



**Royal Sundaram Alliance Insurance Company Limited**  
 Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR)  
 Karapakkam, Chennai - 600097. Regd. Office : 21, Patullos Road, Chennai - 600 002.

## ACCIDENT SHIELD PREMIER

### IMPORTANT NOTES ABOUT THIS INSURANCE

- Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements.
- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person.
- The Policy is an evidence of the contract between You and Royal Sundaram Alliance Insurance Company Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer and/or over telephone to our teleagent by You/proposer, forms the basis of this Contract.
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

### A. PERSONS WHO CAN BE INSURED

This is a Family Policy. The insurance is available to persons between the age of 91 days and 65 years at the Policy Start Date.

### B. DEFINITIONS & INTERPRETATIONS

In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy.

#### Accident/Accidental

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

#### Accidental Hospitalisation

Accidental Hospitalisation refers to admission in any Hospital as an in-patient upon the written advice of a Medical Practitioner for a period of more than 24 hours for the purpose of necessary medical treatment of an injury due to accident.

#### Company/We/Our/Insurer/Us

Royal Sundaram Alliance Insurance Company Limited.

#### Co-payment

A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

#### Covered Cost

Covered Cost refers to the Medical Expenses insured under this Policy and payable as per terms, conditions, limits and exclusions mentioned herein.

#### Co-Insurance

Co-Insurance is a process by which Covered Cost is shared between the Company and the Insured by means of Copay and/or Deductible.

#### Deductible

Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

#### Family

"Family" means the Proposer, his or her lawful spouse, all dependent children up to age 21 years at entry and dependent parents up to age 70 years at entry.

#### Fracture

Fracture is a medical condition in which a bone has cracked or broken due to an Accident. It does not include fractures that occur due to pathological reasons such as osteoporosis, certain types of cancer or osteogenesis imperfecta.

#### Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

#### Hazardous Sports/Activities

Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, circus personnel, engaged in entertainment industry engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving, Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, potholing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters and persons whilst engaged in occupation/activities of similar hazard. Persons whilst engaged in the following occupations are also excluded.

- Aircraft pilots and crew.
- Armed Forces personnel.
- Artistes engaged in hazardous performances.
- Aerial crop sprayer.
- Bookmaker (for gambling).
- Demolition contractor.
- Explosives users.
- Fisherman (seagoing)
- Jockey.
- Marine salvager.
- Miner and other occupations underground.

- Off-shore oil or gas rig worker.
- Policeman.
- Pop Musicians.
- Professional sports person.
- Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m.
- Saw miller.
- Scaffolder.
- Scrap metal merchant.
- Security guard (armed).
- Ship crew.
- Steeplejack.
- Stevedore.
- Structural steelworker.
- Tower crane operator.
- Tree feller.

#### **Hospital**

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

#### **Insured/You/Your/Insured Person**

Anybody shown on the Schedule as Insured in this Policy.

#### **Injury**

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

#### **Medical expenses**

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

#### **Medically Necessary**

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the insured;

- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

#### **Medical Practitioner**

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. The registered practitioner should not be the insured or close family members.

#### **Network Provider**

"Network Provider" means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

#### **Non-Network**

Any hospital, day care centre or other provider that is not part of the network.

#### **Post-hospitalization Medical Expenses**

Medical Expenses incurred immediately after the insured person is discharged from the hospital provided that:

- Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and.
- The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

#### **Pre-existing Disease**

Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to your first policy issued by the insurer.

#### **Pre-hospitalization Medical Expenses**

Medical Expenses incurred immediately before the Insured Person is hospitalised, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

#### **Proposer**

The person who signs the proposal form on behalf of Insured Persons. A person who does not intend to be Insured under this Policy cannot be a Proposer. Proposer should be between 18 years to 65 years at entry.

#### **Policy Holder**

The Proposer shall be referred to as the Policy Holder upon issuance of this Policy.

#### **Policy Start Date**

Policy Start Date refers to the date and time of inception of this Policy.

#### **Policy Year**

Policy Year means the period of twelve consecutive calendar months starting from the Policy Start Date or Policy Anniversary up to next Policy Anniversary.

