Royal Sundaram

Royal Sundaram Alliance Insurance Con1pany Limited
Corp. OfficE': Sund:tr3 m TOWfTS, 4S, Hi, \'/hires RP3d, Chennai -GOO 014.
Regd office 21, Patullos Road, Ch2mui - 600 002.

FAMILY HEALTH FLOATER POLICY

IMPORTAT NOTES ABOUT THIS INSURANCE

Please read and check the details of this Policy ca.refully to ensure its acrurac.·and see that it meets your requirements.

Please infottn us immediately of any change in your address, occupation, state of health, or of any other changf'affecting any Insured Person.

The Policy is an evidence of the wntract between You and Royal Sundaram Alliance Insurance Company Limited.

The information given to us in the Proposal fotm and Declaration signed by you/Proposer and/ or over telephone to our teleagent by You/ proposer, fOrms the *basis* of this Contract.

The Policy, Schedule and anv Endorsement thereon shall be considered *rts* orw donmwnt rtnd any \vod oJ <"KprPssion 1o which a S[Wdfi(nwaning la.<> lwPn a11aclw(l in rtny of rlwm shall !war ,\1tch nwaninz 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 bdng denied

A. PERSONS WHO CABE INSURED

This insurance. is available. to persons who are family members of proposer who are between the age of 91 days and 65 years at the Commencement Date of the Policy. Family meam comprising of:

Sdf

Spouse,

Dependent children (including unmarried children.step children or legally adopted children, who are financially dependent and aged bdween 91 days and 21 years)

Dependent Patents upto age of 65 yeats.

Provided that You pay the premium for all the persons intended to be Insured under this Policy and 'Ne receive and accept it. We will provide the in..<>manrP (lPsnilw(l in 1lk Policy

B. DEFINTriONS ~ JNTERPRETATJONS

In this Po lie? the singular will be deemed to include the pluraL the male gender includes the female where the wnt ;;:t pennits. and the following words or phrases shall have the meanings attributed to them wherever they appear in 11Jis Policy

Acdden1
Accident means a sudden. unexpected. visible and fottuitous event happening during the period of imurance.

Company/We/Our/Insurer/Us
Royal Sundaram Alliance Insurance Company Limited.

Commencement Date
Commencement date of this Policy shall be. 11Je. inception date of first health Insurance policy unde.t this Family l leal1ll Floater Policy for 1lwt lmured Person, imured with *Us,* with out any break in period of cover.

Endorsement
Endorsement means written e" >idence of change to Your Policy including but not limited to inctease or decrease in the period, e_x:tent and nature of the cover agreed by Us in writing.

Floater Sum Insured
Floater Sum Insured means the Sum Insured as specified in the schedule of the policy is available for any one or all members of his fJ.mily who have been mentioned as Insured Persons in the schedule .fot one. ot mote claims during the. period of ce.ttificate of insutance

Hospital/Nursing Home
Hospital/Nursing Home meam anv institution in India established for indoor care and treatment of sid::ness and injuries and which dther:
has been regL kted as a Hospital or .0Jursing Home with the local au1lJOrities and is under the supervision of a registered and qualified Medical Practitioner
C'R
should comply with minimum criteria as under:

has at least 15 in-patientbeds in place'where popula1ion is above lO lakh0J

has at least 10 in-patient beds in places where population is below 10 lakhs and

has fully equipped operation theatre of *its* ovm wherever Surgical Operations are carried out and

has fully Qualified Nursing staff under its employment round the dod::.

The term Hospilal;Nutsing Home shall not indude an establishment which is a place ofrest.. a place fOr the aged, a rehabilitation centre for drug addicts or alcoholics, a hotel or a similar place.

In-Patient
An l ttsured Person who is admitted to Hospital and stays fo1 a minimum period of 24 hours. for the sole purpose of receiving treatment.

Insured Person/ You/Your
Anybody shov-.'ll on the Schedule as Insured in this Policy.

