

GROUP PERSONAL ACCIDENT POLICY

A. POLICY SCHEDULE

As attached and forming part of the Policy.

B. PREAMBLE

B.1. Please read this Policy carefully and see that it meets your requirements.

This Policy the Schedule and any Memoranda thereon shall be considered one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.

The Insured and the Company agree that

1. The proposal shall be incorporated in and be the basis of the contract
2. The Insured will pay the Premium
3. The Company will provide the Insurance subject to the terms, Warranties, Conditions & Exceptions of this Policy
4. The following shall be conditions precedent to any liability of the Company
 - (a) Observance of the terms of this Policy relating to anything to be done or complied with by the Insured
 - (b) The truth of the statements made in the proposal

C. DEFINITIONS

C.1. Standard Definitions

C.1.1. Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.1.2. Condition Precedent

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

C.1.3. 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 of 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.1.4. Hazardous or Adventurous Sports means participation in hazardous or adventure sports including, but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

C.1.5. 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;

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED

(Formerly known as Royal Sundaram Alliance Insurance Company)

Registered Office : 21, Patullos Road, CHENNAI – 600 002.

Corporate Office : “Vishranthi Melaram Towers”, 2/319, Rajiv Gandhi Salai, Karapakkam, Chennai 600 097. Ph: 91-44-7117 7117, 1860 425 0000.

Email:customer.services@royalsundaram.in|Website:www.royalsundaram.in

IRDA Regn. No. 102|CIN-U67200TN2000PLC045611

--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.1.6. Medical expenses

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

C.1.7. 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.1.8. 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.

C.1.9. Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

C.1.10. 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.2. Specific Definitions

C.2.1. Company/we/us shall mean the Royal Sundaram General Insurance Co. Limited.

C.2.2. Insured Person shall mean the employee/members of the organisation and stated in the Memoranda of this Policy.

C.2.3. Insured/you shall mean the organisation mentioned in the Policy Schedule as Insured.

C.2.4. Physical separation of hand means separation of hand at or above the wrist

C.2.5. Physical separation of foot means separation of foot at or above the ankle

C.2.6. Third Party Administrator (TPA)

Third Party Administrator or TPA means a Company registered with the IRDAI and engaged by an Insurer, for a fee or remuneration, by whatever name called, and as may be mentioned in the agreement, for providing health services as mentioned under IRDAI (Third Party Administrators – Health Services) Regulations, 2016 or its subsequent amendments issued by the IRDAI.

D. BENEFITS

D.1. Insurance

If any Insured Person shown in the Schedule suffers bodily injury solely and directly due to accident caused by external and visible means during the Period of this Insurance and such bodily injury results within 12 calendar months from the date of accident in death or disablement of a nature specified in the Table of

Benefits described hereunder, then the Company will pay to the Insured to the extent and in the manner provided in the Table of Benefits, subject to Accumulation Clause stipulated herein.

TABLE OF BENEFITS

IMPORTANT: We will not pay in respect of any one Insured person under more than one of the Benefits 1,2,3,4 or 5 in connection with the same accident

If an accident happens which gives rise to claim under Benefits 2,3,4 or 5, the Sum Insured stands reduced by the amount of claim with respect to that Insured Person

Benefit 1 – In case of Death

Death	100% of the Sum Insured stated in the Schedule applicable to such Insured Person is payable
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Benefit 2 –In case of Loss of limbs/eyes of nature specified below

(a)	Total and irrecoverable loss of sight of both eyes, or the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot	100% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable
(b)	Total and irrecoverable loss of 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 one hand and one foot	100% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable
(c)	Total and irrecoverable loss of sight of one eye, or the actual loss by Physical separation of use of one entire hand or of one entire foot	50% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable
(d)	Total and irrecoverable loss of use of a hand or a foot without Physical separation	50% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable

Benefit 3 –In case of Permanent Total Disablement of nature specified below

Immediate, permanent, total and absolute, disablement from engaging in, being occupied with or giving attention to any employment or occupation of any description whatsoever	100% of the Sum Insured stated in the Schedule, applicable to such Insured Person is payable
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Benefit 4-In case of Permanent Partial Disablement of nature specified below

	Percentage of Sum Insured shown in the Schedule, applicable to such Insured Person is payable
Loss of all toes	20
Great toe –both phalanges	05
Great toe–one phalanx	02
Other than great, if more than one toe lost each	01
Loss of hearing-both ears	75

Loss of hearing- one ear	10
Loss of index finger-three phalanges or two phalanges or one phalanx	10
Loss of middle finger-three phalanges or two phalanges or one phalanx	06
Loss of ring finger-three phalanges or two phalanges or one phalanx	05
Loss of four fingers and thumb of one hand	40
Loss of four fingers	35
Loss of thumb-both phalanges	25
Loss of thumb-one phalanx	10
Loss of little finger-three phalanges-two phalanges-one phalanx	04
Loss of metacarpals – first or second-third, fourth or fifth(additional)	03
If the opinion of a Doctor appointed by us, the injury has resulted in permanent partial disablement of any other nature than specified above	Such percentage of Sum Insured as is assessed as percentage of permanent partial disablement by the Doctor appointed by us is payable

Benefit 5 – In case of Temporary Total Disablement of nature specified below

If the injury has resulted in temporary total disablement, then so long as the Insured Person shall be totally disabled from engaging in any employment or occupation of any description whatsoever,	We shall pay for the period of temporary total disablement at the rate of 1% of the Sum Insured for each week of duration of such total disablement or part thereof prorated, subject to a maximum of 52 weeks but not exceeding Rs.3,000/- per week or higher amount as specified in the Schedule /Endorsement, or part thereof prorated. In case if the Insured person avails this benefit under any other policy either issued by us or otherwise, the benefit payable under this endorsement stands reduced to that extent. Such weekly compensation shall not exceed 25% of the gross monthly earnings of the insured.
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Special Provision

The opinion of the Doctor appointed by us to ascertain the existence of permanent partial disablement or percentage thereof or temporary total disablement shall be final and binding and not open to dispute or negotiations by you.

D.2. Special Free Benefit

In the event of Death in respect of which the Sum Insured is payable as provided above, arising out of an accident occurring outside the usual place of residence of the Insured Person concerned, We shall pay in addition to the Sum Insured, a lump sum of a further 2% of such Sum Insured or Rs.2500/- whichever is less towards the transportation of the body to the Insured Person’s usual place of residence.

D.3. Company’s maximum liability

Any payment in case of more than one claim in respect of any Insured Person under this Policy during any one Period of Insurance should not exceed the Sum Insured applicable to such Insured Person. However,

the amount relating to carriage of dead body of the Insured Person and medical expenses would be payable in addition, if applicable.

D.4. MEDICAL EXPENSES EXTENSION COVER

In consideration of the payment of an additional premium, it is hereby agreed and declared that notwithstanding anything in the within written Policy contained to the contrary, this insurance is extended to cover the medical expenses necessarily incurred and expended in connection with any accident resulting in death or disablement as specified in the Policy, for which a claim is made by the Insured and admitted by the Company.

In addition to the Benefits available under this Policy for death or disablement, the Company shall reimburse to the Insured an amount up to but not exceeding forty percent (40%) or the higher percentage as mentioned in the Schedule/Endorsement, of the admissible claim amount/compensation paid in settlement of a valid claim under this Policy or ten per cent (10%) of the relevant Sum Insured or such higher amount as specified in the Schedule/Endorsement of such Insured Person whichever is less. Further it is a condition precedent to the payment of such medical expenses that the medical attendants detailed account shall be submitted and is approved by the Company.

