

SMART CASH PLAN- PROSPECTUS

Smart Cash Plan

Hospitalization is expensive. In addition to hospital bills and medicines, incidental expenses like special diet, commuting to the hospital and back, hospital stay with the patient become an additional burden on the family's financial resources.

Presenting “Smart Cash Plan ” from Royal Sundaram General Insurance Co. Limited, which is a Health Insurance Plan offered for one, two and three years term to provide a daily benefit to cover those incidentals if the Insured Person is confined to Hospital any time during the currency of this Policy, due to an accident/illness.

Who is providing coverage under Smart Cash Plan?

Your Coverage under Smart Cash Plan is offered by Royal Sundaram General Insurance Co. Limited, first private non-life Insurance Company licensed to operate in India.

What is the age at entry and who can be covered?

- The proposer should be minimum 18 years (completed age) on Policy Start Date.
- This insurance is available to persons from the age of 91 days at the Commencement Date of the Policy. Dependents, who bear any legal relation to the Proposer, can also be insured. If non-dependent members are covered exemption under Section 80D of Income Tax Act will not be applicable.

What is the coverage provided under Smart Cash Plan ?

This policy is specially designed to offer complete protection to you and insured for

S.No.	Plan/s	Benefit	Description
1	Silver/Gold/Platinum	A	Hospital Confinement including whilst on a Trip abroad
		B	Accident Hospitalisation Benefit - Double Benefit
		C	Convalescence Benefit
		D	Critical Illness Benefit

		E	Joint Hospitalisation due to an Accident
2	Gold/Platinum	F	Child Birth Benefit
		G	Pre-Existing Disease Benefit
		H	Health Check up cost reimbursement
3	Platinum	I	Intensive Care Benefit
		J	Parental Accommodation Benefit
		K	Emergency Family Member visit from abroad

Daily benefit sum Insured shall be restricted to Rs.3000/day (silver plan) for persons above 70 years at entry.

Benefit A - Hospital Confinement Benefit:

In the event of hospitalisation of the Insured Person for a consecutive and completed period of more than 24 hrs during the policy period, a daily benefit as mentioned in the Schedule of the Policy is payable for each completed and consecutive period of 24 hrs subject to a maximum of 180 days per policy year .

Benefit B - Accident Hospitalisation Benefit:

Double the hospital confinement benefit for each completed and consecutive 24 hour period of hospitalization for bodily injury due to road/rail/air accident. This benefit becomes admissible if the confinement is for consecutive and completed period of more than 5 days subject to a maximum of 15 days per policy year. For such duration no benefit shall be payable under Benefit A.

Benefit C - Convalescence Benefit:

A lumpsum payment of Rs.10000/- is payable for Hospital Confinement beyond 15 consecutive and completed days, in addition to the Hospital Confinement benefit. This benefit is payable only once per illness / accident/ policy.

Benefit D - Critical Illness Benefit:

The Policy provides for payment of Rs.10000/- (for Silver Plan), Rs.15000/- (for Gold Plan) and Rs.20000/- (for Platinum Plan), on diagnosis of any of the following Critical Illness

a) *First Diagnosis of the below-mentioned Illnesses more specifically described below*

1. Cancer of specified severity
2. Multiple Sclerosis with Persisting Symptoms
3. Kidney failure requiring regular dialysis.

b) Undergoing for the first time of the following surgical procedures, more specifically described below.

4. Open chest CABG,
5. Open Heart Replacement or Repair of Heart Valves.

c) Occurrence for the first time of the following medical events more specifically described below

6. Stroke resulting in permanent symptoms
7. First Heart Attack – of specified Severity,

This Benefit shall be admissible only if there is an admissible claim under Hospital confinement Benefit.

Special Condition for Critical Illness Benefit Section:

Only one lump sum payment shall be provided during the Insured's lifetime regardless of the number of Critical Illness, incapacities or treatments suffered by him/her. This Critical Illness benefit under the Policy will be automatically terminated after payment under this Section and shall not be available even during subsequent renewals.

Benefit E - Joint Hospitalisation due to an Accident:

Double the Hospital confinement benefit shall be payable for each of the insured persons, if two or more Insured Persons covered under the same policy are hospitalized concurrently as inpatients during the Policy Period due to an Accident for a maximum period of 5 completed days per insured person per policy year and for such duration no benefit shall be payable under Hospital confinement Benefit.

Benefit F - Child Birth Benefit

A lump sum of Rs.10000/- under Gold Plan and Rs.20000/- under Platinum Plan, in the event of hospitalisation resulting in Child Birth.