Intensive Care
lntemdve cue means a specially desiy,ned fadli1y of the hospital that provides the highest level of medical care and which *is* restricted to those patients who are critically ill or injured.

:..iedical Practitioner
:'vlhlic..- .1 PractitiOlkl nwan.<> a [Wr.wm who hol,ls a (lPgr<"P/diploma of a JPW.t?li.<>hl imtinl1ion rtwl i.◇ JP£,is1Pkd by :'vlhlkal Council ofrlw JPSJWC1iw S1afP of [ndia. Tlk fPJm ivfP(linrl Prar1i1iorwr wo1rH indwk Phvsidan, Specialist and Surgeon.

Period of Insurance
Period oflnsuwnce means 1lw pe.tiod sho>vn in 11Je. Schedule. for >vhich You have paid and We have received and accepted Yout pte.mium.

Post- Hospitalisation
Reasonable and Customary expenses incurred towards treatment ot disease;illness;injury for the period of 60 days after discharge from lwspi tal.

Pre Existing Condition
.A.ny condition. ailment or injury or related condition(s) for >vhich you had signs or symptoms and/or >ve.te diagnosed and/ot received medical advicdtreatment.v..-·ithin 48 mon11Js prior to yout fitst Family lle.alth Floater Po*lie.*'v ith us.

Prr-- l-lospitalisa1ion
RPa.<>oruhlP and o 1omrtrv ;·xtwnsP.<> innuJP(l 1owad. 1J;·rt1mPnf of (lisPas;·/ilhws./inj1 u y for a fkriod of .'·HJ day.<> p1 io1 1 o ho. pirrtliza1ion.

Proposer
ln.<.11ted Person or the person who signs the. Proposal form or give' telephonic consen1 on behalf of the lnsute.d person,is.

Qualified Nurse
Qualitied Nurse meam a person who holds a certificate of rewgnised .0Jursing Council and is employed on reconnnenda1ion of the attending Medical Practitioner.

Reasonable and Customary e.Kpenses
Reasonable and Ci_L,lomary experL<;es means a charge for medical care which shall be considered reasonable and customary to the extent that it does not e_-,;:ceed the general level of charges being made by others of . imilar. 1andin.t:; in 1lw loc..- .li1y w]wJP 1lw dtrtJ,t:;<" *is* inomhl wlwn lirmish-inr, lih·OJ nnnparab\p ru·rtfmPnt SPJVi kS o1 .<>uppliPs to indivhh rals of tlw . rtnw . <"K rtJH! of nmlpaJrtblf' rtg;·. fo1 a. imiLn (liSP<!'<'.- ilhw.<>.<>, mhlkrtl wndition or injury.

Surgical Operation
Sutgical Operation means manual and/or operative procedures for conec1ion of defonni1ies and defects repair of injuries diagnosis and cure of diseases. relief of suftering and prolongation of lite.

c·:-BES_E_Frt_S_
Tlk Policy cov;·r.<> RPasonrthk an,! Customary PXfkns;·s inn u W(l 1owrtJd.<> lwspi1ali:t.ation foJ 1lk (liShl. <".· ilhwss,. nwdkrtl con,li1ion or injmy wntracted or sustained bv the Insured Person during the Period of Insurance stated in the Schedule subject to terms. wnditions. limitations and exclusions mentioned in the Policv.

For a claim to be admitted under this Policy. the Insured Person should be

hospitalised as an In-Patient during the Period of Insurance fOr a minimum fkrio,l of ?4 lwn1s. J-{owpv;·r 1hi.1inw limit is no1 applicab\(' 1o 1lw followinz spPrific 1Jhl1m('JJL<>:

Dialysis, Chemotherapy. Radiotherapy, Eye surgery. Cataract. Lithotripsy (kidney stone removal) Tonsillectomy. D&C Cardiac Catheterization, Hydrocele Surgery, Hernia repair surgery and such other Surgical Operation that necessit,Jte hospitalisation less than 24 hours due to medical/ technolo,gical advancement/ infras1Jucune facili1ies.