Provided always that

1. This Insurance shall not apply in so far as it applies to a female for expenses incurred in respect of any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing, unless otherwise provided hereafter.
2. The Company shall not be liable to make any payment under this Policy in respect of
 - (a) disease, injury, death or disablement directly or indirectly due to war, invasion, act of foreign enemy, hostilities or war like operation (whether war be declared or not) or civil commotion or rebellion, military, naval or air service or breach of law, hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
 - (b) circumcision or strictures or vaccination or inoculation or change of life or beauty treatment of any description or dental or eye treatment or intentional self injury or insanity of dissipation or nervous breakdown (which expression shall cover also general disability “run down” conditions and general “overhaul”) or venereal disease or intemperance or the use of intoxicating drugs or liquors or any diseased, injury, death or disablement directly or indirectly due to any one or more of them.
 - (c) subject otherwise to the terms, Exceptions, Conditions and limitations of this Policy.

In respect of hospitalization, the costs that are to be subsumed into the Room Charges are provided in Annexure-I attached to this Policy; the costs that are to be subsumed into the specific procedure charges are provided in Annexure-II attached to this Policy; the costs that are to be subsumed into the costs of treatments are provided in Annexure-III attached to this Policy.

E. EXCLUSIONS

E.1. Standard Exclusions

E.1.1. Hazardous or Adventure sports: Code- Excl09:

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

E.1.2. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

E.2. Specific Exclusions

E.2.1. compensation under more than one of the foregoing Benefits in respect of same accident or period of disablement of the Insured Person

E.2.2. any other payment in respect of the Insured Person after a claim under one of the Benefits 1,2(a) and 2(b) has been admitted and become payable. However, amounts relating to carriage of the dead body of the Insured Person and medical expenses will be payable in addition if applicable.

E.2.3. payment of Benefit in respect of accident, death, injury or disablement of the Insured Person

i. from intentional self-injury, suicide or attempted suicide

ii. directly or indirectly caused by venereal diseases, AIDS or insanity

iii. arising or resulting from the Insured Person committing any breach of law with criminal intent

E.2.4. any payment in respect of death or disablement resulting directly or indirectly from, caused by, contributed to or aggravated or prolonged by child birth or pregnancy or in consequence thereof.

E.2.5. any payment in respect of death, injury or disablement of the Insured Person due to or arising out of directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments.

E.2.6. List of optional items as given in the Annexure-IV attached to this Policy in respect of Medical Expenses extension cover.

E.2.7. any payment in respect of death of, or bodily injury or any disease or illness to the Insured Person

directly or indirectly caused to or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this Exception, combustion shall include any self sustaining process of nuclear fission.

directly or indirectly caused by or contributed to by or arising from nuclear weapons material

E.2.8. any losses directly or indirectly arising out of, or 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 Exception, 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 insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. Chemical agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. Biological agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. If we

allege that by reason 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

F.1. Standard General Terms and Clauses

F.1.1. 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 by the policyholder. “Material facts” for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

F.1.2. Condition Precedent to Admission of liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

F.1.3. Claim Settlement (provision for Penal Interest)

- i. 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.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. 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 or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

F.1.4. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

F.1.5. Fraud

- a. 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 any 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 and the premium paid shall be forfeited.
- b. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

- c. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
- the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
 - the active concealment of a fact by the insured person having knowledge or belief of the fact;
 - any other act fitted to deceive; and
 - any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits 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.

F.1.6. Cancellation

The Insured may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below:

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.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation, 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. Such notice shall be deemed sufficiently given, if communicated by e-mail or posted by Registered post and addressed to the Proposer at the address mentioned in the Policy or by any other reliable mode of communication.

Short Period Rates

Period for which policy has remained in force as on date of cancellation

% Retention by the Company

Less than 30 days	25% of Annual Premium
Exceeding 30 days and up to 90 days	50% of Annual Premium
Exceeding 90 days and up to 180 days	75% of Annual Premium
Above 180 days	Full Annual Premium – No refund is allowed.