Special Condition for Child Birth Section:

- This benefit is applicable only under Gold & Platinum plans for female Insured Person only.
- This benefit is payable maximum twice during the lifetime of the Insured Person.
- A waiting period of 2 years from inception is applicable for this benefit.
- This benefit shall not be applicable for ectopic pregnancy and termination of pregnancy for whatsoever reason.

Benefit G - Pre-existing disease benefit:

A chosen hospital confinement benefit or Rs.5000/- per day / person /policy year whichever is lower is payable for a consecutive and completed period of more than 24 hrs due to a pre-existing disease subject to a maximum of 5

days per policy year. This benefit shall be payable only after 3 years of continuous insurance from the commencement date of the first Policy issued by Us.

Whenever pre-existing disease benefit is admissible under the Policy, we will not pay for any other Benefit for the period pre-existing disease benefit is payable.

(This benefit is applicable only under Gold & Platinum plans).

Benefit H - Health Check up cost reimbursement:

Reimbursement of expenses towards Master Health Check up for the Insured Person/s, after a block of 4 consecutive claim free years with us up to a maximum of 50% of the average daily benefit chosen of the respective block per Insured Person.

(This benefit is applicable only under Gold & Platinum plans).

Benefit I - Intensive Care Benefit:

Double the Hospital Confinement Benefit shall be payable for each complete and consecutive period of 24 hours in an ICU, subject to a maximum of 5 days per policy year. Whenever Intensive care Benefit is admissible under the Policy, we will not pay for Hospital Confinement Benefit or Accident Hospitalization Benefit for the period when the Insured Person is in Intensive Care unit.

(This benefit is applicable only under Platinum plan).

Benefit J- Parental Accommodation Benefit

Daily benefit as applicable under Benefit A shall be payable towards parental accommodation for each completed period of 24 hours upto a maximum of 5 days per policy year in addition to hospital confinement benefit in the event of hospitalization of Insured Person aged 12 years or less of age and the hospitalization period exceeds a completed and consecutive period of 72 hours.

(This benefit is applicable only under Platinum plan).

Benefit K - Emergency Family Member visit from abroad

In the event of admissible claim under Critical Illness Benefit (Benefit D) for hospitalisation of Insured Parents/ Spouse/Children due to Critical Illness, Flight ticket charges incurred by the Insured Person for emergency travel to India from abroad will be payable. Reimbursement of Two way flight charges in economy class upto a maximum of Rs.1 lac per Insured person per policy year shall be payable.

(This benefit is applicable only under Platinum plan).

Special condition applicable to all benefits

In no case the maximum number of days of hospitalization covered under the policy shall together exceed 180 days per person per policy year.

PERSONAL ACCIDENT BENEFIT – OPTIONAL BENEFIT

(Applicable only if additional premium has been paid at inception itself and coverage confirmed. Coverage under this section cannot be opted or cancelled once coverage under smart cash Plan section has already commenced.)

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 or his nominee as the case may be, the sum specified as under:

a) Death

a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured, the sum insured stated in the relevant section of the Policy Schedule shall be payable.

b) Permanent Total Disablement

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

i) 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, of such loss of sight of one eye and such loss of one entire hand or one entire foot, the sum insured stated in the relevant section of the Policy Schedule shall be payable.

ii) 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 relevant section of the Policy Schedule shall be payable.

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

i) The 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 relevant section of the Policy Schedule shall be payable..

ii) Total and irrecoverable loss of use of a hand or a foot without Physical separation, fifty percent(50%) of the sum insured stated in the relevant section of the Policy Schedule shall be payable.

NOTE: For the purpose of Clause (b) and Clause (c) above, 'physical separation' of a hand means separation at or above the wrist and of the foot at or above the ankle.

d) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description, whatsoever, then a lump

sum equal to hundred percent (100%) of the sum insured stated in the relevant section of the Policy Schedule shall be payable.

c) Permanent Partial Disablement

e) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and /or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then the percentage of the sum insured as indicated below shall be payable

Table of Benefits		Percentage of Capital Sum Insured
i) Loss of toes	- all	20 %
• Great	- both phalanges	5 %
• Great	- one phalanx	2 %
• Other than Great, if more than one toe lost,	- for each toe	1 %
ii) Loss of hearing	- both ears	75 %
iii) Loss of hearing	- one ear	30 %
iv) Loss of four fingers and thumb of one hand		40%
v) Loss of four fingers		35%
vi) Loss of thumb	- both phalanges - one phalanx	25 % 10 %
vii) Loss of index finger	- three phalanges -two phalanges - one phalanx }	10 %
viii) Loss of middle finger	- three phalanges -two Phalanges - one phalanx }	6 %
ix) Loss of ring finger	- three phalanges } -two phalanges - one phalanx	5 %
x) Loss of little finger	- three phalanges -two phalanges - one phalanx }	4 %
xi) Loss of metacarpals	- first or second(addl) -third, fourth, or fifth (addl) }	3 %
xii) Any other permanent partial disablement		Percentage of PPT as assessed by the state board's/neutral medical practioner.