**Policy Anniversary**

Policy Anniversary is the end of every Policy Year.

**Policy Period or Policy Tenure**

Policy Period or Policy Tenure refers to the duration of this policy, which is 5 years from the Policy Start Date, subject to payment of due annual Premium by the policy holder.

**Premium**

Premium refers to the payment or one of the regular periodic payments that the Insured pays or agrees to pay to the Company for effecting or continuing the coverage under this Policy.

**Premium Due Date**

Premium Due Date refers to the date on which the Premium is due and is same as the Policy Anniversary Date.

**Reasonable and Customary Charges**

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

**Reconstructive Surgery**

Reconstructive surgery refers to use of Surgery to restore the form and function of the body and excludes a Surgery for purely cosmetic reasons.

**Subrogation**

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

**Surgery**

Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**Third Party Administrator (TPA)**

Third Party Administrator (TPA) means any person or entity that, is licensed by the Insurance Regulatory and Development Authority as a TPA on the Date of Commencement of Risk and is engaged for a fee or remuneration by the Company for the provision of rendering health administration services as per the terms and conditions of this Policy.

**Unproven/Experimental treatment**

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

**C. DESCRIPTION OF INSURANCE BENEFITS**

All benefits under this Policy are payable subject to terms, conditions, limitations and exclusions mentioned in this document.

**1.0 Main Benefits****1.1 Accidental Hospitalisation Benefit**

This Policy covers at actuals, all covered Medical Expenses incurred by the Insured due to Accidental Hospitalisation, subject to a maximum limit of Rs.50,000 per Insured per annum. Re-Hospitalisation within 30 days of discharge from prior Hospitalisation shall be treated as one episode of Accidental Hospitalisation.

Copay of 20% shall apply on payable covered cost in case of Accidental Hospitalisation at Non-Network Hospitals.

**1.2 Reconstructive Surgery Benefit**

This Policy covers at actuals, all covered Medical Expenses incurred by the Insured towards undergoing a Reconstructive Surgery required as a direct consequence of the Accident which resulted in the Accidental Hospitalisation, provided that the Reconstructive Surgery is carried out after at least 30 days from the date of discharge from prior Hospitalisation, subject to a maximum limit of Rs.50,000 per Insured per annum. A Reconstructive Surgery undertaken within 30 days from the date of discharge from prior Hospitalisation will not be paid and shall be treated within the scope of Accidental Hospitalisation limit as described in section 1.1 above.

This benefit is not payable if the Company does not admit liability under Accidental Hospitalisation Benefit (section 1.1 above). The Reconstructive Surgery Benefit will be paid only once per occurrence of an event covered by the Accidental Hospitalization.

Copay of 20% shall apply on payable covered cost in case of Reconstructive Surgery at Non-Network Hospitals.

**1.3 Outpatient Fracture Benefit**

This Policy covers at actuals, the cost of treatment of confirmed Fracture which does not result in Accidental Hospitalisation, subject to a maximum limit of Rs.10,000 per episode per insured. The benefit is restricted to payment for one episode of Fracture per Insured per year and a maximum of three episodes per Insured over Policy Tenure of three years.

**2.0 Supplementary Benefits**

The Supplementary Benefits are payable only if the Company admits liability on Accidental Hospitalization Benefit (Main Benefit 1.1)

**2.1 Hospital Cash Benefit**

The Policy shall pay a fixed cash benefit of Rs.500 for each completed day (24 hours) of Accidental Hospitalization to cover incidental expenses; subject to a maximum of 10 days per Accident and 20 days per annum. The limits apply per Insured. This benefit is not payable for Hospitalization required due to Reconstructive Surgery as described in section 1.2

**2.2 Post Hospitalization Medical Benefit**

The Policy shall pay for actual cost of post discharge follow-up care delivered under directions of the attending physician, including cost of rehabilitation through alternative means like physiotherapy etc., but excluding cost of clutches, nursing expenses incurred up-to 60 days from the date of discharge from the Hospital, subject to a maximum payout of Rs.10,000 per episode and Rs.20,000 per annum. This benefit is paid as one consolidated claim. The limits apply per Insured. This benefit is subject to a lifetime limit of Rs.50000/- per insured.