F.1.7. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

F.1.8. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

F.1.9. 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 effected.

F.1.10. Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through

Website: <https://www.royalsundaram.in/customer-request>

Contact Number: 1860 258 0000, 1860 425 0000

Email: grievance.redressal@royalsundaram.in

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

Fax: 044-7117 7140

Courier:

Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

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

Karapakkam, Chennai – 600097

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Mr. T M Shyamsunder
Grievance Redressal Officer

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers,

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

Karapakkam, Chennai - 600097

For updated details of grievance officer, kindly refer the link.: <https://www.royalsundaram.in>

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If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Insurance Ombudsman addresses given in Annexure I.

Grievance may also be lodged at Bima Bharosa (an Integrated Grievance Management System earlier known as IGMS) <https://bimabharosa.irdai.gov.in>

Annexure I

INSURANCE OMBUDSMAN OFFICE LIST

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

Sr. No.	Office Details	Jurisdiction of Office (Union Territory, District)
1	AHMEDABAD - Shri Collu Vikas Rao 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@cioins.co.in	Gujarat,Dadra & Nagar Haveli,Daman and Diu.
2	BENGALURU - Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
3	BHOPAL - Shri R. M. Singh 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@cioins.co.in	Madhya Pradesh Chhattisgarh
4	BHUBANESHWAR - Shri Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
5	CHANDIGARH – Mr Atul Jerath Office of the Insurance Ombudsman, 6.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@cioins.co.in	Punjab, Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
6	CHENNAI - Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018.	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

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	Tel.: 044 - 24333668 / 24335284 ; Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	
7	DELHI - Ms Sunita Sharma 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@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
8	GUWAHATI – Shri Somnath Ghosh 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@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	HYDERABAD – Shri N. Sankaran 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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
10	JAIPUR - Shri Rajiv Dutt Sharma Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
11	ERNAKULAM – Shri G. Radhakrishnan 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@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
12	KOLKATA – Ms Kiran Sahdev 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@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands

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13	<p>LUCKNOW -Shri Atul Sahai 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@cioins.co.in</p>	<p>Districts of Uttar Pradesh Lalitpur, 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.</p>
14	<p>MUMBAI - Shri Bharatkumar S. Pandya Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>
15	<p>NOIDA - Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttarakhand 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, Gautam Buddh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
16	<p>PATNA - Ms Susmita Mukherjee Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-</p>	<p>Bihar, Jharkhand.</p>

	2680952 Email: bimalokpal.patna@cioins.co.in	
17	PUNE - Shri Sunil Jain 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@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

COUNCIL FOR INSURANCE OMBUDSMEN

Contact Details:

Address:

COUNCIL OF INSURANCE OMBUDSMEN,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W), Mumbai - 400 054.

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.

F.1.11. 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.

F.2. Specific General Terms and Clauses

F.2.1. Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

F.2.2. Renewal Premium

The renewal premium shall not be accepted more than 90 days in advance of the due date of the premium payment.

F.2.3. Changes in Risk – Notification to the Company

If after the acceptance of this insurance by the Company there be any change in the business/occupation of the Insured/Insured Person, the Insured shall forthwith give notice thereof to the Company.

The Insured shall on tendering any premium for the renewal of this Policy give notice in writing to the Company of any disease, physical defect or infirmity with which any of the Insured Person have become affected since the payment of last preceding premium.

F.2.4. Accumulation clause

(a) It is warranted that not more than five (5) Insured Persons should travel together in the same air conveyance at one time. In the event of claim for more than five Insured Persons occurring whilst traveling by the same air conveyance, the benefits payable under this Policy to each Insured Person will be paid proportionately in ratio to the overall limit of top five (5) Sum Insured of the affected Insured Persons bears to the total amount claimed cumulatively by all the affected Insured Persons travelling in the same air conveyance. The Company's maximum liability is restricted to top five (5) Sum Insured of the affected Insured Persons travelling in the same air conveyance.

