

Customer Information Sheet

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Accident Shield Classic	
2	Policy Number	Xxxxxx	
3	Type of Insurance Product / Policy	Benefit	
4	Sum Insured (Basis) (Along with amount)	- Individual Sum Insured – Rs. _____ - Floater Sum Insured – Rs. _____	
5	Policy Coverage (What the policy covers?)	- Accident Shield Classic is a worldwide Personal Accident (caused by external, violent and visible means) Cover that is specially designed to cover the following, happening within twelve months from the date of accident: Death: In unfortunate event of fatal accident the Sum stated in the Schedule/ Certificate of Insurance will be paid to the nominee of Insured Person. Permanent Total Disablement: In unfortunate event of an accident resulting in Permanent Total Disablement the Insured Person will be paid the Sum stated in the Schedule/Certificate. Permanent Partial Disablement: In unfortunate event of an accident resulting a Permanent Partial Disablement the Insured Person will be paid a specified percentage of Sum stated in Schedule/Certificate of Insurance according to the disability which has been listed in the policy. Monthly Income Benefit: Fixed Benefit as per plan chosen shall be paid, in the event of Permanent Total Disablement, every month for a period of 12 months from the date of Permanent Total Disablement. Medical Expenses due to hospitalization: Reimbursement of medical Expenses for hospitalization for minimum period of 24	Section D

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		hours due to Accident, up to the sum stated in the Schedule/Certificate of Insurance. • Education Grant: In the event of death or Permanent total disablement of the insured person, Educational grant of Rs. 10,000/- is payable in case one dependent child and Rs. 20,000/- in case of more than one dependent child. • Transportation Expenses of Mortal Remains: A lump sum of Rs.5000/- for carriage of Insured person's dead body to the place of his/her residence from the place of accident.	
6	Exclusions (What the Policy does not cover)	Provided always that the Company shall not be liable under this Policy for: 1) Compensation under more than one of the foregoing clauses except (f) and (g) in respect of the same incident. 2) Any other payment after a claim under one of the foregoing clauses (a), (b), (d) or (f) has been admitted and become payable. This would not apply to any claim admitted under clause (g) as mentioned above. 3) Any payment in case of more than one claim under the Policy during any one period of insurance, by which the maximum liability of the Company in that period for death and disablement payable shall exceed the sum stated in the relevant section of the Policy Schedule. This would not apply to any claim admitted under clause (g) as mentioned above. However, in the event of a death claim, the sum payable shall be the Sum Insured under the relevant section of the Policy Schedule after deducting the amount already paid for the earlier disablement claim, if any. 4) Payment of compensation in respect of death, injury or disablement of the Insured Person a) from intentional self-injury, suicide or attempted suicide. b) whilst under the influence of intoxicating liquor or drugs. c) whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. "Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.	Section E

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| | <p>d) directly or indirectly caused by venereal diseases, AIDS or insanity.</p> <p>e) arising or resulting from the Insured Persons committing any breach of law with criminal intent.</p> <p>f) as a result of, or which is contributed to by, the Insured Person suffering from any pre-existing condition or pre-existing physical or mental defect or infirmity. Pre-existing disease/condition shall mean such injury/diseases, which have been in existence at the time of proposing this insurance. Pre-existing condition means any illness/sickness/ injury or its symptoms, which existed prior to the effective date of this insurance, whether or not the Insured Person had knowledge that the symptoms were relating to the sickness.</p> <p>Complications arising from pre-existing disease will be considered part of that pre-existing condition.</p> <p>Pre-existing conditional so means any physical or mental defect or infirmity or its symptoms, which existed prior to the effective date of this insurance, whether or not the Insured Person had knowledge that the symptoms were relating to the physical or mental defect or infirmity. Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part the pre-existing condition.</p> <p>5) Payment of compensation in respect of death, injury or disablement of the Insured Person due to or arising out of or 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.</p> <p>6) Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured Person.</p> <p>a) directly or indirectly caused by or contributed to by or arising from ionising radiation 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.</p> <p>b) directly or indirectly caused by or contributed to by or arising from nuclear weapon material.</p> <p>7) Pregnancy Exclusion Clause: This Policy shall not extend to cover death, disablement or any medical expenses resulting directly or indirectly caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.</p> | |
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		8) Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, persons whilst engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard. Persons whilst engaged in the following occupations are also excluded. • Aircraft pilots and crew. • Armed Forces personnel. • Artistes engaged in hazardous performances. • Aerial crop sprayer. • Bookmaker (for gambling). • Demolition contractor. • Explosives users. • Fisherman (seagoing). • Jockey. • Marine salvager. • Miner and other occupations underground. • Off-shore oil or gas rig worker. • Policeman (Full time). • Pop Musicians. • Professional sports person. • Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m. • Saw miller. • Scaffold Worker. • Scrap metal merchant. • Security guard (armed). • Steeplejack. • Stevedore. • Structural steelworker. • Tower crane operator. • Tree feller. • Ship crew. • Travel agency business. • Air coupon & ticket business. 9) Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, disablement, injury or medical expenses resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other	
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		cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this endorsement “Nuclear, chemical, biological terrorism” shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any 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 the Company allege that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured Person. (Note: the above is a partial/indicative list of the policy exclusions. Please refer to the policy clauses for the complete details/list on Exclusions.)	
7	Waiting Period	For Medical expenses due to hospitalization the cover commences only after 7 days from the date of inception of the policy.	
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	i.Sub-limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
	ii.Co-payment	Not applicable.	
	iii.Deductible	Not applicable	