**2.3 Emergency Ambulance Benefit**

The Policy shall pay for the actual cost of availing ambulance service for transportation of Insured to the Hospital subject to a maximum payout of Rs.1000 per episode and a maximum of 3 episodes per annum per family.

Following are the maximum limits per Insured except where stated otherwise (subject to copays) for all the benefits described above:

Article	Benefit Name	Maximum Benefit Limits *		
		Per Accident	Per Annum	Per Policy Tenure
1.1	Accidental Hospitalisation Benefit	Not Applicable	Rs.50,000	Not Applicable
1.2	Reconstructive Surgery Benefit	Not Applicable	Rs.50,000	Not Applicable
1.3	Outpatient Fracture Benefit	Rs. 10,000	Rs. 10,000	Rs.30,000(per family)
2.1	Hospital Cash Benefit	Rs.5000	Rs.10000	Not Applicable
2.2	Post Hospitalisation Medical Benefit	Rs.10,000	Rs.20,000	Not Applicable

Following is the maximum limits applicable per family for the benefit described above:

2.3	Emergency Ambulance Benefit (limits stated)	Rs.1000	Rs.3,000	Not Applicable
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#### D. EXCLUSIONS

##### General Exclusions

The Policy will not pay any benefits under following circumstances:

- 1.1 Treatment which is taken from hospitals not meeting the minimum criteria; or from person(s) who do not qualify as registered Medical Practitioner(s) as described under the Definitions and Interpretations contained in this Policy document.
- 1.2 Any surgical procedure which is purely cosmetic or experimental in nature.
- 1.3 Any treatment for a condition resulting from an intentional self injury whether arising from an attempt to commit suicide or otherwise.
- 1.4 Accident, Injury and Fracture whilst performing duties as a serving member of a military, paramilitary or a police force.
- 1.5 Prosthesis, corrective devices, durable medical equipments and items and medical appliances/apparatus/machines, which are not required intra-operatively.
- 1.6 Cosmetic or aesthetic treatment of any description or plastic surgery unless it is within the scope of Reconstructive Surgery Benefit as described in Benefits' section article 1.2.
- 1.7 The performance of hazardous sports of any kind or flying other than as a passenger on a scheduled regular carrier.
- 1.8 Treatment by.
  - a) a family member of the Insured, even though the family member may be a registered Medical Practitioner.
  - b) self-medication by Insured, even though the Insured may be a registered Medical Practitioner.
  - c) Non Allopathic means.
- 1.9 Any treatment or claim on this Policy arising as a result of the Insured committing any breach of law.
- 1.10 Accidents caused directly or indirectly by or arising from or attributable to War, invasion, act of foreign enemy, war like operations(whether war be declared or not).
- 1.11 Accidents caused directly or indirectly by or arising from or attributable to an act of terrorism by all means including nuclear, biological and chemical. (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).
- 1.12 Accidents caused directly or indirectly by or arising from or attributable to
  - a) Nuclear weapons, materials ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
  - b) Materials which have hazardous properties like radioactivity, toxicity and explosiveness.
- 1.13 Experimental and unproven treatment, any Accident, Injury or Fracture caused by or as result or consequence of undergoing of any experimental or unproven treatment.
- 1.14 Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.
- 1.15 Treatment received outside India.
- 1.16 Any travel or transportation expenses other than those covered under this policy as described in Benefits' section 2.3.
- 1.17 Treatment taken from persons not registered as Medical Practitioners under respective medical councils.
- 1.18 Expenses on vitamins and tonics unless forming part of covered treatment and prescribed by the attending Medical Practitioner.
- 1.19 Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council.
- 1.20 Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the treatment of the covered Accident or not requiring Hospitalisation except as described in Main Benefits 1.3.
- 1.21 Cost of items for personal comfort, convenience and services.
- 1.22 Dental treatment or surgery of any kind unless requiring hospitalisation as a result of Accidental bodily Injury.
- 1.23 Any Claim occurring out of a known pre-existing injury, physical disability or illness even if not declared by the Proposer at inception will be excluded.
- 1.24 Any person whilst engaging in any hazardous sports and activities.