What additional benefits do I get?

Along with the above benefits, you are also entitled to avail of the following benefits:-

- **Tax Benefit:** Premium eligible for tax rebate under Section 80D of the Income Tax Act, 1961.

What is the coverage amount under Smart Cash Plan ?

You and your family would be covered under the following Sum Insured.

Plan I - Silver	Plan II - Gold	Plan III - Platinum
Rs.500/-	Rs.3000/-	Rs.5000/-
Rs.1000/-	Rs.4000/-	Rs.7500/-
Rs.1500/-	Rs.5000/-	Rs.10000/-
Rs.2000/-		
Rs.2500/-		
Rs.3000/-		

The limits specified above are in Indian Rupees and is applicable for policies with one year duration. In respect of policies with 2 / 3 years tenure, the Sum Insured shall be per policy year limits.

Who is eligible for the coverage?

You must satisfy the following conditions:

Parameter	Eligibility
Age of Proposer	Minimum 18 years of age
Age at entry of insured person	91 days of age
Coverage Term	1, 2 and 3 years
Relationship	Self (Proposer), and Dependents, who bear any legal relation to the Proposer, can be insured.

Health Condition	You need to be in good health, have understood and signed the health proposal form.
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What are the types of cover and what are the sum insured options available?

- Individual

What do I need to pay?

Payment of premium : Single payment only irrespective of tenure.

Premium table for cover on Individual Basis

Premium for single life for coverage of stipulated Sum Insured is shown in the table below.

Premium rates excluding service tax:

One year Premium rates (excluding service tax)

1year	Premium rates excluding service tax					
Product Variant	Silver					
Age-Band	500	1,000	1,500	2,000	2,500	3,000
0-45	638	1,276	1,751	2,225	2,700	3,175
46-80	709	1,418	1,945	2,473	3,000	3,527
81+	920	1,841	2,525	3,237	4,026	4,850

1 year	Premium rates excluding service tax					
Product Variant	Gold			Platinum		
Age-Band	3,000	4,000	5,000	5,000	7,500	10,000
0-45	3,524	4,699	5,874	6,141	9,212	12,282
46-70	3,917	5,223	6,529	7,110	10,665	14,220
**71-80	5,146	6,861	8,576	10,747	16,121	21,494

**81+	5,660	7,547	9,434	11,822	17733	23644
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2years	Premium rates* (excluding service tax)											
Product Variant	Silver						Gold			Platinum		
Age-Band	500	1,000	1,500	2,000	2,500	3,000	3,000	4,000	5,000	5,000	7,500	10,000
0-45	1,148	2,297	3,152	4,005	4,860	5,715	6,344	8,459	10,573	11,054	16,581	22,108
46-70	1,276	2,552	3,501	4,451	5,400	6,349	7,051	9,401	11,752	12,798	19,197	25,596
**71-80	1,276	2,552	3,501	4,451	5,400	6,349	9,262	12,350	15,437	19,345	29,017	38,690
**81+	1,657	3,313	4,544	5,827	7,247	8,729	10,188	13,585	16,981	21,279	31919	42559

** (includes discount of 10%)*

3years	Premium rates* (excluding service tax)											
Product Variant	Silver						Gold			Platinum		
Age-Band	500	1,000	1,500	2,000	2,500	3,000	3,000	4,000	5,000	5,000	7,500	10,000
0-45	1,675	3,350	4,596	5,841	7,088	8,334	9,252	12,335	15,419	16,120	24,180	32,240
46-70	1,861	3,722	5,106	6,492	7,875	9,258	10,283	13,710	17,138	18,663	27,995	37,327
**71-80	1,861	3,722	5,106	6,492	7,875	9,258	13,507	18,010	22,512	28,211	42,317	56,423
**81+	2,416	4,831	6,627	8,498	10,568	12,730	14,858	19,811	24,763	31,032	46549	62065

** (includes discount of 12.5%)*

Premium table for Personal Accident Benefit – Optional Benefit (Excluding Service Tax)-(1 Year)			
Plans	Plan I - Silver	Plan II - Gold	Plan III - Platinum

Sum Insured (In Rupees)	10 Lacs	15 Lacs	25 Lacs
Rate (in Rupees per lac per policy year)	90		

Premium table for Personal Accident Benefit – Optional Benefit (Excluding Service Tax)-(2years)			
Plans	Plan I - Silver	Plan II - Gold	Plan III - Platinum
Sum Insured (In Rupees)	10 Lacs	15 Lacs	25 Lacs
Rate (in Rupees per lac per policy year)	162		