In the event of any claim becoming admissible. under the Policy; the. Company will pay to the Proposer. the Reasonable and Customary e_-,:pe.nses, subject to the. various limits mentioned hereunder, but not exceeding; the Sum Insured and the Cumulative Bonus, if any, mentioned in the Schedule fot all claims admitted during the Period of lnsurance.

E.1!:penses covered under the Policy

1. Room, Boarding Ex:pemes as provided by the Hospital/Nursing Home subjPr11o a limit of?o/o of1lw Snm]ll.\1UhlfWJ day and foJ [ntPmiw Care Unit 4q:;_, of the Sum Insured per day.

ɾ. Nursing Expenses incurred during In-Patient hospitalization.

3. Surgeon, Anaesthetist_, Medical Practitioner, Comultants &Specialist Fee_<; ate subject to a limit of 4tW;0 of the Sum lrL,uted.

4. AmwsthPsirt. Bloo,l, Oxy?,('ll,. 0pPw1ion ThPatrP ChrtJ_t:;P.<>, Mhlidrws and Drugs. Diagnostic l'viaterials and X-ray. Dialysis, Chemotherapy, Radiotherapy, Donors medical expenses towards Organ transplant_, Cost of Pacemaker. Ar1ificial Limbs, Cost of L)tgans.

S. Pre-Hospitalisation and Post-Hospit,Jlbation expenses when the claim for hospitalization *is* admitted under the policy.

G. Ambulance charges in an emergency. subject to a limit of Rs.lOOO;' -per claim

Reimbursement of expenses, subject to a maximum of Rs.l:-0\)l pel Insured Petson, towards Master Heal1ll Cbecl< up for the Insured Person, after each 4 conserutive claim free years. This benefit shall not be available even if any one indhidual insured person makes a claim during 1lle. 4 consecu1ive pe.dod of insuwnce.

Benetlts under Sl. No.5.G and 7 are strictly under reimbursement mode and no cashless facility ·will be offered fl1r these benetits.

The Claim amount payable per person towards the treatment of fOllu<ving dis('aSP, illrw.<>s.- mPdkrtl ron,lition 01 injmy ,!mint, 1lk JWJi()(\ of insmaJK<" b subject to a limit of

Treatment	Limit per claim
Cataract	S•J,{:, of the Sum lnsmed
Piles, Fistula. Fissure, Tonsilitis, Sinusitis	10% of the Sum lnsmed
Benien Prnstati< HypertrophyHernia	70% of the Sum lnsmed
Knee/Hip Joim (otbec tiBn caueeci by occident)	SO% ofthe Sum Insured
Appendicilis, Gall bladder stones and Gynaec disorders	2CN'O of the Sum Insured
Dialysis, Chemotherapy and R.1.diotherapy	10%J of the Sum insured per month

Additional Features:

1. Cashless Facility: ('l'hrough 'l'hird Party Administrators TPA) Cashless facility is offered through Tbitd Party Administratots (IVA) who will be guided byTPA regulations formed by JRDA.

In net'Nork hospitals. provided pre-ad mi.<;.sion authorisa1ion in writing is L-tkf'n fwm TPA appoinf('(\ by Us, lmnw(l rwPd not pay for 1lk PligihlP expe.nse.s at the hospital. The.]TA will pay it directly.'The cashless facility can be availed subject to compliance of the procedute laid down in the infor mation handbook issued along with this Policy.
In non-netwotk hospitals. all admissible hospitalisation expense.s will only be reimbursed.

.J... Ambulance Referral facility:
ITA will be providing a referral fdcilit:.· for availing ambulance in case of emergency

3. Income Tax Relief
This insurance scheme is approved by IRDA and the premium is di,gible to _t:;d <'K<"mprion fJom inromP 1aK 1mdPr s;·c1ion ROD ,\1thj('c1 ro rlw JdPvarH p1ovisions of1h<" lnronwliuAd 1961

4. Cnmnla1iw. Bonos
'!1w J.imits un,l;·r 1hi.Polin.' hrtlllw pro,t:;ws. hdy incr;·,-t$('(\ by slabs of 5'}0 of the Sum Insured in respect of each claim-free year of insurance v.-ith Us, subject to a ma.-,.:imum accumulation of 10 slabs of cumulative bonus. S1tm l rt uu·d fo1 tlw JHHpO. (' of c.- .lmlrtrion of **O**tm1tbriv;·Bonus shall lw 1lw ;·Kpirinr, Sum Jn.<.l∪ᶜ(\ oJ 1lk wvi:;('(\ Sum Jn.<>mPd whidwvPJ i.lo>wr.

\\'here a claim bas arisen under the expiring policy. the earned rumulative bonus, if any, in respect of such insured person shall be reduced by 2 slabs of cumulative bom_L<; .llowever under no dm,mJ.stance.s shall the Sum insured undeJ the policy be. reduced on ac ount of reduction of cumula1ive bonus.

Transfer of Cumulative Bonus shall not mean continuit:.· ofbenetits hom any expiring Health Insurance Polie,-·.

Cumula1ive bonus \\ill not be consideted for settling claims for pre ex:isting disease.

D. EXCLUSIONS

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

1. Any pre existing condition(s) as defined in the policy, until 48 months of continuous coverage have elapsed, since inception of the first FamilyHealth Floater Certificate of Insurance v.-ith us.

   These diseases shall however be covered after 4 years of consecutive ins1 urtJHk fwm tlw C:oumwwkuwm Drtk of 1lw rov('J vvirh (LundPr 1his Family 1-krtlth Hoakr policy.

2. *30* Days ·waiting Period:Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the cover.

3(a) First Year E."'u:lusions:
Treatrnent of Congenital Internal Disease..:;. any t)Jle of !vligraine /Vasculat bead ache, Stones in the Utinary 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 Family Health Floater policy. These -.::elusions will not be applicable if caused directly due to an accident during period of insurance. However if these diseases are Pre Existinz ◁◇ (ldlJJ('(\, at tlw tim<" of proposal 1lwn rlwy willlw consi,lf'Jhl ,-ſ$ falling under Exdusion 1

(b) Two Year Exclusions:
Treatment of Spondylosis / Spondilitis – any r-,·pe,. Inter vertebral Disc Prolapse and such other Degenerative Disordets Cat,uacL Benign Pwsta1ic Hyp('Jtlophy. }-lyskr('cfomy. Fis11rlrt.- FismuP in Arm.<>, Pi\('s,. H;·Jnia, J lydwcde, SimL,itis, Knee/ J lip Joint replacement Chwnic Renal Failure. o(end stage Renal Failure, Heart diseas('. any type of Carcinoma/ Sarcoma / Blood CancuOsteoar1lnitb of any joint for all Insured Persons for two years from the Commencement Date of the cover"vith Us under this Family Health Floater polic::. These e_-,:clusions will not be applicable if caused directly due to an accident during period of insurance.However if these dis-eases are Pre Existing as detlned, at the time of proposal then they v.ill be considered a,ſ falling undet Exclusion 1

Note:
Fo1 l rt m;·d f\·r.<>ort1tp ro tlw rtg;·of 40 y;·rtrs lwldinr, an lwlivd1ral }-l;·rtl1h lw\('nmi1 y lns1 urtJHk Policy

a) for a jWJi()(\ of Olk ypar *rtw*\ WJWW('(\ \Vifh (J.<; wit\tollt <lllY bfpak, Fir.<>1 Year Exclusions shall be waived and Two Year Exclusion shall become the First Year Exclusions, provided it is not a rre Existing Disease

b) fo[a pe.dod oft>vo continuous years and above and renove.d v..-ill Us without any break, First Yea[E:xch_L,iom and 1\vo Year Ex:clusions shall be >vaive.d,. provided it is not a Pre Existing Disease

.S:otcvithstanding the fllfegoing , the e_-,:clusions mentioned herein below shall not be covered under this policy in any case.

4. Treatment arising from or twceable to pregnancy/ childbitth

ɾ>. Circumcision unless nec(' 'l.Sary fot 1leatrnent of a disease, not excluded hereunder or necessitated due to an accident.

6. The cost of spectacles, contact lenses and bearing aids.

7. Dental tteatrnent ot sutgery of any kind unless te, uiring Hospit,Jlisation.

8. Convalescence,. general debility, 'Run-down' condition or rest rure. Congenital External Disease or defects or anomalies, Tubectomv, \';J. ('cfomy, V('JWrPal dishlS(', in1Pnfional . Plf inj1uy or a1kmpkd . lli :id;·.

9. All <'KJWll. ('S ;ni. inr, ollt of rtny ron,lition (lirPdly oJ indiH-r1ly ɾ<1l "'d by or associated with Human T-Cell Lympbotropic Virus Type III (HTLB-Ill) or Lymphadenopathy Associated Virus (U\\-1 or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome oJ condi1ion of a similar kind commonly refuTed to as .PJDS.

10. Charges incurred at Hospital o[Nursing Home primadly foJ diagnostic, X ray or laboratory examinations ot other diay,nosti' srudies not consistent vdth or incidental to the diagnosis and treatment of the positive e.>dstence or presence of any ailment.. sickness or injury. fo1 wldd1 ronfilH-m<"nf i◇ u·quiu·d ar a J-{o.<>piL-ll/Nm. inr, Hom<".

11. Expettses on vitamins and tonics unlf's fotming pan of treatment fo1 injtHy or disease.

12. Directly or indirectly GJUse.d by or con1libuted to by NudeaJ weapons/materials or Radioactive Contamination.

13. Directly or indirectly caused by or arising from or attributable to \Var. Invasion. Act of Foreign Enemy, 'Narlike Operations (whether war be de.cl,ued or not).

14. Directly or indirectly c,Jused by or ,ubing from or at11ibutable to:

14.1 Ionising radia1ion or contamination by any Suclea[fi1d 0J fwm any !':uden W<L>k from buming .0Judear fi_l(l '''

14.2 Radioactive, toxic explosive or o1lwr dangerous propertif'of any explosive nuclear machinery or part of it.

15. Any routine or preventative o:aminations, vaccinations, inoculation or screening.

16. Outpatient treatment charges.

17. So: change or treatment_, which results hom, or is in anyway related to, sex dwnge.

18. }-lormoJw wpL-tn'nwn1 tlwwpy, Cy1otron Th<"rapy

19. Cost incuned towards non allopathic 1lea11nent even if 1l1e tteatmen1 is administered and/or [ecomrnended by an allopa1l1ic rnedic,Jl practitioner

20. *Cost* of allopathic treatment if administered and /or recommended by non allopathic medical practitioner.

21. Treatment of obesir-.·(including morbid obesity) and any other weight control programs, suvice.s o[supplies.

22. ·nle ueatment of psychiauic, mental o[nuvonconditions, irL,anity.

23. Any cosrne1ic,plastic surgery, aesthetic o[related 1Jea1lnent of any desctiption, including any complication arising from these ttea11nen1.s, whether or not tOr psychological reasons, unless medically necessary as a result of an accident.

24. Use of intoxiCdting drugs alcohol and the treatment of alcoholism, solvent abuse drug abuse ot any addiction and medical conditions resulting from, or [elated to, such abuse or addic1ion. Disease.' due to tobacco abuse such as Atherosclerosis. Ischemic Heart Disease. Coronary Artery Disease. hemorrhagic stroke. ischemic stroke_. Chronic Obstructive Pulmonary Disease, Chronic Obstructive. Ainvay Disease, Emphysema, Chronic Bronchitis, Buetger's DL etse (fhromboangitis (lbliterans). All r-,-pes of pre malignant conditions /cancer in siru. oral cancer, Leukoplakia, Lar.-nx cancer, Cancer of Oesophagus, Stomach. Kidney. Pann<"<l<> .ud C·rvintl CrtnceJ.d1t<" 1o tobrtrro abuse only

2:-. Any tteatment received in convalescent homes, convalesce n1 hospitals, health hydros, narure rure clinics or similar establishments.

2G. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.

27. Any treatment received outside India.

28. Any Ayurvedic Homeopathic, Naruropathy or any other system ot medim1ion except Allopathy.

?9. Takinr, of ,!Jug 1 ml<"s.i1 is r.-.h·non propel rrwdical advin·an,I i◇ 1101 for the. ue.a1lnent of drug addic1ion.

30. Any fertility, sub--fertility <H assisted concep1ion opera1ion.

J1. Any person whilst engaging in speed conkst or racing of any kind (other than on foot), bungee jumping, parasailing. ballooning. parachuting. skydhing, paragliding, hang gliding. mountain or rock climbing necessit,Hing 1ll1e use of guide' or wpes, pot holing, abseiling. d<"ep s;·rt ,livinz a inr, h.-1.ld lwlme1 and br<"a1hinr, apparafH<>. polo, snow and ice sports and activities of similar hazard.

__C:Q.Nl21I!_Q_!':§

1. Claims Procedure

Provided that the due observance and fultillment of the terms and conditions of this Policy (conditions and all Endorsements hereon are to be read as part of this Policy) shalL so fJ.r as they relate to anything to be done 01 rw11o be dow·by rlw lll.\1Uhl and *I* or [nsm<"d fkt.<>on.- be a condi1ion precedent *w* any liability of the Company undeJ this Policy.

The Claims Procedure is as follo<vs:

For adrnL,sion in network Hospit,Jl -The Insured mtL<;t cal11lw helpline an,! f1uni.<>h nwmh·rship no an,! Policy !':1rmlwr and L-tke .-l.n eligibility number to confinn communication. The same has to be quoted in the claim fl1rm. The Cdll 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-neD-vork Hospital - Prdiminar.· notice of claim vdth partirulars relating to Polic:: numbers, name of the Insured Person in respect of whom claim is made_. narure of illness/injury and name and address of the attending Medical Practitioner;' Hospital; .S:ursing Home should be given to Us v.-ithin seven days from the date of hospitalization /injur.·; 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 fl1llov,ing documents v,ithin 30 days hom the date of discharge hom Hospital.

Original Bills, Receipt and Discharge cer1ifiGJte *I* card from the Hospital.

Original Cash i'vkmos fwrn J lospit,ll(s)/Chemist(s), suppo[ted by the proper presctiptions.

Original Receipt and Pathological test reports from a Pathologist supported by the note hom the attending Medical Practitioner *i* Surgeon demanding such Pathological tests.

Surgeon's certiticate stating narure of operation perfl1rmed and Surgeons' original bill and receipt.

Attending Docto["s *j* Co[tsultant's / Specialist's ,iAnesthe1ist"s original bill and receipt, and cettificate tegarding diagnosis. Medical Case 1-listory / Summary.

Insured /Insured Person must give Us at his expense, all the information ·we ask for about the claim and he must hdp Us to take legal action against anyone if required.

If required. the Insured *f* Insured Person must give consent to obtain \-tedical opinion hom any \-tedical Practitioner at Our expense.

If required the Insured or Insured Person must agree to be -..;:amined by a MediCdl Practitioner of Our choice at Our expense.

The documents should be sent to:

Health C:lrtimDqJaJ1 m<"n1
ivl,is.Royal Sundaram Alliance Insurance. Co.Ltd.
3rd Floor, Deshhmdhu Plaza
47, Vvl1itc'Road, Royapettah,
Chennai GOO 014.
Tel.No:044-42227373
Fa_-,::044-2851S500

Claim dounnen1s may also be submitted to local Royal Sundaram Offices addtess of which can be obtained by calling our Toll Free Numbet 180Q .345 8899

L Payment of Claim

l'Jl claims under this Polic.· shall be payable in Indian Currency. All medical treatments for the purpose of this insurance v.ill have to be taken in India onlv.

The Company shall not be liable to pay any interest/penalty for sums paid o[payable under 1ll1e. policy otheJ 11Mn *as* provided by IRDA regulations

Any claim intimated after *o\)* days fwm the date of disdJatge fwm the Hospital/NlJ[sing Horne,. shall not be entertained

No Claim *is* ad nd.<>sihle beyon,l 100 day.◇ f1om dak of <"Kpiry of 1lw policy in respect of hospitalization connnencing >vithin the Period ofJ[tsurance.

The claim if admL sible shall be paid to 1lw legal hdr of the pwposeJ in case if1lle proposer is not .<.urviving at the time of payment of claim

Transfer

T1ansfe1 rinr, of inku·st in rhi.Policy 1o anyone *ds;*· i'> 1101 all(nwd.

4. Cancellation

'T11e Company may at any time cancel the Policy on g;otmds of mis[epre-.<>en1ation.- frrt1t(L norhlisdo.\1lte of makrial fac1 of rhe insm<"d by .<>eJhlinz seven d,ry:s notice in <vriting by Registered A/D to the insured at his last knu<m 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 refimd ofp[emiurn less premium at Company's sho[t]Wlind Jak 1ahk giv<"n below provi,le.lno daim lta.◇ ornme(lllp1o 1lw (l.-1.1e of cancellation

Shod pvriod Sraks for orK y('ar insnntrH'('

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 for two year insurance :

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
[illegible]	[illegible]	[illegible]
For a period exceeding	18 months	Full Premium paid

5. Notice

Ev;·ry JWfirP an,! romnHtnii l1ion ro rlw Comprtny k([1liu·d hy 1his Policy shall lw in wririnr, 1o 1lk offin· of rlw Comprtny, 1lnour)1 \vhidl 1his iJJ.\1llatKP *is* pff;·cthl. J-{o>wv;·r lnitirt!Jwtific.-1.1ion of claim ran bP mMk hy telephone.

G. Misdescription

·nlL' Policy shall be. void and all premium paid hneon shall be. forfeited to the. Company, in the event of misreprc,enta1ion, misdescription or non-disclosure of any material tdct.

7. Geographical Area

'l11e cover ?Jailted under this insurance is valid for 1lea1lnen1.s taken in India only.

8. Contribution

If at the time of a claim under *this* Po!icy, there is any other insurance covering the same *loss*, \Ve shall not be liable to pay more than Our tateable proportion of 1l1e *loss j* expemes.

9. Continuation of terms and conditions

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

1-lowPVPJ rt zrarP fkrio,l of JS ,lays may bP allov.:;·d ar rlw ,lisndion of1lw OltllJlany.

Even if grace period is allowed. the company shall not be liable for Hospitalisation, if any. occurring after the e_-,:pir? of the policy and before the date of actual receipt of premium for renewal.

10. Insurer's rights

\','e_ have the. light to do the follo>ving, in Insured Person's name at OuJ e_-,:pense:

- Take over the defense on settlement of any claim
- Start legal action to get compensa1ion from anyone else
- Start legal action to get bad:: from anyone else for payTrktlts 1lwt have alreadv been made bv Us

11. Fraud

If any claim is in any respect fraudulent. or if any fraudulent means or devices ate used by the Insured Petson or anyone acting on his behalf to obtain any benefit under this Polic:.-- 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.

12, Renewals

The Polic? may be renewed by mutual consent and in such event the renewal premium shall be paid *w* 1l1e. Company on or befo[e_ the date. of expiry of the Policy or of the subsequent renewal thereof and in any case not later than 15 days from 1lw 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 tOr any claim. The Company shall not be bound to give notice that such renewal premium is due pnnided however that if the insured appliPfor renewal and temits11Je requisite premium before the expity of thLpolicy. renewal shall not be normally be refused, unless the Company has reasonable justification to do *so*. A policy that is sought to be renewed after the grace period of 15 days will be underwritten a.s a fiuh policy.

In the event of a claim under 1lw Policy, the renewal premium shall be loaded a.s below:

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

13. iirbitration

If any dispute or difference shall arise as to the quantum to be paid under 1his Policy (liability lwing orlwn·visP a,lmi1kd) sud1 (liffpJmn·. hrtll ind;·p;·rHkntly of rtll o1lwr qrw.-1ion.lw wfPtlf'(l1o 1h<" (lf'ci>ion of a .<;o\p Arbitrator to be appointed in "Vliting by the parties to difference or. if they cannot agree upon a single Arbitrator cvithin 30 days of any party invoking Arbitration. the same shall be referred to a panel of three Arbitrators. comp1ising oft'<Vo Arbiuators, one to be. appointed by eadJ of the. partie'to 1lw dispute,idiffeJence. and the third Albitrato[to be appointed by sudJ two .c\rbitrators and Arbitration shall be conducted under and in accordance c ith the pro,isions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be refewble to Atbitration a.s hereinbefore provided,. if the Company has disputed or not accepted liability undet ot 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 Atbitratot/ Arbitratots of the amount of the lo.ss ot damage shall be first obtained

1-4. 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 daim . hrtll Jl01 \virhin 1? nrlPndar mon1h.' fwm 1lw datP of s1rd1 ,lisdainwl havp bP<·n ma,l;·1lk ,\1thjPc1 matfPJ of,-. s1 d1 in a On u r 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.

1.3. jurisdiction

The. Policy is :.11bject *w* the laws of India and the jurL,diction of its Courts.

16. Change of address

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

17. Change in Sum Insured

When the Company is admit1ing liabili1y for disease/illnesses /medical condition/injury contracted by the Insured Person during the pre" >ious period of lnsurance(s) with Us. then We shall pay either the Sum Insured fot that Insured Person .luting the first occurrence of such disease/ ill-ness/medical condition/burns or the available Sum ln:.11red under the cut-rent Policy. whichever is le.ss.

Vvllen the Company is admitting liability for pre existing disease the least sum insured opted in all years of insurance cvill be considered.

1R. CompliaJH"<'. with Poliry provisions: Faih uP ro comply with any of rlw provi.,ion.'con1airwd in thb Policy. hrtll invalidatP all claims lwwmHkr.

19. Grievances

In case the Insured Person *is* aggrieved in any way, the Insured Person may cont,JCt the Company at the specified ad,he.ss o[cont,Jct through Toll Free number dming normal business hours o[byE mail.

The. Insured PeJson may approach the lnsuwnce Ombudsman, <vithin whose jurisdiction the branch or office of Royal Sundaram Alliance Insurance Company Limited is loCdted fiH the following grievances

a. Any par1ial ot total repudia1ion of claims by the Company.
b. lilly dispute regard to premium paid or payable in tem1s of the policy.
c. Any dispute on 1l1e legal construction of the policies in *so* far a.s such disputes relate to claims.
d. Delay in settlement of claims.
e. on-issue of any insurance document to customer after receipt of the premium.
f. any other grievances

The Insurance Ombudsman's offices are located at Ahmedabad. BlutbrtJwsh\var, Rlwpal, Chan,lir,;u h, C:lwmui Cuwrthari, Kod1i, KolkatL·l, lnrknov.:, 1-l:'(lfJrtbrtd, lvfumbrti and Ddhi.For contact details of ombudsmen, please visit our websitewww.royalsundaram.in

WHAT If I EVER t\EED TO CO!viPLAIN?

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 - Call at 1860 425 0000 or e-mail at customer.services@royalsundaram.in or write us to"Sundaram Towers" 45 & 46, Whites Road, Chennai 600 014