poonam Bodra	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA		Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW		Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh,

			Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Shri Milind A. Kharat	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA		Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA		Office of the Insurance Ombudsman,	Bihar, Jharkhand.

		1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	
PUNE		Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

EXECUTIVE COUNCIL OF INSURERS

3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.
Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949
Email: inscoun@ecoi.co.in
Website: <http://www.ecoi.co.in/ombudsman.html>
Shri M.M.L. Verma, Secretary General
Smt. Moushumi Mukherji, Secretary

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 425 0000 or e-mail at customer.services@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

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611

10. Additional Clause available under this Policy

Assignment Clause: It is hereby declared and agreed that upon due written consent granted by the Proposer as stated under the head of "Proposer name" in the Policy Certificate to the Policy: i. Any amount becoming payable to the Insured Person in accordance with policy terms and conditions including all rights, title, benefits and interest of the Insured Person under this Policy stand assigned in favour of the Financial Institution (assignee) specified in the Endorsement (for Assignment) submitted by the Proposer with respect to any Loan Account. ii. The receipt of such amount in the manner aforesaid by the Financial Institution (assignee) as specified in Endorsement shall completely discharge Us from all Our liability under the Policy in respect of such payable amount, and this shall be binding on the Insured Persons and their legal heirs, executors, administrators, and successors. This is to clarify that such assignment shall be subject to the condition that in the event of the Insured Person's death during the Period of Cover, the amounts payable as per the Policy terms and conditions will be paid to the said Financial Institution (assignee) only to the extent of the Loan amount outstanding, if any, and any amount in excess after such payment shall be paid to the Insured/Nominee or legal heir as applicable.