Premium table for Personal Accident Benefit – Optional Benefit (Excluding Service Tax)-(3years)			
Plans	Plan I - Silver	Plan II - Gold	Plan III - Platinum
Sum Insured (In Rupees)	10 Lacs	15 Lacs	25 Lacs
Rate (in Rupees per lac per policy year)	236		

Premium rates including 14% service tax:

1year	Silver						Gold			Platinum		
Age Band	500	1,00	1,500	2,000	2,50	3,000	3,00	4,000	5,000	5,000	7,500	10,00

(in yrs.)	0	0	0	0	0	0	0	0	0	0	0	0
0-45	727	1,455	1,996	2,537	3,078	3,620	4,018	5,357	6,696	7,001	10,501	14,001
46-70	808	1,617	2,217	2,819	3,420	4,021	4,466	5,954	7,443	8,105	12,158	16,211
**71-80	808	1,617	2,217	2,819	3,420	4,021	5,866	7,821	9,777	12,252	18,378	24,503
**81+	1,049	2,098	2,878	3,690	4,590	5,529	6,453	8,604	10,754	13,477	20,215	26,954

2years	Silver						Gold			Platinum		
Age Band (in yrs.)	500	1,000	1,500	2,000	2,500	3,000	3,000	4,000	5,000	5,000	7,500	10,000
0-45	1,309	2,618	3,593	4,566	5,540	6,515	7,232	9,643	12,053	12,601	18,902	25,203
46-70	1,455	2,910	3,991	5,075	6,156	7,237	8,038	10,718	13,397	14,589	21,884	29,179
**71-80	1,455	2,910	3,991	5,075	6,156	7,237	10,559	14,079	17,598	22,053	33,080	44,106
**81+	1,888	3,777	5,180	6,643	8,261	9,951	11,615	15,486	19,358	24,258	36,388	48,517

3years	Silver						Gold			Platinum		
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Age Band (in yrs.)	500	1,000	1,500	2,000	2,500	3,000	3,000	4,000	5,000	5,000	7,500	10,000
0-45	1,909	3,818	5,240	6,658	8,080	9,501	10,547	14,062	17,578	18,377	27,565	36,754
46-70	2,122	4,243	5,820	7,400	8,978	10,555	11,722	15,630	19,537	21,276	31,914	42,553
**71-80	2,122	4,243	5,820	7,400	8,978	10,555	15,398	20,531	25,664	32,161	48,241	64,322
**81+	2,754	5,508	7,555	9,687	12,048	14,513	16,938	22,584	28,230	35,377	53,065	70,754

**Premium charges above the age of 70 years are applicable only for renewals under Gold and Platinum Plan

Premium table for Personal Accident Benefit – Optional Benefit (including 14% service tax) –(1 year)

Plans	Plan I - Silver	Plan II - Gold	Plan III - Platinum
Sum Insured (In Rupees)	10 Lacs	15 Lacs	25 Lacs
Rate (in Rupees per lac per policy year)	103		

Premium table for Personal Accident Benefit – Optional Benefit (including 14% service tax)-(2years)			
Plans	Plan I - Silver	Plan II - Gold	Plan III - Platinum
Sum Insured (In Rupees)	10 Lacs	15 Lacs	25 Lacs
Rate (in Rupees per lac per policy year)	185		

Premium table for Personal Accident Benefit – Optional Benefit (including 14% service tax)-(3years)			
Plans	Plan I - Silver	Plan II - Gold	Plan III - Platinum
Sum Insured (In Rupees)	10 Lacs	15 Lacs	25 Lacs
Rate (in Rupees per lac per policy year)	269		

How do I pay my Premium?

You will get the choice of easy payment option as follows:

- ✦ If you prefer, you can choose to pay the premium in full by a cheque or demand draft in favour of “Royal Sundaram General Insurance Co. Limited”.
- ✦ In case you wish to continue the policy after the stipulated period of one year, you have the option of making the premium payment by providing an ECS mandate against your bank account or by issuing a cheque in favour of Royal Sundaram General Insurance Co. Limited.
- ✦ You can also pay your premium through your credit card.

How do I Enroll?

Quick and easy enrolment process. All you need to do is to complete the health proposal form. Kindly ensure all details are captured accurately and completely filled in before signing.

Do I need to undergo any medical examination for coverage?

Normally, for this product insured need not have to undergo any medical examination and submit reports. However, persons who are more than 60 years of age who opt for platinum plan or who request for conversion from existing plan to any other plan, upon advices of the company, such persons may be required to submit a combination or all of the following medical reports:

Mandatory MER, HBA1C, ECG Printout, Lipid Profile, Hb, S.Creatinine, Liver Function Tests will have to be submitted.

