

**Royal Sundaram General Insurance Co. Limited**

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

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

Office : 21, Patullos Road, Chennai - 600 002

**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<br>(Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Policy Clause Number                     |
|-------|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| 1     | Name of Insurance Product / Policy           | CITI PA PLUS INSURANCE POLICY<br>(For Citibank Customers only)<br>Accidental Death + PTD only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |
| 2     | Policy Number                                | xxxxxxx                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |
| 3     | Type of Insurance Product / Policy           | Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |
| 4     | Sum Insured (Basis)<br>(Along with amount)   | <ul style="list-style-type: none"> <li>Individual Sum Insured – Rs. xxxx</li> <li>Floater Sum Insured – Rs. xxxx</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
| 5     | Policy Coverage<br>(What the policy covers?) | <p><b>BENEFITS COVERED UNDER THE POLICY</b></p> <p>This Insurance is a worldwide Personal Accident Cover that is specially designed to cover the following within 12 months from the date of accident (caused by external, violent and visible means):</p> <ul style="list-style-type: none"> <li>• <b>Death:</b> In unfortunate event of fatal accident the Sum stated in the Schedule/Certificate of Insurance will be paid to the nominee of Insured Person.</li> <li>• 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.</li> </ul> <p><b>Permanent Total Disablement:</b> In unfortunate event of an accident resulting in Permanent Total Disablement the Insured Person will be paid the Sum stated in the Schedule/Certificate.</p> | <p>Section - D</p> <p>D.1</p> <p>D.2</p> |

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| 6 | Exclusions<br>(What the Policy does not cover) | <p>1. Payment of compensation in respect of Death/Permanent Total Disablement of the Insured Person.</p> <p>a) from intentional self-injury, suicide or attempted suicide.</p> <p>b) whilst under the influence of intoxicating liquor or drugs</p> <p>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].</p> <p>d) directly or indirectly caused by venereal diseases, AIDS or insanity.</p> <p>e) arising or resulting from the Insured Person 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. Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing disease.</p> <p>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.</p> <p>2. Payment of compensation in respect of Death/P 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 .</p> | E.1 |
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|  |  | <p>3. Compensation under more than one of the foregoing sub clauses in respect of the same incident.</p> <p>4. Payment of Compensation in respect of death/Permanent Total Disablement of the Insured Person.</p> <p>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.</p> <p>b) directly or indirectly caused by or contributed to by or arising from nuclear weapons material.</p> <p>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.</p> <p>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</p> |  |
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|   |                              | <p>toxin(s)(including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.</p> <p>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.</p> <p>Note: The above is a partial listing of the policy exclusions, Please refer to the policy clauses for the full listing.</p>                                                                                                                                                                                                                              |                |
| 7 | Waiting Period               | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Not Applicable |
| 8 | Financial limits of coverage | The policy will pay only up to the limits specified hereunder for the following diseases/procedures:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Not Applicable |
|   | i.Sub-limit                  | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
|   | ii.Co-payment                | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
|   | iii.Deductible               | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
|   | iv.Any other limit           | Not applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |
| 9 | Claims/Claims Procedure      | <p><b>CLAIM PROCEDURE</b></p> <p><b><u>Notification of claim:</u></b></p> <p>i. 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.</p> <p>ii. 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.</p> <p>iii. 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.</p> | F.1            |