##### Specific Exclusions

These exclusions apply in addition to the General Exclusions

- 1.25 Any claim resulting from an Accident, Injury or Fracture while the Insured person is under the influence of alcohol or drugs.
- 1.26 Fractures arising from pathological conditions of bones like Pagets Disease, Osteoporosis, Osteogenesis Imperfecta and bone cancers are excluded.

- 1.27 Total Knee Replacement or Total Hip Replacement carried out for treatment of age related or post traumatic Degenerative Osteoarthritis is excluded.
- 1.28 Any hospitalisation or surgical intervention whether primary or redoing of any previous surgery due to trauma that has occurred prior to policy inception is excluded.
- 1.29 If the claim occurs for treatment of an Injury or Fracture sustained by the Insured due to an Accident while at work and if the occupation that the Insured is engaged in, is classified as hazardous as per Company's underwriting guidelines, the claim is liable to be rejected.

## F. CLAIMS PROCEDURE

All claims under this policy are administered by a Third Party Administrator (TPA) appointed by the company. Each Insured under this Policy will be issued an identity card by the TPA. It is necessary that all claim intimation is sent to TPA & all claim documents are submitted to TPA. The claims for post hospitalisation benefits should also be sent to the TPA.

A First Information Report (FIR) will be required for payment of claim where the episode is a MLC (Medico Legal case) only. The FIR would need to be produced once it has been created (and in any case within 72 hours of the event occurring).

### 1.0 Claims Process at Network Hospitals

All Claims at Network Hospitals should be preauthorised by the Third Party Administrator of the Company. Preauthorisation of a claim allows cashless access at the Network Hospital. In case of Hospitalisation, the treating hospital will send a completely filled 'Preauthorisation Request Form' to the nearest office of the TPA. Preauthorisation is completed upon issuance of an authorisation letter by the TPA.

### 2.0 Claims process at Non-Network Hospitals

Copay of 20% shall apply for any claim at Non-Network Hospitals.

**Reporting of Claim** – All claims should be reported to the TPA within 30 days from the date of discharge from the hospital along with following documents.

#### Claims Document Submission

- **Mandatory documents**
  1. Test reports and prescriptions relating to First/Previous consultations for the same or related illness.
  2. Case history/Admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc issued by the Hospital.
  3. Death summary in case of death of the insured person at the hospital.
  4. Hospital Receipts/bills/cash memos in Original (including advance and final hospital settlement receipts).
  5. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including doctor's prescription advising such tests/investigations.
  6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
  7. FIR/MLC. and English translation of the same, if in any other language.
  8. Detailed self-description stating the date, time, circumstances and nature of injury/accident in case of claims arising out of injury.

9. Legal heir certificate in the absence of nomination under the policy, in case of death of the proposer. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
10. Copies of health insurance policies held with any other insurer covering the insured persons.
11. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that Original claim documents are retained at their end.
  - **Documents to be submitted if specifically sought**
    1. Copy of indoor case records (including nurse's notes, OT notes and anaesthetists' notes, vitals chart).
    2. Copy of extract of Inpatient Register.
    3. Attendance records of employer/educational institution.
    4. Complete medical records (including indoor case records and OP records) of past hospitalization/treatment if any.
    5. 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.
    6. Previous master health check-up records/pre-employment medical records if any.
    7. Any other document necessary in support of the claim on case to case basis.

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.

### 3.0 Emergency Hospitalisation

In emergency, if the Insured gets admitted to a Network Hospital, the Hospital would then contact the TPA and request for the Authorisation. Copay of 20% shall apply for any claim at Non-Network Hospitals.

If the Insured gets admitted to a Non-Network Hospital, the Insured should be moved to a Network Hospital as soon as the condition stabilises and would then be required to initiate preauthorisation. The Policy shall pay 100% of the benefits only after the authorisation takes place at the Network Hospital.