These reports should be dated not prior to 30 days from the date of requisitioning.

Company may prescribe the list of network centres which the customer has to access to do the medical tests or may allow the customer to choose any diagnostic centres of his choice. For accepted proposals, the cost of medicals undertaken shall be borne / reimbursed by the Company @ 100% for policies with more than 1 year tenure and @ 50% for policies with tenure of 1 year.

When does the coverage start?

Coverage in respect of all customers starts from the date of receipt of premium.

How can my coverage end?

The coverage shall end on occurrence of any one of the instances as mentioned in the table below.

Event	Parameter
End of coverage term	After 1 / 2 / 3 years of policy inception

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.
Fraudulent event/non-cooperation	The policy when not renewed on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured.
Payment of claim under Critical Illness Benefit section	Critical Illness benefit under the Policy will be automatically terminated after payment of a claim under this Section.

What document will I get as a proof of Insurance?

A Policy Copy issued to you by the company can be used as a proof of payment of premium to claim a benefit under the prevailing taxation laws. You would get the policy terms and conditions towards the insurance policy along with the Health Kit.

What are the specific circumstances under which the premium could be loaded or a discount provided could be withdrawn and the extent to which it will be done?

- A family discount of 10% is provided for covering 3 or more members.
- The rates are subject to change during renewal based on IRDAI's approval.

What is the claim process?

Claims Procedure for hospitalization claims occurring in India:

1. Preliminary notice of claim with particulars relating to Policy number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of Hospital/Nursing Home etc. should be given to Us 72 hours prior to admission in case of planned hospitalisation and not later than 48 hours after admission in case of an emergency hospitalisation.
2. The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge for hospitalization claims occurring in India. Delay if any in submission of documents shall be considered based on merits of each case.

- a) Photocopy of and discharge certificate/card from the Hospital (For maternity claims, Discharge Summary mentioning LMP, EDD & Gravida).
- b) Photocopy of all investigation and lab reports.
- c) Photocopy of F.I.R. /M.L.C. copy in case of an accident.
- d) Complete set of Hospital/medical records if specifically sought by Us.
- e) Age proof of child in respect of Parental Accommodation benefit.
- f) Copy of tickets/e-tickets, Visa Stamping and Passport, proof of relationship with the person hospitalized, health records of the person hospitalized, for claiming under Emergency Family Member visit from abroad benefit.
- g) If required, the Insured / Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
- h) If required, the Insured / Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

Documents to be submitted if specifically sought

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart)
2. Copy of bills and receipts for hospitalization expenditure
3. Copy of extract of Inpatient Register
4. Attendance records of employer/educational institution
5. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any
6. Attending Physician's certificate clarifying
 - reason for hospitalization and duration of hospitalization
 - history of any self-inflicted injury

- history of alcoholism, smoking
 - history of associated medical conditions, if any
7. Previous master health check-up records/pre-employment medical records if any
 8. Any other document necessary in support of the claim on case to case basis.

Documents to be submitted for Health Check up cost reimbursement:

- Original Health check up Bill with Money Receipt
- Photocopy of the Investigation Reports

Claims Procedure for hospitalization claims occurring abroad:

1. Preliminary notice of claim with particulars relating to Policy number, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of Hospital/Nursing Home etc. should be given to Us 72 hours prior to admission in case of planned hospitalisation and not later than 48 hours after admission in case of an emergency hospitalisation.
2. The claim form duly completed in all respects along with all documents listed below should be submitted maximum within 30 days from the date of discharge. Delay if any in submission of documents shall be considered based on merits of each case.
 - a) Photocopy of and discharge certificate/card from the Hospital (For maternity claims, Discharge Summary mentioning LMP, EDD & Gravida).
 - b) Photocopy of all investigation and lab reports.
 - c) Photocopy of M.L.C. copy in case of an accident.
 - d) Complete set of Hospital/medical records if specifically sought by Us.

- e) If required, the Insured / Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
- h) If required, the Insured / Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.
- i) Copy of Passport with Visa stamping with date of entry and exit (both in and out of India and abroad)

Documents to be submitted if specifically sought

1. Copy of indoor case records (including nurse's notes, OT notes and anesthetists' notes, vitals chart)
2. Copy of bills and receipts for hospitalization expenditure
3. Complete medical records (including indoor case records and OP records) of past hospitalization/ treatment if any
4. Attending Physician's certificate clarifying
 - reason for hospitalization and duration of hospitalization
 - history of any self-inflicted injury
 - history of alcoholism, smoking
 - history of associated medical conditions, if any
5. Previous master health check-up records/pre-employment medical records if any
6. Any other document necessary in support of the claim on case to case basis. Claims Procedure for Personal Accident claims occurring in India:

Death Claim (Submit the duly filled in claim form with the following documents)

- Original Death Certificate.
- Post Mortem Report (If conducted)
- Inquest report/Panchanama report.
- FIR/MLC copy / Final Police report wherever necessary.

- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Chemical analysis report/viscera report if preserved for analysis
- Admission/Discharge/Death summary issued by the hospital authority
- Hospital records.
- English translation of vernacular documents
- Any other document sought by the investigator
- Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination.
- News Paper cuttings if any and any other relevant records.
- Any other supporting documents as may be required by the Company.

Disablement Claim (Submit the duly filled in Claim form with the following documents).

Permanent Total or Partial Disablement.

- Disability Certificate issued by attending physician.
- Accident report.
- FIR/MLC copy / Final Police report wherever necessary.
- Hospital Records.
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Photographs of the insured exhibiting disability
- News Paper cuttings if any and any other relevant records.
- English Translation of vernacular documents.
- Any other document as may be required by the Company.

Claims Procedure for Personal Accident claims occurring abroad

Death Claim (Submit the duly filled in claim form with the following documents)

- Original Death Certificate.
- Autopsy Report (If conducted)
- Police Report
- Accident/Medico Legal Certificate
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Chemical analysis report/viscera report if preserved for analysis
- Admission/Discharge/Death summary issued by the hospital authority
- Hospital records.
- English translation of foreign language documents
- Any other document sought by the investigator
- Legal Heir Certificate / Succession Certificate or Alternate set of legal documents sought in the absence of nomination.
- News Paper cuttings if any and any other relevant records.
- Certificate given by Indian Embassy for repatriation of mortal remains, if any
- Any other supporting documents as may be required by the Company.

Disablement Claim (Submit the duly filled in Claim form with the following documents).

Permanent Total or Partial Disablement.

- Disability Certificate issued by attending physician.

- Police Report
- Accident/Medico Legal Certificate
- Hospital Records.
- Investigation Reports like Laboratory test, X-rays and reports essential for confirmation of the Injury
- Photographs of the insured exhibiting disability
- News Paper cuttings if any and any other relevant records.
- English Translation of foreign language documents.
- 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,
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai 600 097.
Tel.No:044-7117 7117

Can you provide an Illustration on how a Hospital Cash benefit claim for a Hospitalization happening abroad will be settled?

Mr. Rajan, 45 years old person, has a Smart Cash (Gold Plan) with Rs.5000/- per day benefit travels to Australia on an official visit for a period of 30 days starting 15th April 2015.

During his visit, he gets admitted in emergency care with severe abdominal pain and treated for the same. He is admitted in the hospital on 2nd May 2015 at 8 PM, and gets discharged on 6th May 2015 at 10 AM. He

intimates Royal Sundaram about his admission and gets Part B of the downloaded claim form duly filled by the Hospital before leaving Australia.

After his return to India, he submits a copy of all the supporting documents like Discharge Summary, hospital bills, relevant investigation reports, copy of passport with valid entry & exit and duly filled claim form (both by himself & hospital). The Claims team after verifying admissibility settles the claim for Rs.15000/- (being Rs.5000/- per day for 3 completed days).

Thus Mr.Rajan gets settlement for a hospital cash benefit claim in Indian Rupees for a hospitalization that happened abroad.

Can I renew my policy after the stipulated period of policy period?

Yes, for subsequent renewals post the expiry of your policy period, you have the following options:

- ✦ Provide ECS (Electronic Clearing System) instructions against your bank account.
- ✦ Provide a cheque in favor of Royal Sundaram General Insurance Co. Limited.
- ✦ Provide your credit card no with expiry date.

You can also renew your policy through our website @www.royalsundaram.in.

In addition to the above Royal Sundaram would also send you a renewal notice for your policy which would have the confirmation of the payment details.

What are the benefits of renewing the policy next year?

You become eligible to claim daily benefit when hospitalized for ailments, which have a waiting period. For example, you may claim daily benefit when hospitalized for ailments like Hernia, Hydrocele, Fistula in anus, Piles, etc. after the First renewal.

Renewal Disclosure

- 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.

What are the exclusions?