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|  |  | <p>Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.</p> <p><b>Documents to be submitted</b></p> <p>Basic documents required for All claims</p> <ol style="list-style-type: none"> <li>Duly completed claim form</li> <li>Photo Identity Proof of the insured person</li> <li>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</li> <li>Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital</li> <li>Any other relevant document required by the Company for assessment of the claim</li> </ol> <p><b><u>Documents required in case of Death covered under Section D.1</u></b></p> <ol style="list-style-type: none"> <li>Death certificate;</li> <li>Post Mortem Report (if conducted);</li> <li>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.               <ol style="list-style-type: none"> <li>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</li> <li>Panchanama / Accident report</li> <li>Chemical analysis report of viscera / blood sample</li> <li>Admission / Discharge / Death summary issued by hospital authority</li> <li>English translation of vernacular documents</li> </ol> </li> </ol> | <p>F.1.1</p> <p>F.1.2</p> |
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|  | <p><b><u>Documents required in case of Permanent Total Disablement (PTD covered under Sections D.2)</u></b></p> <ul style="list-style-type: none"> <li>i. Original treating Medical Practitioner's certificate describing the disablement</li> <li>ii. Original Discharge summary from the Hospital</li> <li>iii. Disability certificate issued by treating Medical Practitioner</li> <li>iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.</li> <li>v. Copy of FIR/MLC/Accident register</li> </ul> <p><b><u>Claim Settlement</u></b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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)</li> </ul> <p><b><u>Payment of Claim</u></b></p> | <p>F.1.3</p> <p>F.1.4</p> |
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|    |                         | All claims under the policy shall be payable in Indian currency only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | F.1.5  |
| 10 | Policy Servicing        | <p>Call Center number of the insurer:<br/>1860 258 0000 / 1860 425 0000</p> <p>Details of Company Officials : Mr. T M Shyamsunder –<br/>Grievance Redressal Officer</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | F1.15  |
| 11 | Grievances / Complaints | <p>We promise to provide the service you want, but sometimes mistakes can happen. If you're not satisfied with our service, we're here to make it right. Your satisfaction is our main concern, especially when things haven't gone as planned.</p> <p><b>Step 1: Raise a Complaint</b><br/>Please raise your concern with us through our Online form /<br/>Call us at: 1860 425 0000 / 1860 258 0000 / mail us at<br/><a href="mailto:care@royalsundaram.in">care@royalsundaram.in</a> &amp;</p> <p><b>write us at</b><br/><b>Customer Services Team</b><br/>Royal Sundaram General Insurance Co. Limited<br/>Vishranthi Melaram Towers<br/>No.2/319, Rajiv Gandhi Salai(OMR) Karapakkam,<br/>Chennai – 600097</p> <p>Senior Citizen can mail us at:<br/><a href="mailto:seniorcitizengrievances@royalsundaram.in">seniorcitizengrievances@royalsundaram.in</a></p> <p>We will acknowledge your grievance immediately and provide a resolution.</p> <p><b>Step 2: Escalation 1</b></p> <p>If you are not satisfied with the resolution provided or require any further assistance, you may escalate the matter to:<br/><a href="mailto:manager.care@royalsundaram.in">manager.care@royalsundaram.in</a></p> | F.1.15 |

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|    |                    | <p><b>Step 3: Escalation 2</b></p> <p>If you feel your grievance has not been resolved satisfactorily, you may escalate further to:<br/> <a href="mailto:head.cs@royalsundaram.in">head.cs@royalsundaram.in</a></p> <p><b>Step 4: Escalation to Grievance Redressal Officer - Final Internal Escalation</b></p> <p>If you need further resolution, you may escalate it to:</p> <p>Grievance Redressal Officer: Mr. T M Shyamsunder, 9500413094<br/>         Senior Citizen Redressal: 9500413019<br/>         Email: <a href="mailto:gro@royalsundaram.in">gro@royalsundaram.in</a></p> <p>For updated details of grievance officer, kindly refer the link<br/> <a href="http://www.royalsundaram.in">http://www.royalsundaram.in</a>.</p> <p>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.</p> <p><b>Insurance Ombudsman addresses can be accessed at -</b><br/> <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> |       |
| 12 | Things to remember | <p><b>Cancellation/ Termination (other than Free Look cancellation)</b></p> <p>The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.</p> <p>The Company shall:</p> <p>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.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | F.1.7 |



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|  | <p>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.</p> <p>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.</p> <p>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.</p> <p><b>Free Look Provision:</b><br/>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:</p> <p>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;</p> <p>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;</p> <p>c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.</p> <p>d) Free-look will not be applicable for policies with tenure less than one year.</p> <p>e) Free-look not applicable in case of renewals.</p> <p>All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.</p> | F.1.14 |
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|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|  |  | <p><b>Renewal :</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>vi. This product may be withdrawn by Us after due approval from the IRDAI. In case this product is</li> </ul> | F.1.6 |
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|    |                  | <p>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.</p> <p>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.</p> <p><b>Moratorium</b><br/>After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.</p> | F.1.18 |
| 13 | Your Obligations |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |        |



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Declaration by the policy holder:

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

Place:

Date: (Signature of the Policy Holder)

Note:

- 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.