

Group Personal Accident Policy (APA 002)

Prospectus

Group Personal Accident – Protecting what you value

Your employees are an extremely important resource for your business. To demonstrate that you value them you want to help them and their loved ones in case of misfortune. To cater to this large human pool Royal Sundaram's Group Personal Accident (GPA) Policy, provides coverage for you, as a business owner, and gives accidental injury, death or disability insurance to any employee during the length of their employment.

What are the key benefits of Group Personal Accident Policy?

This policy is specially designed to offer complete protection to you and your family against the accidents

- **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 a specified percentage of Sum stated in Schedule / Certificate of Insurance according to the disability which has been listed in the policy.
- **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.
- **Temporary Total Disablement Benefit:** Fixed lump sum (stated in the Schedule / Certificate of Insurance) of Weekly benefit for accident resulting in home confinement of the Insured Person.
- **Medical Expenses due to hospitalization:** Reimbursement of medical Expenses for hospitalization due to accident resulting in Death / Disablement.

Who is providing coverage under Group Personal Accident Policy?

Your Coverage under Group Accident Policy is offered by Royal Sundaram Alliance Insurance Company Limited, a joint venture between the Sundaram Finance, one of the most respected NBFCs of India and RSA, a UK based, Global Insurance player.

Policy Tenure

- Policy tenure - one year

Eligibility

- The insurance is available to persons between the age of 18 years and 70 years at the Policy Start Date.

- Coverage ceases for dependent children on attaining an age of 25 years.
- Renewals accepted only up to the maximum age of 70 years. For persons above the maximum age specified, the Company shall offer suitable alternate products from its currently marketed product suites

Applicability:

This cover is applicable only as long as the insured person is a member of the group. If the insured person ceases to be a member of the group the policy ceases to operate for the particular insured person.

Exclusions

- The Company shall not be liable under this Policy for:
 1. Compensation under more than one of the foregoing sub-clauses in respect of the same incident.
 2. Any other payment after a claim under one of the foregoing sub clauses A, B(a) or (c) has been admitted and become payable.
 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 Schedule of the Policy. However in the event of a death claim, the sum payable shall be the sum insured under the relevant section of the Schedule of the Policy after deducting the amount already paid for the earlier disablement , 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, dismounting from or travelling 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 persons 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.

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 action or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments.

6. Payment of Compensation in respect of Death, Injury or Disablement of the Insured person.

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

7. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, Injury or Disablement resulting directly or indirectly from, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

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 racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard.

9. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, disablement or injury 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 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.

Claims Procedure

- 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 30 days after the occurrence of the event.
- Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical practitioner or other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may, from time to time require shall be furnished as early as possible. In the event of a claim in respect of loss of sight, the Insured Person shall undergo at his own expense such operation or treatment as the Company may reasonably deem desirable.

Provided that all sums hereunder shall be payable a) In case of death or permanent total disablement (except for loss of sight of one eye or loss of one limb), only after deleting by an endorsement, the name of the Insured Person in respect of whom such amount shall become payable without any refund of premium.

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.

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:

Permanent Total (including Monthly Income Benefit) or Partial 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.

The documents should be sent to:

Health Claims Department

M/s.Royal Sundaram Alliance Insurance Co.Ltd.,

Corporate office: Vishranthi Melaram Towers, No. 2 / 319

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

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When does the Cover End?

Event	Parameter
End of coverage term	Expiry date of policy period unless renewed
If you cancel the coverage	Premium would be refunded as per the grid short period scales
Non receipt of renewal premium	If the renewal premium is not paid within the due date and within the Grace Period of 30 days.
Fraudulent event/non-cooperation	The policy when not renewed on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you.

Premium table

Basic Rate (per mille per annum)

Benefit	Description	Table	Benefits Covered	Group 1	Group 2	Group3	Group 4
1	Death Only	D		0.45	0.6	0.45	0.8
2	Loss of limbs, two eyes, or one limb or one eye – 100%	C	1 to 4	0.6	0.9	0.6	1.1
3	Loss of one limb or one eye – 50%						
4	PTTD – 100%						
5	Permanent Partial Disability	B	1 to 5	0.9	1.2	0.9	1.45
6	TTD – 1% of CSI up to 100 weeks with weekly benefit of maximum of 3000/-	A	1 to 6	1.2	1.5	1.2	2.0

Renewal Process

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

For persons above 60 years, the sum insured under the policy shall be restricted to a maximum of 10 lacs, unless otherwise stated in the schedule. Policy must be renewed within the Grace Period of thirty days of expiry to maintain the continuity of Coverage. However no coverage shall be available during the period of such break. A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy.

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

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

Free Look Provision:

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 Process

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.

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.

Portability:

If proposer desires to port to any Personal Accident policy of the company, application in the appropriate form should be made before two weeks from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the first inception date of any Personal Accident Insurance Policy and such rights shall be limited to the extent of the sum insured, in each of the year, provided the Policy has been continuously renewed without any break. If insured desires to port this policy with other insurers, he shall approach them well before the renewal date (at least 45 days prior to renewal date) to avoid break in the policy coverage due to possible acceptance delays.

Disclaimer:

Insurance is the subject matter of solicitation. Group Personal Accident Policy (APA002) is issued by Royal Sundaram Alliance Insurance Company Limited. Claims will be settled by Royal Sundaram Alliance Insurance Company Limited as per the terms and conditions of the policy. This Prospectus is not a contract of Insurance. Please refer policy document for exact terms and conditions and specific details applicable to this Insurance. This plan is underwritten by Royal Sundaram Alliance Insurance Company Limited. Your participation in this insurance product is purely on a voluntary basis.

Prohibition of rebates:

Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or

property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published Prospectus or table of the insurer. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

Grievances Redressal Procedure

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.

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

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

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

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>