

**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

**Part II- Policy Document**

**Policy Terms and Conditions**

**B PREAMBLE**

Whereas the Insured named in the Schedule hereto has made or caused to be made to Royal Sundaram General Insurance Co. Limited, (hereinafter called 'the Company') a written proposal (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein for the insurance hereinafter set forth in respect of the persons detailed herein for the period stated in the Schedule or for any further period which the Company may accept renewal of this Policy.

**NOW THIS POLICY WITNESSETH** that subject to and in consideration of the payment made to the Company the premium for the period stated herein or for any further period for which the Company may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall pay to the nominee(s) / legal heir(s) of the Insured Person as hereinafter mentioned.

**B.1 INSURED PERSON**

INSURED PERSON shall mean and include any account holders or Credit Card holders of Citibank aged between 18 and 70 years (age in completed years) who have opted for Citibank PA Plus Personal Accident Insurance .

**Provided however that**

1. all persons who cease to be an account holder or Credit Cardholders of Citibank for reasons such as.
  - a) Voluntary cancellation of Bank account or Credit Card by the customer; or
  - b) Expiry of Credit Card; or
  - c) Withdrawal of Credit Card by Citibank;after the commencement of the Policy, would also cease to be Insured Persons automatically from the date of their cessation of membership as Account holder or Credit Card holders of Citibank.
2. all Account holders or Credit Card holders of Citibank who have voluntarily withdrawn from the Citibank PA Plus – Personal Accident Insurance Scheme after the commencement of the Policy will also cease to be the Insured Persons from the month in which he/she opts out of the Scheme.

**C DEFINITIONS:**

**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 Injury**

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

**C.1.3 Pre-Existing Disease**

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

- a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy or its reinstatement.

**C.1.4 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.1.5 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.1.6 Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid instalments during the policy period

### **D BENEFITS COVERED UNDER THE POLICY**

#### **D.1 DEATH**

If at any time during the currency of this Policy, the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, anywhere in the world, and if such injury shall within 12 calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, then the Company shall pay to the Insured Person's nominee(s) or legal heir(s), the sum stated in the Schedule of the Policy.

The benefits under this policy will be doubled if the accident is directly caused due to an accident of the aircraft, train, or stage carriage bus in which the Insured Person is traveling and resulting in Death of the Insured.

The double benefit is not applicable if.

- a) the accident takes place while boarding/alighting from the aircraft, train or stage carriage bus.
- b) the aircraft, train or stage carriage bus is chartered for the journey.

#### **D.2 PERMANENT TOTAL DISABLEMENT**

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

If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of.

- Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or such loss of sight of one eye and such loss of one entire hand or one entire foot, the Sum Insured stated in the Schedule hereto.
- Use of two hands or two feet or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the Sum Insured stated in the Schedule hereto.
- Sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the Sum Insured stated in the Schedule hereto.
- Use of a hand or a foot without physical separation, fifty percent (50%) of the Sum Insured stated in the Schedule hereto.
- Note : 'physical separation' of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.
- If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any gainful employment or occupation of any description, whatsoever, then a lump sum equal to hundred percent (100%) of the Sum Insured stated in the Schedule hereto.

## **E EXCLUSIONS**

The Company shall not be liable under this Policy for:

### **E.1 Specific Exclusions**

1. Payment of compensation in respect of Death/Permanent Total 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, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, [Standard type of Aircraft' means any aircraft duly licensed to carry passengers (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 multiple engine].
  - d) directly or indirectly caused by venereal diseases, AIDS or insanity.
  - e) arising or resulting from the Insured Person committing any breach of law with criminal intent.
  - 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.  
  
Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing disease.
  - g) persons working in underground mines, explosives, magazines, workers involved in electrical installation with high tension supply, Jockeys, Circus personnel, Persons engaged in racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons engaged in occupation/activities of similar hazard.
2. Payment of compensation in respect of Death/Permanent Total 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 action or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments .
3. Compensation under more than one of the foregoing sub clauses in respect of the same incident.
4. Payment of Compensation in respect of death/Permanent Total Disablement of the Insured Person.
  - a) directly or indirectly caused by 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.
  - b) directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
5. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover death resulting directly or indirectly from, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
6. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this exclusion "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any 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 alleges that by reason of this exclusion any loss is not covered by this insurance the burden of proving the contrary shall be upon the Insured.

## **F GENERAL TERMS AND CLAUSES**

### **F.1 Specific Clauses**

- F.1.1** Upon the happening of any event which may give rise to a claim under this Policy, written notice with all particulars must be given to the Company immediately, in any case, not later than 60 days after the occurrence of the event. Initial notification can be made by telephone. Company reserves the right to repudiate claims intimated beyond 60 days.
- F.1.2** Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Such evidence as the company may, from time to time require shall be furnished as early as possible. Provided that all sums hereunder shall be payable only by deleting by an endorsement, the name of the Insured Person in respect of whom such amount shall become payable without any refund of premium.

### **F.1.3 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:**

- 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 ITR return to show Proof of annual income.
- Any other document as may be required by the Company.

The Claim 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.

Claim documents may be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Toll Number 1860 425 0000.

**F.1.4 Claims Settlement / Rejection**

All admissible claims under this policy shall be offered for settlement within 15 days from the receipt of last necessary document. Wherever settlement offer has been made and accepted by Insured Person/Nominee/Legal heir as the case may be, the company shall pay the offered claim amount within 7 days from the date of such acceptance, failing which the Company shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.