(b) The Company's maximum liability in case of losses arising out of one event is limited to Rs.45 crores. In the event of claim where the single event limit exceed Rs.45 crores, the benefits payable under this policy to each Insured person will be reduced proportionately in ratio of the overall event limit of Rs.45 crores to the total amount claimed cumulatively by all the affected Insured persons in that event.

G. OTHER TERMS AND CONDITIONS

G.1. Claims Procedure & Documentation

(i) The Insured or his nominee shall deliver to the Company, within 30 days of the date of occurrence of the Insured Event, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.

The Insured or his nominee shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

(ii) Proof satisfactory to the Company shall be furnished in connection with all matters upon which a claim is based. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report wherever applicable, shall be furnished to the Company within a period of thirty days. A service provider (if required) would be deputed by us to verify the records/ circumstances of the claim

(iii) If the Company requests that bills/ vouchers / Reports in a language, other than English /Hindi be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person

(iv) Provided that if one or more insured persons are covered, all sums payable hereunder shall be payable in case of death or permanent total disablement only after deleting by an endorsement the name of the insured person in respect of whom such shall become payable without any refund of premium.

(v) To submit to a medical examination by the Company's nominated Doctor or undergo diagnostic or other medical tests as often as the Company considers necessary, in its sole discretion.

Claim Documentation

Death Claim:

Submit the duly filled in claim form with the following documents:

- Original Death Certificate
- Post Mortem Report
- Inquest report
- Accident report
- FIR/MLC copy
- Hospital records
- News Paper cuttings if any and any other relevant records
- Chemical Analysis Report if available
- English Translation of vernacular documents
- Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy
- Any other document as may be required by the Company

Disablement Claim:

a. Permanent Total Disablement

- Submit the duly filled in Claim form with the following documents

- Disability Certificate issued by attending physician
- Accident report
- FIR/MLC copy
- Hospital Records
- News Paper cuttings if any and any other relevant records
- English Translation of vernacular documents
- Latest IT return to show Proof of annual income
- Any other document as may be required by the Company

Medical Expenses Claim due to Accident Hospitalization

1. Discharge summary
2. Original Hospital Bills
3. Advance and final receipts (All receipts shall be numbered, signed and stamped)
4. Prescriptions for medicines
5. Diagnostic Test Reports, X Ray, Scan, ECG and others including doctor's advice demanding such tests)
6. Cash memos/bills for medicines purchased from outside

The claim documents should be sent to the Claims department of the Office of the Company through which this insurance is effected, at the address mentioned in the Policy schedule or any endorsement forming part of this policy.

G.2. Claims Settlement / Rejection

1. All claims under this Policy shall be payable in Indian Currency.
2. No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.
3. At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force

The Company shall be released from any obligation to pay insurance benefits if any of the obligations are breached.

- 1 All sums shall become payable:

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED

(Formerly known as Royal Sundaram Alliance Insurance Company)

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- i) **in case of Death or Permanent Total Disablement** - only after deleting by an endorsement the name of the Insured Person in respect of whom such claim shall become payable. No refund of premium will be payable for the unexpired period due to such deletion.
- ii) **in case of Permanent Partial Disablement** - only after reducing by an endorsement the sum insured by the amount admissible under the claim in respect of the person to whom such sum shall have become payable.
- iii) **in case of Temporary Total Disablement** – only after termination of such disablement and after reducing by an endorsement the sum insured by the amount admissible under the claim in respect of the person to whom such sum shall have become payable.

Annexure-I – Costs that are to be subsumed into the Room Rent Charges	
SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET

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26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

Annexure-II – Costs that are to be subsumed into Specific Procedure Charges	
Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET

23	ORTHOBUNDLE, GYNAEC BUNDLE
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Annexure-III – Costs that are to be subsumed into Costs of treatment	
SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure-IV – List of Optional items	
SI No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS



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11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT



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48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY