



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.

TOP UP INSURANCE- Health XS and Super Health XS Policy

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 telegent by You / proposer, forms the basis of this Contract. Any non disclosure or suppression of material information raised in the proposal form relating to the Insured Person will make the contract void. No claim shall be paid and policy will not be continued.
- 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.
- 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 are family members of proposer from 91 days to 65 years at the Commencement Date of the Policy. Family means comprising of:

Self, Spouse and Dependant children (including unmarried children, step children or legally adopted children, who are financially dependant and aged between 91 days and 21 years).

B) Definitions and interpretations

Accident / Accidental

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

Acquired Immune Deficiency Syndrome (AIDS)

Acquired Immune Deficiency Syndrome means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition).

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.

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.

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 Health XS / Super Health XS Policy 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 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 of sum insured. This clause shall not apply to any Benefit offered on fixed benefit basis

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:

- i. undertaken under General or Local Anaesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
- ii. 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.

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.

The deductible may be increased by 10% every year subject to a maximum of 50% with a corresponding change in the premium. However Sum Insured would not be reduced on account of the increase in the deductible.

For Super Health XS Policy, the deductible will apply over aggregate of all admissible claims under the policy per annum.

The escalation clause leading to a change in the amount of deductible shall be applied at the time of renewal, if required.

Dependant Child

A dependant child refers to a child (natural or legally adopted), who is financially dependant on the primary insured or proposer and does not have his / her independent sources of income and aged between 91 days and 21 years.

Disease

Disease means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted after the Effective Date of the Certificate of Insurance.

Diagnosis

Diagnosis means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the company.

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.

Family

Family means and includes You, Your Spouse & Your 2 dependant children.

Floater Sum Insured

Floater Sum Insured means the Sum Insured as specified in the schedule of the policy available for any one or all members of family who have been mentioned as Insured Persons in the schedule, for one or more claims.

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.

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.

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.

Policy

Policy means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.

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 Person or the person who signs the Proposal form or gives telephonic consent on behalf of the Insured person/s.

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

Sum Insured means the maximum amount of coverage, as specified in the Schedule of this Policy that the Insured Person is entitled to in respect of all claims during the policy period Where the policy period is more than a year, then the SI is available for every completed year of insurance.

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.

TPA

TPA means Third Party Administrator duly licensed with IRDA and tied up with Royal Sundaram.

Unproven/Experimental treatment

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

You/Your/Yourself

Policy holder or Insured Person(s) who is detailed in the Policy Schedule.

SCOPE OF COVER

C) Hospitalisation Benefit

The Policy covers Reasonable and Customary charges incurred during the policy period 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, deductible, limitations and exclusions mentioned in the Policy.

We shall pay as follows:

- 1) Room, Boarding Expenses as provided by the Hospital/Nursing Home 2% of the Sum Insured subject to a maximum limit of Rs.4000/- per day.
- 2) Nursing Expenses incurred during In-Patient hospitalization.
- 3) Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees – as per actuals
- 4) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation – as per actuals.
- 5) Pre-hospitalisation expenses – Actuals subject to a maximum of 8% on admissible hospitalisation expenses.
- 6) Post –hospitalisation expenses – Actuals subject to a maximum of 10% on the admissible hospitalisation expenses.
- 7) Day Care Treatment – We shall pay for Day Care expenses incurred on advanced technological surgeries and procedures requiring less than 24 hours of hospitalisation as per the attached list.
- 8) Ambulance charges - Rs.1000 per admissible claim will be reimbursed to You on producing the bills in original.
- 9) Hospital Cash – We shall make payments of Rs.2000/- for each completed 24 hrs of hospitalisation if the hospitalization exceeds 24 hours, subject to maximum number of 10 days per annum. This benefit is available only for Sum Insured of above 2 lacs.
- 10) Medical Examination cost
The Company shall bear 50% of the relevant cost of medical examination for policy with 1 year tenure, and 100% of the relevant cost of medical examination for policy of more than 1 year tenure, in the event of the risk being accepted.

Additional Features:

1. Cashless Facility: (Through Third Party Administrators - TPA)

Cashless facility is offered through Third Party Administrators (TPA) who will be guided by TPA regulations formed by IRDA.

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

In non-network hospitals, all admissible hospitalisation expenses will only be reimbursed.

2. Income Tax Relief

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

D) Exclusions

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. 30 Days Waiting Period: Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.