**F.1.5** The Company shall not be liable to make any payment under this Policy in respect of any claim, if such claim be in any manner fraudulent or supported by any fraudulent statement or device, whether by the Insured Person or by any person acting on behalf of the Insured Person.

**F.1.6** The Insured Person 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 he/she has become affected since the payment of last preceding premium.

**F.1.7 Renewal :**

- 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 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.
- vii. For persons above 60 years, the sum insured under the policy shall be restricted to a maximum of 10 lacs, unless otherwise stated in the schedule.

**F.1.8** The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the insured by giving 14 days notice in writing. Such notice shall be deemed sufficiently given if posted by Registered Post Acknowledgement Due addressed to the Insured at the address last registered in the Company's books and shall be deemed to have been received by the Insured at the time when the same would be delivered.

Or

The Policy may be cancelled at any time, by the Insured by giving 30 days notice in writing sent under Registered Post Acknowledgement Due.

**PROVIDED** no claim has arisen under the within mentioned policy prior to the receipt of such notice by the Company, the Insured person would be entitled to the return of premium less premium at Company's short period rates for the period the Policy has been in force

Short period scales of rates:

<b>Duration</b>	<b>Company's retention %</b>
Less than 30 days	25% of annual rate
Between 1 month and 3 months	50% of annual rate
Between 3 months and 6 months	75% of annual rate
Above 6 months	Full annual premium

**F.1.9** The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this Policy but the receipt of the nominee(s)/legal heir(s) of the Insured Person shall in all cases be effective discharge to the Company.

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

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

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

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

**F.1.10** 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 12 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 to Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**F.1.11** All claims under this Policy shall be payable only in India and in Indian Rupees only. Any suit or legal proceedings against the Company under this Policy shall be filed and instituted only in a Court having jurisdiction in India.

1. Provided always that the due observance and fulfillment of the terms and conditions of this Policy along with endorsements shall so far as they relate to anything to be done or not to be done by the Insured and/or Insured Person be a condition precedent to any liability of the Company under this Policy.

**F.1.12** Payment of Premium

a) The Insured is required to pay the annual premium well in advance before the commencement of Insurance.

**F.1.13** Inspection of records

The Insured shall maintain a proper record of all Account holders and Credit Card holders of Citibank who have

opted for Citibank PA Plus Personal Accident cover and shall allow the Company to inspect such records at any reasonable time.

**F.1.14 Grievance Redressal**

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

Website: <https://www.royalsundaram.in>

Grievance Redressal: <https://www.royalsundaram.in/customer-service>

You may call us at – 1860 258 0000, 1860 425 0000

Email:

1. Please raise a complaint with us through e mail – [care@royalsundaram.in](mailto:care@royalsundaram.in), and we would come back to you with a response in 24 hours.
2. In case you are not satisfied with our response or have not received any response in 24 hours, you may write to [manager.care@royalsundaram.in](mailto:manager.care@royalsundaram.in)
3. If you feel you are not heard of or have not received any response in 2 business days, you may escalate it to [head.cs@royalsundaram.in](mailto:head.cs@royalsundaram.in)
4. In case you are not happy with our response or have not received any response in 2 business days, you may approach [gro@royalsundaram.in](mailto:gro@royalsundaram.in) - GRO Contact Number – 7228087400

Sr. Citizen can email us at : [seniorcitizengrievances@royalsundaram.in](mailto:seniorcitizengrievances@royalsundaram.in) - Senior Citizen Grievance Number - 7228933501 (A separate e-mail id for Senior Citizens has been created for the ease and convenience of Senior citizens)

Fax us at: 044 – 7117 7140

Courier us your complaint at:

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 <http://www.royalsundaram.in>

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 -<https://www.cioins.co.in/ContactUs>

**Grievance may also be lodged at –**

**Registration of Complaints in Bima Bharosa by Policyholders:**

1. Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>
2. Can send the complaint through Email to [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in).
3. Can call Toll Free No. **155255** or **1800 4254 732**.
4. Apart from the above options, if it is felt necessary by the complainant to send the communication in physical form, the same may be sent to IRDAI addressed to:

**General Manager**

**Insurance Regulatory and Development Authority of India(IRDAI)**

**Policyholder's Protection & Grievance Redressal Department – Grievance Redressal Cell.**

**Sy.No.115/1, Financial District, Nanakramguda,**

**Gachibowli, Hyderabad – 500 032.**

**No loading shall apply on renewals based on individual claims experience.**

Insurance is the subject matter of solicitation.

F.1.15 Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- i. The waiting periods specified in Section E shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
- ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), migration benefits shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the below link:-

<https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf>

F.1.15 Portability

The insured Person will have the option to port the policy to other insurers as an extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

- i. The waiting periods specified in Section E shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the below link:-<https://www.royalsundaram.in/health-insurance/health-insurance-portability>

F.1.15 Moratorium

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.

**Council for Insurance Ombudsmen**

Contact details:

Address:

Council for Insurance Ombudsmen,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.

**INSURANCE OMBUDSMAN OFFICE LIST**

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

<https://www.cioins.co.in/ContactUs>

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**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 258 0000 or e-mail at [care@royalsundaram.in](mailto:care@royalsundaram.in) or write us to

Royal Sundaram General Insurance Co. Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

Royal Sundaram General Insurance Co. Limited

IRDAI Registration No.102. | CIN: U67200TN2000PLC045611