



## Royal Sundaram Alliance Insurance Company Limited

Corp. Office : Vishranthi Melaram Towers, No. 2 / 319, Rajiv Gandhi Salai (OMR)  
Karapakkam, Chennai - 600097. Regd office : 21, Patullas Road, Chennai - 600 002.

# SECURE ALL

## 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 insurance is available to persons who bear any legal relationship to proposer and are aged between 91 days and 65 years.

If non-dependent members are covered exemption under Section 80D of Income Tax Act will not be applicable.

### 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.

#### Alternative treatments

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

#### Cashless facility

"Cashless facility" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

#### Age

Age means the age of the insured person on his/her most recent birthday as per the English Calendar regardless of the actual time of birth at the time of commencement of Period of Insurance.

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

Royal Sundaram Alliance Insurance Company Limited.

#### Commencement Date

Commencement date of this Policy shall be the inception date of first health Insurance policy under this Secure All for that Insured Person, insured with Us, with out any break in period of cover.

#### Condition Precedent

Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

#### Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

##### a. Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

##### b. External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

#### Contribution

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion.

#### Cumulative Bonus

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

#### Day care centre

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

#### Day Care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure which is:

- undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

#### Dental Treatment

Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

**Emergency Care**

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

**Endorsement**

Endorsement means written evidence of change to Your Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

**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/Occupation**

Hazardous Sports/Activities means Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, trekking, 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, whilst engaging in speed contest or racing of any kind (other than on foot), 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 under ground, 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 steel-worker, 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.

**Hospitalization**

Hospitalization means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified

procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

**Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery
- b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
  - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests.
  - it needs ongoing or long-term control or relief of symptoms.
  - it requires your rehabilitation or for you to be specially trained to cope with it.
  - it continues indefinitely.
  - it comes back or is likely to come back.

**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.

**Inpatient Care**

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

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

Anybody shown on the Schedule as Insured in this Policy.

**Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**Medical Advice**

Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

**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.

**Notification of Claim**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

**OPD treatment**

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**Period of Insurance**

Period of Insurance means the period shown in the Schedule, for which You have paid and We have received and accepted Your premium.

**Portability**

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another

**Post-hospitalization Medical Expenses**

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

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
- ii. 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 the first policy issued by the insurer.

**Pre-hospitalization Medical Expenses**

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

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

**Proposer**

Insured or the person who signs the Proposal form on behalf of the Insured.

**Qualified Nurse**

Qualified nurse is a person who holds a valid registration from the

Nursing Council of India or the Nursing Council of any state in India.

**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.

**Renewal**

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

**Room Rent**

Room rent Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

**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.

**Sum Insured**

The amount opted by the Insured for hospitalization Benefit at the time of proposing for Insurance or at the time of subsequent renewal and stated in the schedule.

**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.

**Unproven/Experimental treatment**

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

**C. BENEFITS:****I HOSPITALISATION BENEFITS:**

The Policy covers Reasonable and Customary Charges incurred towards hospitalization for the disease, illness, medical condition or injury contracted or sustained by the Insured Person during the Period of Insurance stated in the Schedule subject to terms, conditions, limitations and exclusions mentioned in the Policy.

For a claim to be admitted under this Policy, the Insured Person should be hospitalised as an In-Patient during the Period of Insurance for a minimum period of 24 hours. However this time limit is not applicable to the following specific treatments:

Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) tonsillectomy, D&C, Cardiac Catherization, Hydrocele Surgery, Hernia repair surgery, Stapedotomy, Tympanoplasty, Myringoplasty, Incision of tear glands, Reconstruction of tongue, operation of salivary glands and salivary ducts, surgical treatment of anal fistulas, incision of ovary, incision of the breast, incision of tissue in perianal region, operations of prostate, operations of scrotum/vaginalis testis, coronary angiography etc taken in the Hospital/Nursing Home and the Surgical Operation necessitates hospitalisation and due to technological advancement/infrastructure facilities available in the hospital reduces the requirement of stay less than 24hrs.

In the event of any claim becoming admissible under the Policy, the Company will pay to the Proposer, the Reasonable and Customary Charges, subject to the various limits mentioned hereunder, but

not exceeding the Sum Insured and the Cumulative Bonus, if any, mentioned in the Schedule for all claims admitted during the Period of Insurance.

#### Expenses covered under the Policy

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home subject to a limit of 1.5% of the Sum Insured per day and for Intensive Care Unit 3% of the Sum Insured per day.
2. Nursing Expenses incurred during In-Patient hospitalization.
3. Surgeon, Anaesthetist, Medical Practitioner, Consultants & specialist Fees are subject to a limit of 40% of the sum insured.
4. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Donors medical expenses towards Organ transplant, Cost of Pacemaker, Artificial Limbs, Cost of Organs.
5. Pre - Hospitalisation Medical Expenses incurred for a period of 30 days prior to hospitalization.
6. Post - Hospitalisation Medical Expenses incurred for the period of 60 days after discharge from hospital

The Claim amount payable towards the treatment of following disease, illness, medical condition or injury is subject to a limit of:

Treatment	Limit per claim
Cataract	7.5% of the Sum Insured subject to maximum of Rs.20000/-
Piles, Fistula, Fissure, Tonsillitis, Sinusitis	10% of the Sum Insured
Benign Prostatic Hypertrophy, Hernia	20% of the Sum Insured
Knee/Hip Joint Replacement, all Cancer, Renal Failure	50% of the Sum Insured
Appendicitis, Gall bladder stones and Gynaec disorders	25% of the Sum Insured
Dialysis, Chemotherapy and Radiotherapy	10% of the Sum insured per month

#### Additional Features:

##### Cashless Facility: (Through Third Party Administrators - TPA)

- a) In network hospitals, provided pre-admission authorisation in writing is taken from TPA appointed by Us, Insured need not pay for the eligible expenses at the hospital. The TPA will pay it directly.
- b) TPAs will also provide 24 hour helpline and free ambulance referral facility.
- c) TPAs will be guided by TPA regulations formed by IRDA.
- d) In non-network hospitals, hospitalisation expenses will only be reimbursed.

(The cashless facility can be availed subject to compliance of the procedure laid down in the information handbook issued along with this Policy.)

##### Income Tax Relief

This insurance scheme is approved by IRDA and the premium is eligible to get exemption from income tax under section 80D subject to the relevant provisions of the Income Tax Act 1961.

##### Cumulative Bonus

The Limits under the hospitalization benefit under this policy shall be progressively increased by slabs of 5% each of the Sum Insured in respect of each claim-free year of insurance with Us, subject to a maximum accumulation of 10 slabs of cumulative bonus.

Sum Insured for the purpose of calculation of Cumulative Bonus

shall be the expiring Sum Insured or the revised Sum Insured whichever is lower.

Where a claim has arisen under the expiring policy, the earned cumulative bonus, if any, in respect of such insured person shall be reduced by 1 slabs of cumulative bonus. However under no circumstances shall the Sum insured under the policy be reduced on account of reduction of cumulative bonus.

Cumulative Bonus is applicable for hospitalization benefit under this policy.

#### D. Exclusions for Hospitalisation Benefit:

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

1. Any Pre-Existing Disease which shall however be covered after 4 years of continuous insurance from the commencement date of the first policy issued by Us or any Indian Insurer subject to Portability guidelines.
2. **Two Year Exclusions:**  
Treatment for Congenital Internal Anomaly / Disorders / Defects, any type of Migraine /Vascular headache, Stones in the Urinary and Biliary systems, Surgery on Tonsils Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/ Nodules / Polyps, any type of Breast Lumps, Treatment of Spondylosis / Spondylitis any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders. Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Sinusitis, Hernia, Hydrocele, Knee / Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma/ Sarcoma / Blood Cancer and Osteoarthritis of any joint during the first two years of the operation of the Secure All Policy. However if these diseases are Pre Existing at the time of proposal then they will be considered as falling under Exclusion 1.
3. Treatment arising from or traceable to pregnancy / childbirth.
4. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
5. The cost of spectacles, contact lenses and hearing aids.
6. Dental treatment or surgery of any kind unless requiring Hospitalisation.
7. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.
8. All expenses 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.
9. Charges incurred 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.
10. Expenses on vitamins and tonics unless forming part of treatment for injury or disease under medical supervision/prescription.
11. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
12. 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).
13. Directly or indirectly caused by or arising from or attributable to:
  13. 1. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or

13. 2. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
14. Any routine or preventative examinations, vaccinations, inoculation or screening.
15. Outpatient treatment charges.
16. Sex change or treatment, which results from, or is in any way related to, sex change.
17. Hormone replacement therapy.
18. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
19. The treatment of psychiatric, psychosomatic disorders mental or nervous conditions, insanity.
20. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, corrective surgery for refractive error including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
21. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from, or related to, such abuse or addiction.
22. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
23. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
24. Any treatment received outside India.
25. Any other alternative medicine except Allopathy (Modern Medicine).
26. 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.
27. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
28. Any fertility, sub-fertility or assisted conception operation.
29. Any person whilst engaging in hazardous sport/activities occupation.
30. Any claim in respect of stem cell implantation/ surgery and storage except Bone Marrow Transplantation which is otherwise covered by policy.
31. Any claim in respect of Unproven / Experimental treatment.
32. Excluded Expenses as per Annexure 1

## II. RECOVERY BENEFIT:

A lump sum of Rs.25,000/- is payable, if the period of hospitalization exceeds 15 days. This benefit is payable once for each Insured Person during the Period of Insurance. The benefit under this section is payable in addition to the hospitalization expenses only if a valid claim for hospitalization is admitted under this policy.

## III. HOSPITAL CASH BENEFIT:

For each completed 24 hours of hospitalization the daily benefit as per the schedule will be payable. This benefit follows admitted liability under hospitalization cash benefit.

This benefit is not applicable in case of an admitted liability under hospitalization benefit for day care procedures where no inpatient treatment is involved.

In no case the total benefit under this section exceed the Sum Insured under hospital cash benefit as shown in schedule.

## IV. PERSONAL ACCIDENT BENEFIT:

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay

to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different section hereunder, and as specified in Schedule to the Policy as against relevant benefit but not exceeding the Sum Insured as specified in the schedule against Personal Accident Benefit.

## ACCIDENTAL DEATH & DISMEMBERMENT

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means, then the insured person or his / her nominee(s) or legal representative (s), as the case may be, will be paid the Sum Insured mentioned in the Schedule of this policy, against Accidental Death & Dismemberment Benefit if such injury shall within 12 Calendar months of occurrence be the sole and direct cause of Death/ Disablement as given in the table of benefits below.

Provided always that the policy will not pay under more than one of the following sub clauses in respect of the same Accident.

If the Insured Person meets with an Accident, which leads to death or permanent total disablement, the Company will provide insurance coverage to the Insured in the following manner.

1. **Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation subject to the maximum Sum Insured as specified in schedule against Personal Accident Benefit.
2. **Permanent total disablement of the Insured Person:**
  - a. If following an Accident which caused permanent impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits below, depending upon the degree of Disablement

Table of Benefits	Percentage of Sum Insured
1. Death	100%
2. Permanent Total Disablement	100%
Total and irrevocable loss* of	
(i) Sight of both eyes	100%
(ii) physical separation of two entire hands	100%
(iii) physical separation of two entire feet	100%
(iv) One entire hand and one entire foot	100%
(v) sight of one eye and loss of one hand	100%
(vi) sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two feet	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%
(xii) Sight of one eye	50%
(xiii) Physical separation of one entire hand	50%
(xiv) Physical separation of one entire foot	50%
(xv) Use of one hand without physical separation	50%
(xvi) Use of one foot without physical separation	50%

\*Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight.

- b. If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any gainful employment or occupation of any

description, whatsoever, then a lump sum equal to hundred percent (100%) of the Sum Insured stated in the Schedule hereto provided that

1. the disablement occurs within 12 Calendar months from the date of the Accident.
2. the disablement is confirmed and claimed for, prior to the expiry of a period of 3 months since occurrence of the disablement.

**Special Conditions:**

1. If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.
2. If the accident impairs a number of physical functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
3. In the event of an accident to the Aircraft in which the Insured Person is travelling as a fare paying passenger and the Insured's body cannot be located within 365 days from the date of such accident, then the Company shall pay 100% of the Sum Insured for Death Cover towards loss of life.
4. In the event of Permanent Disablement, the Insured Person will be under obligation:
  - a) To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
  - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.

