

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.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	Personal Accident Care Gold Insurance	
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?)	Personal Accident Care Platinum Insurance is a worldwide Personal Accident Cover that is specially designed to cover the following, occurring within 12 months from the date of accident (caused by external, violent and visible means) : 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. Monthly Income Benefit: Fixed lump sum stated in the Schedule/Certificate of Insurance as compensation is payable every month, up to a period of 12 months, for accident resulting in Permanent Total Disablement from the place of Accident. Medical Expenses due to Accident hospitalization: Reimbursement of Hospitalization expenses for a minimum period of 48 hours up to the amount stated in the Schedule/Certificate of Insurance, is payable due to accident resulting in Death/Disablement. Educational Grant: In the event of death of the insured person, Educational grant as stated in the Policy condition shall be payable. Transportation of Mortal Remains: A lump sum of Rs.5000/- is payable for carriage of Insured person's dead body to the place of his/her residence from the place of Accident.	Section D

Customer Information Sheet

6	Exclusions (What the Policy does not cover)	- Investigation & Evaluation, - Rest Cure, rehabilitation and respite care, - Obesity/ Weight Control, - Change-of-Gender treatments, - Cosmetic or plastic Surgery, - Hazardous or Adventure sports, - Breach of law, - Excluded Providers, - Treatment for, Alcoholism, drug or substance abuse, - Tobacco abuse or any addictive condition and consequences, - Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons, - Dietary supplements and substances that can be purchased without prescription to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure, - Refractive Error, - Unproven Treatments, - Sterility and Infertility, - Maternity The expenses that are not covered in this policy are placed under List-I of Annexure-A (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.)	Section E
7	Waiting Period	Initial Waiting Period: For Medical Expenses due to Accident Hospitalization the cover commences only after 7 days from the date of inception of the policy.	Section D
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	
	iv.Any other limit	As per details mentioned in point no 5. Policy Coverage of this customer information sheet.	

Customer Information Sheet

9	Claims/Claims Procedure	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 or if the nominee is not alive at the time of claim. • 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 the 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 (at the option of the Company). • Any other document as may be required by the Company. Medical Expenses Claim (Submit the duly filled in Claim form with the following documents) • First Information Report (in case of Road accident). • Admission/Discharge Summary. • All Original receipts and bills including final hospital bills. • Medical bills and bills for lab tests. Educational Grant (Submit the duly filled in Claim form with the following documents) • Document confirming the name and number of children. • Proof of continuing education. • If the bills/ vouchers / Reports are in a language, other than English /Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person/his/her legal heir(s). The claim documents should be sent to:	F.1.4 & F.1.5
---	-------------------------	---	---------------

Customer Information Sheet

		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 1860425 0000 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. The Company shall be released from any obligation to pay insurance benefits if any of the obligations are breached.	
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.1.24
11	Grievances / Complaints	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	F.1.24

Customer Information Sheet

		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. 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	
--	--	--	--

Customer Information Sheet

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. 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	F.1.23 F.1.17
----	--------------------	--	-----------------------------

Customer Information Sheet

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 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.

F.1.26

Customer Information Sheet

		Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. 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: 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/multiplier benefit (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.1.27
		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.1.28

Customer Information Sheet

		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.1.29
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:

- 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.**