3. (a) First Year Exclusions:

Treatment of Congenital Internal Anomaly, any type of Migraine /Vascular head ache, 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 for all Insured Persons for one year from the Commencement Date of the cover with Us under this Health XS / Super Health XS policy.

b) Two Year Exclusions:

Treatment of Spondylosis / Spondilitis – any type, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy, Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Chronic Renal Failure or end stage Renal Failure, Heart diseases, any type of Carcinoma/ Sarcoma/Blood Cancer, diabetic and its related complications both direct and indirect, hypertension and its related complications both direct and indirect, for all Insured Persons for two years from the Commencement Date of the cover with Us under this Health XS / Super Health XS policy.

c) Four Year Exclusions:

Osteoarthritis of any joint , Treatment of Joint replacement Surgery (other than due to accidents) during the first four years of operation of the Health XS / Super Health XS Policy with Us.

Exclusion 2, 3 (a), (b) and (c) will not be applicable if caused directly due to an accident during period of insurance.

However if the above mentioned diseases under exclusion 3 (a), (b) and (c) are Pre Existing as defined, at the time of proposal then they will be considered as falling under Exclusion 1.

Notwithstanding the foregoing, the exclusions mentioned under sub clause 4 to 37 herein below shall not be covered under this policy in any case.

4. Treatment arising from or traceable to pregnancy/ childbirth. This exclusion shall however not apply in case of ectopic pregnancy.
5. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
6. The cost of spectacles, contact lenses and hearing aids.
7. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of accidental bodily injury.
8. 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.
9. 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.
 10. 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.
 11. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.
 12. Claims directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
 13. Claims 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).
 14. Claims directly or indirectly caused by or arising from or attributable to:
 - a. Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or
 - b. Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
 15. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization.
 16. Outpatient treatment charges.
 17. Sex change or treatment, which results from, or is in any way related to, sex change.
 18. Hormone replacement therapy, Cytotron Therapy
 19. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
 20. The treatment of psychiatric and psychosomatic disorders, mental, nervous conditions or insanity.
 21. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, corrective surgery for refractive error and any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
 22. 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. Diseases due to tobacco abuse such as Atherosclerosis, Ischemic Heart Disease, Coronary Artery Disease, hemorrhagic stroke, ischemic stroke, Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Emphysema, Chronic Bronchitis, Buerger's Disease (Thromboangitis Obliterans) All types of pre malignant conditions /cancer in situ, oral cancer, Leukoplakia, Larynx cancer, Cancer of Oesophagus, Stomach, Kidney, Pancreas and Cervical Cancers only due to tobacco abuse only.
 23. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
 24. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
 25. Any treatment received outside India.
 26. Any other alternative medicine except Allopathy (Modern Medicine).
 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 speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.
 30. Costs of donor screening or treatment including surgery to remove organs in the event of the insured acting as a donor.
 31. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.
 32. Cost of allopathic treatment if administered and /or recommended by non allopathic medical practitioner.
 33. Admission for diagnostic studies alone.
 34. Implantable electronic devices (such as replacement batteries or replacement devices)
 35. Health XS - Amount shown as deductible on the schedule of the policy in respect of each and every admissible claims.
Super Health XS – Amount shown as deductible on the schedule of the policy in respect of aggregate of all admissible claims per annum.
 36. External and or durable Medical / non medical equipment or any kind used for diagnosis and / or treatment and / or monitoring and / or maintenance and / or support including CPAP, CAPD, infusion pump, oxygen concentrator, etc., ambulatory devices i.e. , walker, crutches, Belts, collars, Caps, Splints, Slings, Braces, Stocking, etc., of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items and also any medical equipment, which are subsequently used at home.
 37. All non-medical expenses of any kind whatsoever.

E) CONDITIONS

1. Claims Procedure

Provided that the due observance and fulfillment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shall, so far as they relate to anything to be done or not to be done by the Insured and / or Insured person, be a condition precedent to any liability of the Company under this Policy.

The Claims Procedure 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 within 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.
 1. In the event if the Insured having multiple insurance policies and prefers to lodge a partial claim with the Company, the Company shall accept photo copies of the documents duly certified by the first insurance company.
 2. 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.
 3. If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at our expense.
 4. If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at our expense.

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.

Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling our Toll Number 1860 425 0000.

2. Payment of Claim

Payment of claim under hospitalization benefit will be subject to the following deductions:

Policy	Deductibles
Health XS Policy	Amount shown as deductible on the schedule of the policy in respect of each and every admissible claim.
Super Health XS Policy	Amount shown as deductible on the schedule of the policy in respect of aggregate of all admissible claims per annum.

- All valid claims will be settled within 15 working days upon receipt of due written evidence of such loss and any further documentation information and assistance that the Company may require. 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.
- 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.
- 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.
- The claim if admissible shall be paid to the legal heir/nominee of the proposer in case if the proposer is not surviving at the time of payment of claim.
- At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.
- In case of a policy issued on an installment premium basis,

balance premium due if any, shall be adjusted against the claim amount.

- In the event of hospitalization falling within two policy periods, the Sum Insured considered for such claim shall be the available Sum Insured under both policy periods.

