



Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002

HOSPITAL CASH PLAN
For Standard Chartered Bank Customers

Customer Information Sheet			
Description is illustrative and not exhaustive			
S. No	Title	Description	Refer to Policy Clause Number
1	Product Name	Hospital Cash Plan for Standard Chartered Bank Customers	
2	What am I Covered for	<ul style="list-style-type: none"> • Hospital Confinement Benefit: Daily benefit as mentioned in the Schedule/ Certificate of Insurance is payable for every completed 24 hours of hospitalization, for a maximum period of 180 days per Illness/ Accident/ Policy. • Convalescence Benefit: A fixed amount which is ten times that of the daily benefit (mentioned in the Schedule / Certificate of Insurance) is payable towards convalescence, if the hospital confinement is beyond 21 consecutive days. • Parental Benefit: For each 24 hour period of Hospital Confinement of children covered under the policy, half the Daily Benefit shown on the Schedule for that Insured Person is payable in addition to the Hospital Confinement Benefit, for a maximum of 21 days per illness/accident/policy. 	D
3	What are the major exclusions in the policy	<ul style="list-style-type: none"> • Treatment arising from or traceable to pregnancy/ childbirth. • Any treatment received outside India. • Directly or indirectly caused by or contributed to by Nuclear weapons/ materials or Radioactive Contamination. • Outpatient treatment. • The treatment of psychiatric, mental or nervous conditions, insanity. • 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). 	E
	*Note: The above is a partial listing of the policy exclusions, Please refer to the policy clauses for the full listing		
4	Waiting Period	<p>Diseases contracted during first 30 days from commencement date of the policy.</p> <p>12 months: Treatment of Congenital Internal Anomaly, any type of Migraine / Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils / Adenoids, Gastric and Duodenal Ulcer, any type of Cyst / Nodules / Polyps, any type of Breast Lumps, Spondylosis / Spondilitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee / Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any Joint during the first year of the operation of the Policy with us. Pre-existing diseases:Covered after 48 months</p>	E



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5	Payout Basis	Daily Cash benefit for the duration of confinement in Hospital	D
6	Cost Sharing	Not Applicable	Not Applicable
7	Renewal Conditions	<ul style="list-style-type: none">Life long renewal provided premium is paid on / before the expiry date of the policy or grace period of 30 days.The Policy shall be withdrawn at any time by the company by giving three months notice to the insured/proposer. A suitable Alternate product will be made available at the time of Withdrawal.At renewal, the coverages, terms & conditions & premium may change, in which case a three months notice shall be sent to the Proposer/Insured.	F.1.10
8	Renewal Benefits	Not Applicable	Not Applicable
9	Cancellation	<ul style="list-style-type: none">The Company may at any time, cancel the policy on grounds of misrepresentation, fraud, non disclosure of material facts, relating to this insurance of the Insured or non-cooperation by the Insured.The Proposer/Insured may at any time cancel this policy and in such event, the Company shall allow refund of premium less premium at Company's short period rate, provided no claim has been made / paid under the policy.	F.1.3
10	Claim Form Availability	The standard claim form (Part A and Part B) is available in our website for ready reference. The same may be also obtained from any of our offices on request.	

(Legal Disclaimer) Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

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IRDAI Registration No.102. | CIN: U67200TN2000PLC045611



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B Preamble

B.1 Important notes about this insurance

- Please read and check the details of these terms and conditions carefully to ensure its accuracy and see that it meets your requirements.
- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person.
- The Policy is an evidence of the contract between You and Royal Sundaram General Insurance Co. Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer and/or over telephone to our teleagent by you / proposer forms the basis of this Contract.
- The Policy Schedule and any Endorsement there on shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

B.2 Persons who can be insured

- This insurance is available to members between the age group of 1 to 70 years at the commencement Date of the Policy. This Insurance also provides cover for family comprising of the Insured and any one or more of the following:
 - Spouse.
 - Dependent Children.
 - Dependent Parents.

C Definitions

In this terms and conditions the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this terms and conditions.

C.1 Standard Definitions

C.1.1 Accident

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

C.1.2 Condition Precedent

Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

C.1.3 Congenital Anomaly

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

a) **Internal Congenital Anomaly**

Congenital anomaly which is not in the visible and accessible parts of the body.

b) **External Congenital Anomaly**

Congenital anomaly which is in the visible and accessible parts of the body.

C.1.4 Emergency Care

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

C.1.5 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



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and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

C.1.6 Hospitalization

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

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:

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

C.1.8 Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. 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.
- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests.
 - it needs ongoing or long-term control or relief of symptoms.
 - it requires your rehabilitation or for you to be specially trained to cope with it.
 - it continues indefinitely.
 - it recurs or is likely to recur

C.1.9 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.1.10 In-Patient care

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

C.1.11 Medical Practitioner

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 its scope and jurisdiction of license The registered practitioner should not be the insured or close family members.