**Exclusions for Personal Accident Benefit:**

The Company shall not be liable to make any payment under this Benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

- a) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- b) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an Accident.
- c) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the sum insured under this benefit.
- d) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement, as mentioned in Table of benefits.
- e) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- f) Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drugs (c) self-endangerment unless in self-defense or to save life.
- g) In the event the insured is a victim of culpable homicide, i.e. where the insured dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing bodily injury as is likely to cause death, or with the knowledge that such act is likely to cause death.

Policy.

**General Exclusions (Applicable to Personal Accident Benefit Section):**

The Company shall not be liable to make any payments in respect of

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs/alcohol).
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
  - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
  - b) Nuclear weapons material
  - c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
11. Participation in Hazardous Sport / Hazardous Activities
12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
13. Self exposure to needless peril (except in an attempt to save human life).
14. Any loss of which a contributing cause was the Insured Person's actual or attempted commission of or willful participation in any illegal act or any violation or attempted violation of the law.
15. Payment of compensation in the event of a rail accident except if the accident is directly caused / occurring while
  - I Boarding / traveling / alighting from a train.
  - I within the railway area to which a public has got right of access.
16. **Nuclear, Chemical, Biological Terrorism Exclusion Clause:** The Insurance under this Certificate shall not extend to cover Death or disablement resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological

terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss. For the purpose of this clause

“Nuclear, chemical, biological terrorism” shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

“Chemical” agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

“Biological” agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

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.

#### **General Conditions (Applicable to Personal Accident Benefit Section):**

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. The minimum and maximum age limit for the Insured is 19 Years and 65 years respectively.

#### **2. Reasonable Precautions:**

The Insured person shall take all reasonable and proper care to safeguard against Accident as if this insurance was not in force. Failure to do so will prejudice the insured person's claim under this insurance.

#### **3. Obligations of the Insured Person:**

Preliminary Notice: Upon the happening of any event, which may give rise to a claim under the policy, a preliminary notice with all particulars shall be given to the Company, Immediately, in any case, not later than 30 days

Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/burial in the event of death.

4. **Geographical limit:** The Personal Accident Benefit Cover operates worldwide

#### **STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS)**

##### **1. Incontestability and Duty of Disclosure**

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.

##### **2. Observance of terms and conditions**

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

##### **3. Material change:**

The Insured Person shall immediately notify the Company by fax and in writing of any material change in the risk and cause at his own expense

##### **4. Special Provisions**

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

##### **5. Electronic Transactions**

The Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

##### **6. Duties of the Insured on occurrence of loss:**

On the occurrence of any loss, within the scope of cover under the Policy the Insured Person/his/her nominee/legal heir(s) shall forthwith file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.

If the Insured Person/his/her nominee/legal heir(s) does not comply with the provisions of this Clause or other obligations cast upon the Insured Person under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.

#### **CONDITIONS:**

##### **1. Claims Procedure for hospitalization/hospital cash/ recovery benefits**

Provided that the due observance and fulfillment of the terms and conditions of this Policy (conditions and all Endorsements here- on 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 and/or Insured person, be a condition precedent to any liability of the Company under this Policy.

##### **The Claims Procedure for hospitalisation benefit is as follows: For admission in network Hospital**

- The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.

**For admission in non-network Hospital** - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/Hospital/ Nursing Home should be given to Us with in seven days from the date of hospitalization/injury/death, failing which admission of claim is at insurer's discretion.

Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.

- **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 (CDs of angiogram, surgery etc need not be sent unless specifically sought).
6. Doctor's prescriptions with cash bills for medicines purchased from outside the hospital.
7. F.I.R./MLC. in the case of accidental injury 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. For a) Cataract claims - IOL sticker b) PTCA claims - Stent sticker.
11. Copies of health insurance policies held with any other insurer covering the insured persons.
12. 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 anesthetists' 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.

- Insured /Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.

- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

**2. Claim Procedure for Personal Accident Benefit:**

Insured Person/his/her legal heir(s) shall have to produce the below documents for processing the claim.

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

- Original Death Certificate.
- Post Mortem Report.
- Inquest report.
- Accident report.
- FIR/MLC copy.
- Hospital records.
- News Paper cuttings if any and any other relevant records.
- Chemical Analysis Report if available.
- English Translation of vernacular documents.
- Succession Order/legal heir certificate/legal documents to establish identification of legal heir in the absence of nomination under the policy or if the nominee is not alive at the time of claim.
- Any other document as may be required by the Company.

**Disability Claim** (Submit the duly filled in Claim form with the following documents)

- Disability Certificate issued by attending physician.
- Accident report.
- FIR/MLC copy.
- Hospital Records.
- News Paper cuttings if any and any other relevant records
- English Translation of vernacular documents.
- Latest IT return to show Proof of annual income (at the option of the Company).
- Any other document as may be required by the Company.
- If the bills/ vouchers / Reports are in a language, other than English /Hindi and the Company requests for an appropriate translation, then the costs of such translation must be borne by the Insured Person/his/her legal heir(s).

**3. Claims Settlement:**

- Benefits payable under this policy will be paid within 30 days of the receipt of last necessary document.
- The company shall be released from any obligation to pay benefits if any of the obligations are breached.
- All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.
- The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days from the date of acceptance.
- In respect of hospitalization /recovery/hospital cash benefits any claim intimated after 90 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained.
- No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance.

- In respect of the hospitalization benefit, falling within two policy periods, the sum insured considered for such claim shall be the available sum insured under both policy periods.

#### 4. Insurer'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.

#### 5. 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.

#### 6. Renewals

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.

A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at the discretion of Us. Any condition / diseases contracted during the break-in period shall not be covered and shall be treated as Pre-existing condition and waiting period for such disease will commence afresh.

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 by 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.

#### 7. Transfer

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

#### 8. 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 fourteen (14) days notice in writing by courier / registered post/acknowledgement due post to the Insured at address recorded/updated in the policy. In the event of such cancellation on the grounds of mis representation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy. In the event of cancellation on the grounds of non cooperation, the company shall be liable to repay on demand a rateable

proportion of the premium for the unexpired term from the date of cancellation.

The Insured may also cancel this Policy by giving fifteen (15) days notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scale as mentioned below provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the insured.

#### Short Period Scales : One year Policy

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

#### Short Period Scales : Two year Policy

For a period not exceeding	30 days	10% of the Premium paid
-do-	2 months	15% of the Premium paid
-do-	4 months	30% of the Premium paid
-do-	6 months	40% of the Premium paid
-do-	8 months	50% of the Premium paid
-do-	10 months	60% of the Premium paid
-do-	12 months	70% of the Premium paid
-do-	14 months	75% of the Premium paid
-do-	16 months	80% of the Premium paid
-do-	18 months	85% of the Premium paid
For a period exceeding	18 months	Full Premium paid

#### 9. 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.

#### 10. Continuation of Terms and Conditions

The Insured has to renew the policy 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.

#### 11. 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.

#### 12. 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.

**13. 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.

**14. 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.

**15. Change of address**

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

**16. Change in Sum Insured**

When the Company is admitting liability for disease/illnesses/medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person during the first occurrence of such disease/illness/medical condition/ burns or the available Sum Insured under the current Policy, whichever is less.

**17. Compliance with Policy Provisions**

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

**18. 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) 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.

**19. Portability**

This policy is portable. If proposer desires to port to this policy, application in the appropriate form should be made before 45 days from the date of renewal. The company retains the rights to underwrite proposals falling under portability as per the company's underwriting guidelines. In the event of acceptance of proposal under portability the commencement date for the purpose of applying time bound exclusions and Pre-existing Disease(s) shall be deemed from the first inception date of any Indemnity Health Insurance Policy and such rights shall be limited to the extent of the sum insured including CB, in each of the year, provided the Policy has been continuously renewed without any break.

**20. 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 or office of Royal Sundaram Alliance Insurance 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 Ombudsmen, please visit our website [www.royalsundaram.in](http://www.royalsundaram.in).

**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*