3. Transfer

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

4. 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 Annual Premium
-do-	2 months	15% of the Annual Premium
-do-	4 months	30% of the Annual Premium
-do-	6 months	40% of the Annual Premium

-do-	8 months	50% of the Annual Premium
-do-	10 months	60% of the Annual Premium
-do-	12 months	70% of the Annual Premium
-do-	14 months	75% of the Annual Premium
-do-	16 months	80% of the Annual Premium
-do-	18 months	85% of the Annual Premium
For a period exceeding	18 months	Full Annual Premium

Short period Scales : Three year policy

For a period not exceeding	30 days	5% of the Premium Paid
-do-	3 months	15% of the Premium paid
-do-	6 months	30% of the Premium paid
-do-	9 months	40% of the Premium Paid
-do-	12 months	50% of the Premium paid
-do-	15 months	60% of the Premium paid
-do-	18 months	70% of the Premium paid
-do-	21 months	75% of the Premium paid
-do-	24 months	80% of the Premium paid
-do-	27 months	85% of the Premium paid
-do-	30 months	90% of the Premium paid
-do-	33 months	95% of the Premium paid
For a period exceeding	33 months	Full Premium paid

For Multi year policies the following conditions shall be applied:

1. A free look in period of 15 days shall be available to the insured for policy period of 3 years and above.
2. The customer shall be eligible for 100% refund in case of the request for cancellation received during the free look in period, which shall be 15 days from the date of receipt of policy documents by the customer.
3. If the cancellation request is received after the free look in period, the below condition shall be applied:
 - a) Total premium shall be divided by the policy tenure to arrive annual premium
 - b) Multi year discount shall be adjusted based on the actual tenure completed including the year of cancellation.
 - c) Annual premium shall be retained for each completed years and for the year in which the policy is cancelled the above table shall be applied.
 - d) For the remaining unexpired period the entire premium shall be refunded.

In case of payment of premium by Installments there will not be any refund of premium if the insured cancels the policy.

5. Automatic Termination

The policy shall terminate immediately on the earlier of the earlier of the following events:

- Upon the death of the Insured Person in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon exhaustion of the sum insured.

6. 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.

7. 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 relating to this insurance.

8. Geographical Area

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

9. Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss beyond the deductible limit, the right of the 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. Subrogation

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.

12. 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.

13. 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 & 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.

14. Customer Service

If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hour.

15. 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. 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 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

17. Jurisdiction

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

18. Change of address

The Insured must inform in writing of any change in his/her address. This is to ensure better service in terms of communication and any failure to do so shall not amount to non-adherence to policy conditions so long as the changed address is within India.

19. Change in Sum Insured

Any change in the Sum Insured can be opted only once in 4 years. Change in Sum Insured is subject to no claim and increase is restricted to 100% of the current 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.

20. 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.

21. 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, in each of the year, provided the Policy has been continuously renewed without any break.

22. Compliance with Policy provisions

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

23. Grievances

In case the Insured Person is aggrieved in any way, the Insured Person may contact the Company at the specified address or contact through Toll number during normal business hours or by E mail.

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram Alliance Insurance Company Limited is located 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, apart from the above mentioned.

The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneswar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. Address, contact person and contact number details are available as per annexure IV.

F) DAY CARE LIST

Operations on the eyes

1. Incision of tear glands
2. Incision of diseased eyelids
3. Excision and destruction of diseased tissue of the eyelid
4. Operations on the canthus and epicanthus
5. Corrective surgery for entropion and ectropion
6. Corrective surgery for blepharoptosis
7. Removal of a foreign body from the conjunctiva
8. Removal of foreign body from the cornea
9. Incision of the cornea
10. Operations for pterygium
11. Other operations on the cornea
12. Removal of a foreign body from the lens of the eye
13. Removal of a foreign body from the posterior chamber of the eye
14. Removal of a foreign body from the orbit and eyeball
15. Operation of a cataract

Operations of Ears

Microsurgical operations on the middle ear

16. Myringoplasty (Type 1 tympanoplasty)
17. Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
18. Revision of a tympanoplasty
19. Stapedotomy
20. Stapedectomy

Other operations on the middle and internal ear

21. Paracentesis (myringotomy)
22. Removal of a tympanic drain.
23. Mastoidectomy
24. Incision of the mastoid process and middle ear
25. Reconstruction of the middle ear
26. Fenestration of the inner ear
27. Other operations on the inner ear.

