

### **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 tele-agent 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).*

*Renewal is accepted upto the age of 75 years and for dependant children upto the age of 21 years.*

#### **B) Definitions and interpretations**

##### **Accident / Accidental**

Accident means a sudden, unexpected, visible and fortuitous event happening during the period of insurance.

##### **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.

##### **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.

### **Day Care Treatment**

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

- undertaken under General or Local Anaesthesia 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

### **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 of the covered expenses for every admissible claim. The 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/Nursing Home**

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

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- 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 will make these accessible to the Insurance company's authorized personnel.

### **In-Patient 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 Practitioner**

A Medical practitioner is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include Physician, Specialist and Surgeon.

### **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.

### **Network**

All such hospitals, day care centres or other providers that the insurance company/TPA have mutually agreed with, to provide services like cashless access to policyholders. The list is available with the insurer/TPA and subject to amendment from time to time.

### **Non- Network**

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

**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.

**Post-hospitalisation Expenses**

Post - hospitalisation expenses means relevant Medical Expenses incurred during period up to 60 days after Hospitalisation on disease/illness/injury sustained .Such expenses will be considered as part of claim limited to treatment which is continued after discharge for an ailment / disease / injury not different from the one for which hospitalization was necessary.

**Pre existing Condition**

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 prior to your first Health XS / Super Health XS Policy with us.

**Pre-hospitalisation Expenses**

Pre – hospitalisation expenses means relevant medical expenses incurred during period up to 30 days prior to Hospitalisation on disease/illness/injury sustained. Such expenses will be considered as part of claim limited to treatment which is taken before hospitalization for an ailment / disease / injury not different from the one for which hospitalization was necessary.

**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 Charges**

Reasonable 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 .

**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.

**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 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 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 Plan 3 to Plan 6.
  - a) Plan 3 to Plan 6 – Rs.2000/- per day
- 10) Medical Examination cost
  - For Plan 1 to Plan 4  
The Company shall bear 50% of the cost of the medical examination subject to a maximum of Rs.150/- in the event of the risk being accepted.
  - For Plan 5 and Plan 6

The Company shall bear 50% of the cost of the medical examination subject to a maximum of Rs.600/- 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 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 prior to your first policy with us would not be payable until 48 months of continuous coverage have elapsed, since inception of the first Health XS / Super Health XS Policy with us.

These diseases shall however be covered after 4 years of continuous insurance from the Commencement Date of the cover with Us under this Health XS / Super Health XS policy.

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 Diseases, 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 36 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, mental ,nervous conditions or insanity.
21. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including laser surgery for power correction, myopia, hyper metropia, astigmatism 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 Ayurvedic, Homeopathic, Naturopathy or any other system of medication except Allopathy.

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, pot holing, 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.
  - Original Bills, Receipt and Discharge certificate / card from the Hospital.
  - Original Cash Memos from Hospital(s)/Chemist(s), supported by the proper prescriptions.
  - Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
  - Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.



- Attending Doctor's / Consultant's / Specialist's / Anesthetist's original bill and receipt, and certificate regarding diagnosis.- Medical Case History / Summary.
- 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
- 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.

**The documents should be sent to:**

Health Claims Department  
 M/s.Royal Sundaram Alliance Insurance Co.Ltd.,  
 3rd Floor , Deshbandhu Plaza  
 47, Whites Road, Royapettah,  
 Chennai 600 014.  
 Tel.No:044-42227373  
 Fax:044-28515500

Claim documents may also be submitted to local Royal Sundaram Offices address of which can be obtained by calling our **Toll Free Number 1800 345 8899**

**2. Payment of Claim**

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

<b>Policy</b>	<b>Deductibles</b>
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 not be liable to pay any interest/penalty for sums paid or payable under the policy other than as provided by IRDA regulations

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

In case of a policy issued on an installment premium basis, balance premium due if any, shall be adjusted against the claim amount

### 3. Transfer

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

### 4. Cancellation

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

The insured may at any time cancel this policy and in such event, the Company shall allow refund of premium less premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation.

#### Short period scales – One Year:

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 Years

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

#### Short period scales – Three Years

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

#### Short period scales – Four Years

For a period not exceeding	30 days	5% of the Premium Paid
-do-	4 months	15% of the Premium paid
-do-	8 months	30% of the Premium paid
-do-	12 months	40% of the Premium Paid
-do-	16 months	50% of the Premium paid
-do-	20 months	60% of the Premium paid
-do-	24 months	70% of the Premium paid
-do-	28 months	75% of the Premium paid
-do-	32 months	80% of the Premium paid
-do-	36 months	85% of the Premium paid
-do-	40 months	90% of the Premium paid
-do-	44 months	95% of the Premium paid
For a period exceeding	44 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, We shall not be liable to pay more than Our rateable proportion of the loss / expenses.

#### **10. Continuation of terms and conditions**

The Insured has to renew the Policy without any break to ensure continuity of cover from the Commencement.

Even if grace period is allowed, 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**

The Policy may be renewed by mutual consent 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 and in any case not later than 15 days from the date of expiry of the current policy. If, however, during the grace period of 15 days, any insured person incurs any hospitalization expenses, he shall not be entitled for any claim. The renewal premium shall be determined by the age of the insured person on the date of renewal, the sum insured opted and claims/renewal loading, where applicable. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured applies for renewal and remits the requisite premium before the expiry of this policy, renewal shall not be normally be denied other than on grounds of moral hazard, misrepresentation and fraud.

A policy that is sought to be renewed after the grace period of 15 days will be underwritten as a fresh policy. Insurer will be free to offer any of the similar products available with them.

In the event, the insured seeks to request for a change of TPA, he/she should communicate in writing to the Company atleast 30 days in advance, before renewal.

In the event of a claim under the Policy, the renewal premium shall be loaded as below:

Ratio of Claims to Premium	Premium Loading %
Up to 400%	Nil
400%-800%	25%
800%-1200%	50%
1200%-1600%	75%
Above 1600%	100%

#### 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. Compliance with Policy provisions

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

## 21. 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 Free 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, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. Address, contact person and contact number details are given below:

Office of the Ombudsman	Name of the Ombudsmen	Contact Details	Areas of Jurisdiction
<b>AHMEDABAD</b>	Shri Amitabh	Shri Amitabh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <b>AHMEDABAD-380 014.</b> Tel.:- 079-27546840 Fax : 079-27546142 <a href="mailto:ins.omb@rediffmail.com">Email ins.omb@rediffmail.com</a>	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
<b>BHOPAL</b>	Shri N.A.Khan	Shri N.A. Khan, Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 <sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <b>BHOPAL(M.P.)-462 023.</b> Tel.:- 0755-2569201 Fax : 0755-2769203 <a href="mailto:bimalokpalbhopal@airtelmail.in">Email bimalokpalbhopal@airtelmail.in</a>	Madhya Pradesh & Chhattisgarh
<b>BHUBANESHWAR</b>	Shri S.K.Dhal	Shri S.K. Dhal, Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <b>BHUBANESHWAR-751 009.</b> Tel.:- 0674-2596455 Fax : 0674-2596429 <a href="mailto:ioobbsr@dataone.in">Email ioobbsr@dataone.in</a>	Orissa



<b>CHANDIGARH</b>	Shri K.M.Chadha	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <b><u>CHANDIGARH-160 017.</u></b> Tel.:- 0172-2706468 Fax : 0172-2708274 <a href="mailto:Email_ombchd@yahoo.co.in">Email ombchd@yahoo.co.in</a>	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
<b>CHENNAI</b>	Shri V. Ramasaamy	Shri V. Ramasaamy,  Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <b><u>CHENNAI-600 018.</u></b> Tel.:- 044-24333668 /5284 Fax : 044-24333664 <a href="mailto:Email_insombud@md4.vsnl.net.in">Email insombud@md4.vsnl.net.in</a>	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
<b>NEW DELHI</b>	Shri P.K. Mishra	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <b><u>NEW DELHI-110 002.</u></b> Tel.:- 011-23239633 Fax : 011-23230858 <a href="mailto:Email_lobdelraj@rediffmail.com">Email lobdelraj@rediffmail.com</a>	Delhi & Rajashtan
<b>GUWAHATI</b>	Shri Sarat Chandra Sarma	Shri Sarat Chandra Sarma,  Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 <sup>th</sup> Floor, Near Panbazar Overbridge, S.S. Road, <b><u>GUWAHATI-781 001 (ASSAM).</u></b> Tel.:- 0361-2132204/5 Fax : 0361-2732937 <a href="mailto:Email_ombudsmanghy@rediffmail.com">Email ombudsmanghy@rediffmail.com</a>	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b>	Shri K. Chandrahas	Shri K Chandrahas Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <b><u>HYDERABAD-500 004.</u></b> Tel : 040-65504123 Fax: 040-23376599 <a href="mailto:Email_insombudhyd@gmail.com">Email insombudhyd@gmail.com</a>	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
<b>ERNAKULAM</b>	Shri James Muricken	Shri James J. Muricken,  Insurance Ombudsman, Office of the Insurance Ombudsman,	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry



		2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <b><u>ERNAKULAM-682 015.</u></b> Tel : 0484-2358759 Fax : 0484-2359336 <a href="mailto:iokochi@asianetindia.com">Email iokochi@asianetindia.com</a>	
<b>KOLKATA</b>	Shri K. Rangabashyam	Insurance Ombudsman,  Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4 <sup>th</sup> Floor, <b><u>KOLKATA-700 001.</u></b> Tel : 033-22134866 Fax : 033-22134868 <a href="mailto:iombkol@vsnl.net">Email iombkol@vsnl.net</a>	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
<b>LUCKNOW</b>	Shri M.S.Pratap	Shri M.S. Pratap, Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 <sup>th</sup> Floor, Nawal Kishore Road, Hazaratganj, <b><u>LUCKNOW-226 001.</u></b> Tel : 0522 -2231331 Fax : 0522-2231310 <a href="mailto:insombudsman@rediffmail.com">Email insombudsman@rediffmail.com</a>	Uttar Pradesh and Uttaranchal
<b>MUMBAI</b>	Shri S. Viswanathan	Shri S Viswanathan  Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), <b><u>MUMBAI-400 054.</u></b> Tel : 022-26106928 Fax : 022-26106052 <a href="mailto:ombudsmanmumbai@gmail.com">Email ombudsmanmumbai@gmail.com</a>	Maharashtra , Goa