The Company shall not be liable under this Policy for any claim in connection with or in respect of :

1. Pre Existing Disease and any illness, medical condition, injury, which is a complication of a Pre Existing Disease. This exclusion will also apply to any complications arising from pre-existing disease. For example, if a person is suffering from diabetes or hypertension or both, then the policy would be subject to the following exclusions:

Diabetes	Hypertension/Diabetes
Diabetic Retinopathy	Coronary Artery Disease
Diabetic Nephropathy	Cerebro Vascular Accident
Diabetic Foot / wound	Hypertensive Nephropathy
Diabetic Angiopathy	Internal Bleeding/Haemorrhages
Diabetic Neuropathy	
Hyper / Hypoglycaemic shocks	

For Gold & Platinum Plan, the above exclusion shall be waived after 3 years of continuous insurance from the commencement date of the first Policy issued by Us as specified under benefit G.

2. **30 Days Waiting Period:** Daily benefit in respect of hospital confinement for any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy. This waiting period is not applicable in case of accidents.
3. **First Year Exclusions:**
During the first 12 months from the Inception date, the daily benefit for hospital confinement towards the following disease / surgical procedures are not covered unless caused by accident:
Treatment of Congenital Internal Anomaly, Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis & related disorders and Knee/Hip replacement.
4. Treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section) except in the case of ectopic pregnancy, excepting as provided under Child Birth benefit applicable for Gold & Platinum plans.
5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
6. Convalescence, General debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Venereal disease, intentional self injury or attempted suicide.
7. Confinement in Hospital arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
8. Confinement at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
9. Hospitalisation for evaluation and / or diagnostic purposes.
10. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination
11. Directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
12. Directly or indirectly caused by or arising from or attributable to:

- 12.1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
 - 12.2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
 - 12.3. Nuclear, Chemical, Biological terrorism (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 Person).
13. Any routine or preventative examinations, vaccinations, inoculation or screening.
 14. Outpatient (OPD) treatment charges.
 15. Sex change or treatment, which results from, or is in any way related to, sex change.
 16. Hormone replacement therapy (including hormone replacement treatment following any disease / surgery), Cytotron Therapy, Oxymed Therapy, Arterial Clearance Therapy and similar such therapies.
 17. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
 18. Treatment of psychiatric and psychosomatic disorders, mental or nervous conditions, insanity.
 19. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of cancer, accidents and burns.
 20. Expenses incurred towards treatment of illness/disease/injury/condition/de- addiction arising out of use / misuse or abuse of alcohol, solvents, substance or drugs.
 21. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
 22. Any stay or extended stay in Hospital for any domestic reason or where there is no active regular treatment by a Medical Practitioner. Any Hospitalisation which is not Medically Necessary.
 23. Any other Alternative Treatments except Allopathy (Modern Medicine).
 24. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
 25. Participation in Hazardous sports / activities of any kind.

26. Hospitalization advised by a Medical Practitioner which is outside of his discipline for which he is licensed.
27. Insured's/Proposer's involvement in any activities resulting in any breach of law with criminal intent.
28. Any claim in respect of Unproven / Experimental Treatment.

Special Exclusion for Critical Illness Benefit Section:

- Pre Existing Disease and any disease, illness, medical condition, injury, which is a complication of a Pre Existing Disease.
- Critical Illness Benefit no., 3, 4, 5, and 7 shall not be admissible in respect of Insured Persons suffering from pre-existing Hypertension / Diabetes.

PERSONAL ACCIDENT BENEFIT – OPTIONAL BENEFIT

Exceptions

Provided always that

The Company shall not be liable under this Policy for:

1. Compensation under more than one of the foregoing Sub-clauses of Optional Benefit in respect of the same period of disablement.
2. Any other payment after a claim under one of the Sub-clauses (a), (b) or (d) of Optional Benefit 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 would exceed the sum payable under the Sub-clause(a) of Optional Benefit of the policy.
4. Payment of compensation in respect of death, injury or disablement of the Insured (a) from intentional self injury, suicide or attempted suicide.
(b) whilst under the influence of intoxicating liquor or drugs.
(c) whilst engaging in aviation or ballooning, whilst mounting into or dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. ("Standard type of Aircraft" means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft is privately owned OR chartered OR

operated by a regular airline OR whether such an aircraft has single engine or multiengine (d) directly or indirectly caused by venereal diseases, AIDS or insanity.

(e) arising or resulting from the Insured 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 disease or preexisting 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 due arising out of or directly or indirectly connected with or traceable to War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments of all Kings, Princes and people of whatsoever nation, condition or quality.

6. Payment of compensation in respect of death of or bodily injury or any disease or illness to the Insured (a) directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity 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 weapon material. Provided also that the due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsement hereon, are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the insured be a condition precedent to any liability of the Company under this Policy.

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

8. As a result of, or which is contributed to by, the Insured person suffering from any pre-existing disease or preexisting physical or mental defect or infirmity.