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	iv. Any other limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	
9	Claims/Claims Procedure	CLAIM PROCEDURE Notification of claim: - Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. - Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death. - If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital. Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case. Documents to be submitted: G.1.2.I <u>Basic documents required for All claims</u> - Duly completed claim form - Photo Identity Proof of the insured person - Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station - Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital - Any other relevant document required by the Company for assessment of the claim G.1.2.II <u>Documents required in case of Death covered under Section D.1</u> - Death certificate; - Post Mortem Report (if conducted);	G.1.1 G.1.2

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		iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased. iv. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station v. Panchanama / Accident report vi. Chemical analysis report of viscera / blood sample vii. Admission / Discharge / Death summary issued by hospital authority viii. English translation of vernacular documents G.1.2.III <u>Documents required in case of Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD), covered under Sections D.1.2 and D.1.3</u> i. Original treating Medical Practitioner's certificate describing the disablement ii. Original Discharge summary from the Hospital iii. Disability certificate issued by treating Medical Practitioner iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable. v. Copy of FIR/MLC/Accident register G.1.2.IV <u>Documents required for coverage under Section D.5 - Hospitalisation Expenses due to Accident:</u> i. Discharge Summary from The Hospital ii. Medical & Investigation reports iii. Prescriptions, and consultation papers of the treatment iv. Any other medical, investigation reports, as applicable G.1.2.V <u>Documents required for coverage under Section D.6.1 - Education Grant:</u> i. Proof to establish relationship – Passport/Education certificate establishing proof	
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		of relationship of child with parents/Birth Certificate. ii. Photo Identity Proof of Child iii. Age proof of Child iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution <u>Claim Settlement</u> i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document. ii. In 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. v. (Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due) <u>Payment of Claim</u> All claims under the policy shall be payable in Indian currency only.	G.1.3 G.1.4
10	Policy Servicing	Call Center number of the insurer: 1860 258 0000 / 1860 425 0000 Details of Company Officials : Mr. T M Shyamsunder – Grievance Redressal Officer	F.1.10
11	Grievances / Complaints	We promise to provide the service you want, but sometimes mistakes can happen. If you're not satisfied with our service, we're	F.1.10

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here to make it right. Your satisfaction is our main concern, especially when things haven't gone as planned.

Step 1: Raise a Complaint

Please raise your concern with us through our Online form / Call us at: 1860 425 0000 / 1860 258 0000 / mail us at

care@royalsundaram.in &

write us at

Customer Services Team

Royal Sundaram General Insurance Co. Limited

Vishranthi Melaram Towers

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

Chennai – 600097

Senior Citizen can mail us at:

seniorcitizengrievances@royalsundaram.in

We will acknowledge your grievance immediately and provide a resolution.

Step 2: Escalation 1

If you are not satisfied with the resolution provided or require any further assistance, you may escalate the matter to:

manager.care@royalsundaram.in

Step 3: Escalation 2

If you feel your grievance has not been resolved satisfactorily, you may escalate further to:

head.cs@royalsundaram.in

Step 4: Escalation to Grievance Redressal Officer - Final Internal Escalation

If you need further resolution, you may escalate it to:

Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094

Senior Citizen Redressal: 9500413019

Email: gro@royalsundaram.in

For updated details of grievance officer, kindly refer the link

<http://www.royalsundaram.in>.

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		If you are not satisfied with the Redressal of grievance through above methods, you 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 can be accessed at - https://www.cioins.co.in/Ombudsman	
12	Things to remember	Free Look: At the inception of the policy the Insured Person will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If Insured Person has not made any claim during the free look period, he will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force: a) A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or; b) where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or; c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period. d) Free-look will not be applicable for policies with tenure less than one year. e) Free-look not applicable in case of renewals. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Cancellation Cancellation/ Termination (other than Free Look cancellation) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall: a. refund proportionate premium for unexpired policy period, if the term of policy is up to one year and there is no claim (s) made during the policy period. b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.	F.1.9 F.1.4

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

Renewal of Policy:

- i. This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Period End Date.
- ii. We may in Our sole discretion, revise the Product and Renewal premium payable under the Policy provided that revision to the Renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- iii. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the **Grace Period**. For the purpose of this provision, Grace Period means a period of 30 days in case of one year immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre Existing Diseases.
- iv. Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.
- v. We reserve the right to carry out underwriting in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of members, addition/deletion of Medical Conditions, request at the time of Renewal of the

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		Policy. Any request for acceptance of changes on renewal will be subject to underwriting. The terms and conditions of the existing Policy will not be altered. vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate You regarding the withdrawal of this product and the options available to You at the time of Renewal of this Policy. Moratorium Period After completion of five continuous years under this policy no look back would be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the Sum Insured of the first policy and subsequently completion of five continuous years would be applicable from the date of enhancement of sum insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	F.1.11
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period such as change in occupation.	

Declaration by the policy holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)

Note:

Royal Sundaram General Insurance Co. Limited

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

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- i. Insurer shall provide weblink where the product related documents including the Customer Information Sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. Insurer to take confirmation of the policyholder regarding receiving the Customer Information Sheet.