## F) DAY CARE LIST

### Operations on the eyes

- Incision of tear glands
- Incision of diseased eyelids
- Excision and destruction of diseased tissue of the eyelid
- Operations on the canthus and epicanthus
- Corrective surgery for entropion and ectropion
- Corrective surgery for blepharoptosis
- Removal of a foreign body from the conjunctiva
- Removal of foreign body from the cornea
- Incision of the cornea
- Operations for pterygium
- Other operations on the cornea





- Removal of a foreign body from the lens of the eye
- Removal of a foreign body from the posterior chamber of the eye
- Removal of a foreign body from the orbit and eyeball
- Operation of a cataract

#### Operations of Ears

- Microsurgical operations on the middle ear
  - Myringoplasty (Type 1 tympanoplasty)
  - Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
  - Revision of a tympanoplasty
  - Stapedotomy
  - Stapedectomy
- Other operations on the middle and internal ear
  - Paracentesis (myringotomy)
  - Removal of a tympanic drain.
  - Mastoidectomy
  - Incision of the mastoid process and middle ear
  - Reconstruction of the middle ear
  - Fenestration of the inner ear
  - Other operations on the inner ear.
- Operations on the nose and the nasal sinuses
  - Operations on turbinates (nasal concha)

#### Operations on the tongue

- Incision, excision and destruction of diseases tissue of the tongue
- Partial glossectomy
- Glossectomy
- Reconstruction of the tongue

#### Operations on the Salivary Glands and salivary ducts

- Incision and lancing of a salivary gland and a salivary duct
- Resection of a salivary gland
- Reconstruction of a salivary gland and a salivary duct

#### Other operations on the mouth and face

5. Palatoplasty
6. External Incision and drainage in the region of the mouth, jaw and face
7. Excision and destruction of disease hard and soft palate
8. Incision of the hard and soft palate
9. Plastic Surgery to the floor of the mouth

#### Operations on the tonsils and adenoids

- Transoral incision and drainage of a pharyngeal abscess
- Tonsillectomy without adenoidectomy
- Tonsillectomy with adenoidectomy
- Excision and destruction of a lingual tonsil.
- Other operations on the tonsils and adenoids

#### Operations on the Skin and subcutaneous tissues

- Free skin transplantation
- Skin plasty



Operations on the Breast

- Incision of the breast
- Operations on the nipple.

Operations on the digestive tract

- Surgical treatment of anal fistulas
- Surgical treatment of hemorrhoids
- Division of the anal sphincter (sphincterotomy)
- Ultrasound guided aspirations.
- Sclerotherapy.

Operations on the urinary system

- Cystoscopic removal of stones

Operations on the female sexual organs

- Incision of the ovary
- Insufflation of the Fallopian tubes
- Dilatation of the cervical canal
- Conisation of the uterine cervix
- Other operations on the uterine cervix
- Incision of the uterus (hysterotomy)
- Therapeutic curettage
- Culdotomy
- Incision of the vagina
- Operations on Bartholin's glands (cyst)

Operations on the Prostrate and seminal vesicles

- Transurethral excision and destruction of prostate tissue
- Transurethral and percutaneous destruction of prostrate tissue
- Incision and excision of periprostatic tissue
- Radical Prostatovesiculectomy
- Other excision and destruction of prostate tissue
- Operations on the seminal vesicles
- Other operations on the prostate

Operations on the scrotum and tunica vaginalis testis

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

Operations on the testes

- Incision of the testes
- Excision and destruction of diseased tissue of the testes
- Unilateral orchidectomy
- Bilateral orchidectomy
- Reconstruction of the testis

Operations on the Penis

- Amputation of the penis
- Plastic reconstruction of the penis

Orthopedic Surgeries

- Incision on bone

- Closed reduction on fracture, luxation or epiphysealolysis with osteosynthesis
- Reduction of dislocation under GA

Other Operations

- Lithotripsy
- Coronary angiography
- Radiotherapy for Malignancies
- Parenteral Chemotherapy
- 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.

Pre-existing disease/condition shall mean such injury/ diseases, which have been in existence at the time of proposing this insurance. Pre-existing condition means any illness/sickness/injury or its symptoms, which existed prior to the effective date of this insurance, whether or not the Insured Person had knowledge that the symptoms were relating to the sickness. Complications arising from pre-existing disease will be considered part of that pre-existing condition. Pre-existing condition also means any physical or mental defect or infirmity or its symptoms, which existed prior to the effective date of this insurance, whether or not the Insured Person had knowledge that the symptoms were relating to the 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
  - o 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.
  - o 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



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 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-Toll Free Number 1800 345 8899, Mobile: 94444 48899 or e-mail at [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) or write us to "Sundaram Towers" 45 & 46, Whites Road, Chennai 600 014