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 regardless of any other cause or event contributing concurrently or in any other sequence to the loss. 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 Person.

10. Participation in Hazardous sports / activities of any kind

What is the Geographical Scope provided under the policy?

Geographical scope of the Hospital cash benefit is restricted to hospitalisation in India. However, the policy stands extended in the event of hospitalisation of the Insured Person due to sudden and unexpected sickness or Accident, whilst on a Trip abroad due to a Holiday or Official visit. For Personal Accident insurance, the coverage is worldwide.

What are the Cancellation provisions under the policy?

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact relating to this insurance of the insured or non-cooperation by the Insured by sending 7 days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall not refund to the insured any portion of the premium.

The insured may also cancel this policy by giving 7 days notice in writing to the Company, and in such event, the Company shall cancel the policy from the date of receipt of such notice and allow refund of premium if any, after retaining premium for the period on risk as per Company's short period rate table given below, provided no claim has been reported upto the date of cancellation of policy.

Short period scales of rates:

Period on Risk	Rate of Premium to be retained	Rate of Premium to be retained	Rate of Premium to be retained
Tenure of the Policy	1 Year	2 Years	3 Years
Up to 1 month	25% of Premium	10% of premium	10% of premium
Up to 3 months	50% of Premium	25% of premium	20% of premium
Up to 6 months	75% of Premium	40% of premium	25% of premium
Up to 12 months	Full Premium	50% of premium	30% of premium
Up to 13 months		60% of premium	40% of premium
Up to 15 months		75% of premium	50% of premium
Up to 18 months		90% of premium	60% of premium
Up to 24 months		Full Premium	70% of premium
Up to 25 months			75% of premium
Up to 27 months			80% of premium
Up to 30 months			90% of premium
Exceeding 30 months			Full Premium

Is there a Free Look in Period available under the policy?

Yes. 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.

Can I opt for a change in Daily Benefit?

No midterm increase in sum insured is allowed during the currency of the policy. On renewal the Sum Insured can be increased subject to a maximum of 100% of the existing Sum Insured. Eligibility for enhancement of sum insured is not automatic and is subject to the underwriting guidelines of the company.

For those customers who have a pre existing disease or who have made a claim the increase in sum insured shall be subject to the underwriting guidelines of the company and restricted to a maximum daily benefit of Rs.3000/- .or existing daily benefit as per chosen plan whichever is higher.

On renewal sum insured can also be decreased on request of the Proposer.

A chosen sum insured cannot be increased after 70 years

What is the procedure to include/delete a member from the policy?

No midterm inclusions of members are allowed in Smart Cash Plan except for addition of newborn children over the age of 90 days, born after the inception of the policy/ inception of renewal. Newly wedded spouse may also be included mid term on payment of premium on short period basis

Deletion of members may be allowed based on insured's request during the currency of the policy and refund may be allowed on short period basis, provided no claim has been reported under the policy. Exceptions are free look in refunds of new business where refunds shall happen as per guidelines circulated by Authority from time to time.

What is the procedure for change of proposer?

During renewal with the written consent of existing proposer, any other family member who is an adult can become the Proposer. In such case a new proposal form shall be obtained. Continuous renewal of the policy shall be in tact and unaffected by such a change of proposer.

Will the policy be withdrawn by the insurer at any point of time? If so, what are the options available?

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.

Can I opt for multiple plans under the same policy for my family members?

Yes provided they satisfy the underwriting guidelines applicable for each plan opted. For example, under the same policy taken for a family of 4 members, while member 1 & member 2 can opt for platinum plan, member 3 can opt for gold plan and member 4 can opt for silver plan.

Is my Smart Cash Plan policy portable?

Yes. 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 as specified in Section D 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>

Disclaimer:

Smart Cash Plan: 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 before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

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 Prospectuses 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 ten lakh rupees.

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.

Claims in respect of Multiple Policies

If multiple certificates are issued under the same Group policy or across multiple group policies in the name of same person issued by us then we shall refund the premium of all other policies except the policy with maximum Sum Insured. However, in case of fraud or misrepresentation, all the policies will be cancelled and premium stands forfeited. If customer has multiple policies with different insurers, on occurrence of the insured event, he can claim from all Insurers under all policies.

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 D 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>

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:

Please raise a complaint with us through e mail – care@royalsundaram.in, and we would come back to you with a response in 24 hours.

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

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

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 - GRO Contact Number – 7228087400

Sr. Citizen can email us at : 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:

Can directly register complaint in the **Bima Bharosa Portal** <https://bimabharosa.irdai.gov.in/>

Can send the complaint through Email to complaints@irdai.gov.in.

Can call Toll Free No. **155255** or **1800 4254 732**.

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.

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>

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 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