C.1.12 Medically Necessary treatment

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

C.1.13 OPD treatment

OPD treatment means the 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



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or in-patient.

C.1.14 Portability

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

C.1.15 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 issued by the insurer or its reinstatement.

C.1.16 Qualified Nurse

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

C.1.17 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.1.18 Surgery or Surgical Procedure

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 from suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

C.1.19 Unproven/Experimental treatment

Unproven/Experimental treatment means 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 Accidental

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

C.2.2 Alternative treatments

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

C.2.3 Company/We/Our/Insurer/Us

Royal Sundaram General Insurance Co. Limited (Formerly known as Royal Sundaram Alliance Insurance Company Limited) **Commencement date**

Commencement date of this Policy shall be the inception date of first health Insurance policy under this Hospital Cash Plan for that Insured Person, insured with Us, with out any break in period of cover.

C.2.4 Insured/You/Your/Insured Person is anybody shown on the Schedule as Insured in this Policy.

C.2.5 Endorsement

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

C.2.6 Period of Insurance

Period of Insurance means the period shown in the Schedule, for which You have paid and We have received and accepted Your premium.

C.2.7 Proposer

Insured or the person who signs the Proposal form on behalf of the Insured.

D Benefits Covered under the policy

D.1 Hospital Confinement Benefit

In the event of hospitalization of the Insured Person for a consecutive period of more than 24 hrs, a daily benefit as mentioned in the Schedule of the Policy is payable for a maximum period of 180 days per illness/ Accident/ Policy. However for those who have opted for two years coverage the maximum period for daily benefit is 180 days for each



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year.

D.2 Convalescence Benefit

For Hospital Confinement beyond 21 consecutive days a fixed amount which is ten times that of the daily benefit is payable towards convalescence, in addition to the Hospital Confinement benefit, in accordance with the plan chosen for that Insured Person. This benefit is payable only once per illness/accident/policy. However for those who have opted for two years coverage the benefit is payable once in each year.

D.3 Parental Benefit

For each 24 hour period of Hospital Confinement of children covered under the policy, half the Daily Benefit shown on the Schedule for that Insured Person is payable in addition to the Hospital Confinement Benefit, for a maximum of 21 days per illness/accident/policy. However for those who have opted for two

years coverage the benefit is payable for a maximum of 21 days per illness/accident/each year.

D.4 Additional Features:

D.4.1 Income Tax Relief:

This insurance scheme is approved by IRDAI and the premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

E Exclusions

E.1 Specific Exclusions

The Company shall not be liable under this contract for every first 24 hours of hospitalization and any claim in connection with or in respect of hospitalization for and due to:

1. Any Pre-Existing disease which shall however be covered after 4 years of continuous insurance from the commencement date of the first policy issued by Us or any Indian Insurer subject to Portability guidelines.
2. **30 Days Waiting Period:** Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.
3. First year Exclusions:
Treatment of Congenital Internal Anomaly, any type of Migraine /Vascular head ache, Stones in the Urinary and Biliary systems, Surgery on Tonsils / Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/Nodules/Polyps, any type of Breast Lumps, Spondylosis/Spondylitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee / Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any Joint during the first year of the operation of the Policy with us.
4. Treatment arising from or traceable to pregnancy/ childbirth.
5. Circumcision, unless necessary for treatment of a disease not excluded hereunder or necessitated due to an accident.
6. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.
7. Confinement in Hospital arising out of any condition directly or indirectly caused by 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.
8. Confinement at Hospital or 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.
9. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
10. 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).
11. Directly or indirectly caused by or arising from or attributable to
11. 1 Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
11. 2 Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
12. Any routine or preventative examinations, vaccinations, inoculation or screening.
13. Outpatient treatment.



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14. Sex change or treatment, which results from, or is in any way related to, sex change.
15. Hormone replacement therapy.
16. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
17. The treatment of psychiatric, mental or nervous conditions, insanity.
18. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
19. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from, or related to, such abuse or addiction.
20. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
21. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
22. Any treatment received outside India.
23. Any other Alternative Treatments except Allopathy (Modern Medicine).
24. 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.
25. Any fertility, sub-fertility or assisted conception operation.
26. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.
27. Any Claim in respect of Unproven / Experimental Treatment.

F General terms and clauses

F.1 Specific terms and Clauses

F.1.1 Payment of Claim

- All claims under respective certificate of insurance shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.
- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- 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 from the date of acceptance.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

F.1.2 Transfer

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

F.1.3 Cancellation/termination

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure 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 his last known address in which case the Company shall not refund to the insured any portion of the premium.

The policy may also 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.

Short Period Scales : One year Policy

For a period not exceeding	15 days	10% of the Annual Premium
-do-	1 month	15% of the Annual Premium
-do-	2 months	30% of the Annual Premium
-do-	3 months	40% of the Annual Premium



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-do-	4 months	50% of the Annual Premium
-do-	5 months	60% of the Annual Premium
-do-	6 months	70% of the Annual Premium
-do-	7 months	75% of the Annual Premium
-do-	8 months	80% of the Annual Premium
-do-	9 months	85% of the Annual Premium

Short Period Scales : Two year Policy

For a period not exceeding	30 days	10% of the Premium Paid
-do-	2 months	15% of the Premium Paid
-do-	4 months	30% of the Premium Paid
-do-	6 months	40% of the Premium Paid
-do-	8 months	50% of the Premium Paid
-do-	10 months	60% of the Premium Paid
-do-	12 months	70% of the Premium Paid
-do-	14 months	75% of the Premium Paid
-do-	16 months	80% of the Premium Paid
-do-	18 months	85% of the Premium Paid
For a period exceeding	18 months	Full Premium Paid

No refund will be made for such Insured for whom a claim has been paid or admitted.

F.1.4 Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

F.1.5 Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non- disclosure of any material fact.

F.1.6 Geographical Area

The cover granted under this insurance is valid for treatments taken in India only.

F.1.7 Continuation of Terms and Conditions

The Insured has to renew the policy without any break to ensure continuity of cover from the commencement. A grace period of 30 days is allowed to renew the policy and maintain continuity of coverage.

However during such grace period, the company shall not be liable for hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

F.1.8 Insurer's rights

We have the right to do the following, in Insured Person's name at our expense:

- (a) Take over the defense on settlement of any claim.
- (b) Start legal action to get compensation from anyone else.
- (c) Start legal action to get back from anyone else for payments that have already been made by Us.

F.1.9 Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such insured Person.



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F.1.10 Renewals

This policy is portable. 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 70 years, the Daily Benefit Sum Insured shall be restricted to a maximum of Rs.2500/- unless otherwise stated in the schedule of the Policy.

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. At renewal, the coverages, terms & conditions and premium may change, in which case a three months notice shall be sent to the Insured Person at his last known address as recorded in the policy. Any change in premium on account of change of age will not require any prior notice.

The product/plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer at the address recorded/ updated in the policy. When the policy is withdrawn, the product /plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the schedule of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

F.1.11 Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this certificate of insurance (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 difference 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 three 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 Conciliation Act, 1996.

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

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

F.1.12 Disclaimer

It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured person for any claim hereunder and such claim shall not within 3 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

F.1.13 Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

F.1.14 Change of Address

The Insured must inform in writing of any change in his/her address.

F.1.15 Change in Daily Benefit

Any change in Sum Insured can be considered only at the time of renewal. Eligibility for enhancement of Sum Insured is not automatic and is subject to the discretion of the Company.

When the Company is admitting liability for disease/illnesses /medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Daily Benefit for that Insured Person during the first occurrence of such disease/illness/medical condition/burns or the available daily benefit under the current Policy, whichever is less.

F.1.16 Compliance with Policy provisions

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

F.1.17 Free Look in

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:



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- 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.

F.1.18 Grievances

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address, during normal business hours for the following grievances:

- a. Any partial or total repudiation of claims by the Company.
- b. Any dispute regard to premium paid or payable in terms of the policy.
- c. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- d. Delay in settlement of claims.
- e. Non-issue of any insurance document to customer after receipt of the premium.
- f. Any other grievance.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram General Insurance Co. Limited is located. The Insurance Ombudsman's offices are located at Ahmedabad, Bengaluru, Bhopal, Bhubaneswar, Chandigarh, Chennai, Delhi, Guwahati, Hyderabad, Jaipur, Ernakulam, Kolkata, Lucknow, Mumbai, Noida, Patna, Pune. For Contact Details of Insurance Ombudsman, please visit website www.royalsundaram.in. (or)

<http://www.ecoi.co.in/ombudsman.html>

G Other terms and conditions

G.1.1 Claims Procedure

1. Preliminary notice of claim with particulars relating to Policy number, name of the Insured Person in respect of whom claim is made, nature of illness / injury and name, address Hospital / Nursing Home etc. should be given to Us 24 hours prior to admission in case of planned hospitalization and not later than 24 hours after admission in case of an emergency hospitalization.
2. 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. copy 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:

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.



Royal Sundaram General Insurance Co. Limited

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002

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.

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