### 4.0 Claims for Outpatient Fracture Benefit

Such claims shall be paid only on a reimbursement basis. Cashless facility is not available for this benefit even though the treatment may have been taken at a Network Hospital. All such claims should be reported to the TPA within 30 days of occurrence. Claims documentation including a Claim Form, a copy of the detailed case notes by the attending medical officer, as well as the X-ray films with report and bills showing the evidence of actual cost incurred should be forwarded to the nearest office of the TPA.

### 5.0 Claims for Supplementry Benefits

As far as possible, claims for following benefits should be submitted as one consolidated claim.

### 5.1 Emergency Ambulance Benefit

Claims for Emergency Ambulance Benefit should be reported to the TPA within 30 days of discharge from the Hospital along with necessary bills.

### 5.2 Post Hospitalisation Medical Benefit

Claims for Post Hospitalisation Medical Benefit should be reported to the TPA within 90 days from the date of discharge from the Hospital along with necessary supporting bills.

### 5.3 Hospital Cash Benefit

Claims for Hospital Cash Benefit should be reported to the TPA within 30 days of discharge from the Hospital along with other claim documents. The Hospital Cash Benefit is a fixed benefit paid depending upon the number of days (completed 24 hours) of Hospitalisation.

### 6.0 Claims Settlement / Rejection

- All admissible claims under this policy shall be offered for settlement within 30 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.
- All claims under this Policy shall be payable in Indian Currency.
- The company shall be released from any obligation to pay insurance benefits if any of the obligations are breached.
- If the Policy Holder dies, the benefits are paid to the Nominee.

## F. OTHER POLICY CONDITIONS

### 1.0 Premium Payments and Policy Lapsation

The Premium is payable every year by the Policy Holder to the Company on Premium Due Date(s) as mentioned in the Schedule without any break to ensure continuity of cover from the Commencement.

A grace period of 30 days is allowed to renew the policy and maintain continuity of coverage.

However during such grace period, the company shall not be liable for Hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

### 2.0 Policy Renewal and Premium Resets

The Tenure of this Policy (Policy Tenure) is three years from the Policy Start Date. The Policy is automatically renewed every year by payment of premium in accordance with article 1.0 mentioned above.

After the expiry of 3 years, the Policy needs to be renewed at prevailing Premium rate for such renewal.

### 3.0 Guaranteed Renewability

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. 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.

In the event of mis-description, fraud, non co-operation by the insured or non disclosure of material facts coming to our knowledge, policy shall not be considered for renewal.

At renewal, the coverages, 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.

### 4.0 Transfer

Transferring of interest in this Policy to anyone else is not allowed.

### 5.0 Payment of Benefits

The benefits payable under this Policy shall be payable only in Indian Rupees in India subject to the Policy terms, conditions, limitations and exclusions. If the Policy Holder dies, the benefits are paid to the nominee.

### 6.0 Family Policy

This Policy is a Family Policy and all the members of the Family should be compulsorily proposed in the Policy.

- Addition of Spouse** – Addition of Spouse due to the marriage of the Policy Holder should be reported by the Policy Holder to the Company for inclusion in the Policy within 90 days of date of marriage. Coverage shall begin only upon receipt of premium by the Company and written confirmation from the Company.
- Addition of Children** – Children are eligible to be added in the coverage from the age of 91 days. The Policy Holder should report addition of Children to the Company for inclusion in the Policy within 90 days of date of eligibility. There is no restriction on the number of Children that can be covered under this Policy. Coverage shall begin only upon receipt of premium by the Company and written confirmation from the Company.
- Deletion of Insured Person(s) from the Policy** – The coverage shall cease automatically under following circumstances: Death of any Insured.
- Death of the Policy Holder** – If the Policy Holder dies during the tenure of the Policy, the coverage for surviving Insured Persons shall continue until following Policy Anniversary. A new Policy may be issued for the surviving Insured Persons upon request to the Company from the spouse of the deceased Policy Holder. Such reissuance will not require underwriting. If there is no spouse, the coverage will not be renewed.