Operations on the nose and the nasal sinuses

28. Operations on turbinates (nasal concha)

Operations on the tongue

29. Incision, excision and destruction of diseases tissue of the tongue
30. Partial glossectomy
31. Glossectomy
32. Reconstruction of the tongue

Operations on the Salivary Glands and salivary ducts

33. Incision and lancing of a salivary gland and a salivary duct
34. Resection of a salivary gland
35. Reconstruction of a salivary gland and a salivary duct Other operations on the mouth and face
36. Palatoplasty
37. External Incision and drainage in the region of the mouth, jaw and face
38. Excision and destruction of disease hard and soft palate
39. Incision of the hard and soft palate
40. Plastic Surgery to the floor of the mouth

Operations on the tonsils and adenoids

41. Transoral incision and drainage of a pharyngeal abscess
42. Tonsillectomy without adenoidectomy
43. Tonsillectomy with adenoidectomy
44. Excision and destruction of a lingual tonsil.
45. Other operations on the tonsils and adenoids

Operations on the Skin and subcutaneous tissues

46. Free skin transplantation
47. Skin plasty

Operations on the Breast

48. Incision of the breast
49. Operations on the nipple.

Operations on the digestive tract

50. Surgical treatment of anal fistulas
51. Surgical treatment of hemorrhoids
52. Division of the anal sphincter (sphincterotomy)
53. Ultrasound guided aspirations.
54. Sclerotherapy.

Operations on the urinary system

55. Cystoscopical removal of stones

Operations on the female sexual organs

56. Incision of the ovary
57. Insufflation of the Fallopian tubes
58. Dilatation of the cervical canal
59. Conisation of the uterine cervix
60. Other operations on the uterine cervix
61. Incision of the uterus (hysterotomy)
62. Therapeutic curettage
63. Culdotomy
64. Incision of the vagina
65. Operations on Bartholin's glands (cyst)

Operations on the Prostrate and seminal vesicles

66. Transurethral excision and destruction of prostate tissue
67. Transurethral and percutaneous destruction of prostrate tissue
68. Incision and excision of periprostatic tissue
69. Radical Prostatovesiculectomy

70. Other excision and destruction of prostate tissue

71. Operations on the seminal vesicles

72. Other operations on the prostate

Operations on the scrotum and tunica vaginalis testis

73. Incision of the scrotum and tunica vaginalis testis
74. Operation on a testicular hydrocele
75. Excision and destruction of diseased scrotal tissue.
76. Other operations on the scrotum and tunica vaganalis testis

Operations on the testes

77. Incision of the testes
78. Excision and destruction of diseased tissue of the testes
79. Unilateral orchidectomy
80. Bilateral orchidectomy
81. Reconstruction of the testis

Operations on the Penis

82. Amputation of the penis
83. Plastic reconstruction of the penis

Orthopedic Surgeries

84. Incision on bone
85. Closed reduction on fracture, luxation or epiphysealolysis with osteosynthesis
86. Reduction of dislocation under GA

Other Operations

87. Lithotripsy
88. Coronary angiography
89. Radiotherapy for Malignancies
90. Parenteral Chemotherapy
91. Haemodialysis

G) Rider

1. Accidental Death Benefit

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 Accident Death, if such injury shall within 12 Calendar months of occurrence be the sole and direct cause of Death.

Terms & Conditions:

If the Insured Person meets with an Accident, which leads to death, the Company will provide insurance coverage to the Insured in the following manner:

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.

Exclusions:

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:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Payment of compensation in respect of death, injury or disablement of the Insured Person
 - (a) from intentional self injury, suicide or attempted suicide.
 - (b) whilst under the influence of intoxicating liquor or drugs.
 - (c) whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. (—Standard type of Aircraft means an aircraft duly licensed to carry passenger (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine)
 - (d) directly or indirectly caused by venereal diseases, AIDS or insanity.
 - (e) arising or resulting from the Insured/Insured Persons committing any breach of law with criminal intent.
 - (f) as a result of, or which is contributed to by, the Insured person suffering from any pre-existing condition or pre-existing physical or mental defect or infirmity.

Complications arising from the pre-existing physical or mental defect or infirmity will be considered as part of the pre-existing condition
2. Payment of compensation in respect of Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military action or Usurped Power, Seizure, Capture, Arrests, Restraints and Detainments.
3. Payment of Compensation in respect of Death of or bodily Injury or disablement or any disease or illness to the Insured person
 - directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.
 - directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
5. Pregnancy Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, Injury or Disablement resulting directly or indirectly, caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
6. 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, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard. Persons while engaged in the following occupations are 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 (Full time), Pop Musicians, Professional sports person, Roofing contractors and all construction, maintenance and repair workers at heights in excess of 50ft/15m, Saw miller, Scaffold Worker, Scrap metal merchant, Security guard (armed), Steeplejack, Stevedore, Structural steelworker, Tower crane operator, Tree feller, Ship crew.
7. Nuclear, Chemical, Biological Terrorism Exclusion Clause: The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting directly or indirectly arising out Health XS and Super Health XS Policy Wordings of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

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

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

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

If the Company allege 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.

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 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