### 7.0 Cancellation

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts on the Proposal Form or non-cooperation by the insured, by giving 14 days notice in writing, provided that the Company shall in that case return to the Proposer, premium less a pro-rata part thereof for the portion of the current insurance period, which shall have expired. Such notice shall be deemed sufficiently given, if posted by Registered post and addressed to the Proposer at the address mentioned in the Policy.

The Policy may also be cancelled at any time by the Proposer by giving notice in writing. Provided no cashless hospitalisation has been utilised or any claim has been

reported or arisen under the Policy prior to the receipt of such notice by the Company, the Proposer would be entitled to a return of premium less premium at Company's Short period scales as mentioned below for the period, the Policy had been in force. If any claim is lodged after cancellation of the policy for hospitalization during the period in which the policy was in force, then the premium refunded will be collected back prior to settlement of the admissible claim. But the policy will still be considered as cancelled. The refund shall apply only to the Annual Premium paid in the respective Policy Year.

#### Short Period Scales:

For a period not exceeding	15 days	10% of Annual Premium
For a period not exceeding	1 month	15% of Annual Premium
For a period not exceeding	2 months	30% of Annual Premium
For a period not exceeding	3 months	40% of Annual Premium
For a period not exceeding	4 months	50% of Annual Premium
For a period not exceeding	5 months	60% of Annual Premium
For a period not exceeding	6 months	70% of Annual Premium
For a period not exceeding	7 months	75% of Annual Premium
For a period not exceeding	8 months	80% of Annual Premium
For a period not exceeding	9 months	85% of Annual Premium
For a period exceeding	9 months	Full Annual Premium

#### 8.0 Incontestability and Duty of Disclosure

The Policy shall be null and void and no Benefits shall be payable in the event of untrue or incorrect statements, misrepresentation, mis description or on non-disclosure in any material information in the proposal form, personal statement, declaration and other related document or any material information having been withheld or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on their behalf to obtain any benefit. If any benefit has already been given under this policy then the amount shall be recovered.

#### 9.0 Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

#### 10.0 Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

#### 11.0 Geographical Area

The cover granted under this insurance is valid for treatments taken in India only.

#### 12.0 Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss, the right of contribution apply.

#### 13.0 Company's Rights

We have the right to do the following, in Insured Person's name at Our expense:

- Take over the defense on settlement of any claim.
- Start legal action to get compensation from anyone else.
- Start legal action to get back from anyone else for payments that have already been made by Us.

#### 14.0 Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, all benefits under this Policy will be forfeited and the Company may choose to void the Policy and reclaim all benefits paid in respect of such Insured Person. The Company also reserves the right to file charges against the Insured Person for an attempted fraud.

#### 15.0 Arbitration

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

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

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

#### 16.0 Disclaimer

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 3 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.

#### 17.0 Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts.

#### 18.0 Change of address

The Insured must inform in writing of any change in his/her address.

#### 19.0 Compliance with Policy provisions

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

#### 20.0 Free Look in

At the inception of the policy you will be allowed a period of 15 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 you have not made any claim during the free look period, you will be entitled to the following, provided

no claim has been settled or lodged for the period the policy has been in force:

- 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;
- 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;
- Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

#### 21.0 Grievances

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address, during normal business hours for the following grievances:

- a. Any partial or total repudiation of claims by the Company.

- b. Any dispute regard to premium paid or payable in terms of the policy.
- c. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
- d. Delay in settlement of claims.
- e. Non-issue of any insurance document to customer after receipt of the premium.
- f. Any other Grievance.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch office of Royal Sundaram Alliance Company Limited is located. The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneswar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, lucknow, Hyderabad, Mumbai and Delhi. For contact details of Insurance Ombudsman, please visit our website [www.royalsundaram.in](http://www.royalsundaram.in).

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#### WHAT IF I EVER NEED TO COMPLAIN?

*We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.*

*In all instances, call our Customer Services at our Chennai office at 1860 425 0000 or e-mail at [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) or write us to Royal Sundaram Alliance Insurance Company Limited, Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.*

*Royal Sundaram Alliance Insurance Company Limited*

*IRDA Registration No.102*