

MOST IMPORTANT TERMS AND CONDITIONS

COVERAGE	SUM INSURED
PERSONAL ACCIDENT	₹ 3,00,000
AIR ACCIDENT	₹ 50,00,000
CARD LIABILITY	₹ 3,00,000
CYBER	₹ 10,000
HOSPITAL CASH	₹ 500 / 10 DAYS

COVERAGE DETAILS

1. Personal Accident Coverage

Product Name: Suraksha Kawach – Personal Accident

UIN: RSAHLGP19010V011819

What it covers (Benefits)

- **Accidental Death:** If the insured dies because of an accident, 100% of the sum insured is paid to the nominee.

Key exclusions (when the policy will not pay)

- Death or disability due to pregnancy, childbirth, or related complications.
- Death or disability caused by war, invasion, hostilities, rebellion, revolution, insurrection, or military action (including when serving in armed forces).
- Death or disability while committing a criminal act, riot, or with criminal intent.
- Death or injury from flying in non-scheduled or chartered flights; cover applies only if you are a bona fide, fare-paying passenger on a recognised airline on scheduled routes.
- Injuries from dangerous activities or hazardous sports, or while involved in naval, military, or air force operations.
- Injuries while working in high-risk jobs such as underground mining, tunnelling, handling explosives, high-tension electrical work, jockeys, or circus performers.
- Any physical, medical, or mental condition or treatment that the policy specifically excludes.

For the full list of exclusions and detailed wording, **please refer to the policy Terms and Conditions.**

2. Air Accident Coverage

Product Name: Suraksha Kawach - Personal Accident (Air Accident Death Only)

UIN: RSAHLGP19010V011819

What it covers (Benefits)

- **Death due to an air accident:** If the insured dies solely and directly because of an air accident during the policy period, and death occurs within 365 days of that accident, 100% of the sum insured will be paid to the nominee.

Key exclusions

- Pre-existing conditions: Any death or disability arising from pre-existing disease or related complications.
- Pregnancy: Death due to pregnancy, childbirth, or related complications.
- War and related events: Death or disability resulting from foreign invasion, hostilities, warlike operations (declared or undeclared), participation in naval, military or air-force operations, civil war, rebellion, revolution, insurrection, or usurped military power.
- Criminal acts: Death or disability while committing a crime, riot, or with criminal intent.
- Non-scheduled flying or risky flights: Death caused by flying in non-recognised, non-scheduled, or chartered flights; cover applies only if you were a bona fide, fare-paying passenger on a recognised airline on regular routes and a scheduled timetable.
- Hazardous activities and certain jobs: Death while engaging in adventure or hazardous sports, naval/military/air force operations, or while working in underground mines, tunnelling, with explosives, high-tension electrical installations, as jockeys, or as circus personnel.
- Certain occupations excluded: Pilots, armed forces personnel, police, and air crew.

For the complete and final list of exclusions and detailed wording, **please refer to the policy Terms and Conditions.**

3. Card Liability Coverage

Product Name: SECURE WALLET

UIN: IRDAN102CP0001V02201617

What it covers (Benefits)

A - Card Protection

Benefit A - Section (1): Lost Card Liability If Insured Person's card is lost or stolen, resulting in fraudulent utilization of the lost or stolen card, we will reimburse the unauthorized charges incurred during the policy period, that Insured Person are responsible for, on Insured Person's lost

or stolen card, occurring within 15 days before his/her first reporting to the Card issuer, not exceeding the limits set out therein.

Benefit A - Section (2): Card Liability due to fraudulent internet-based transactions and / or misuse of PIN This policy shall cover Unauthorised Charges arising out of fraudulent internet-based transactions, using the authorised CVV (Card Verification Value Code) or the PIN (Personal Identification Number) issued to the Cardholder by the Card Issuer, 15 days before the Insured Person's first reporting to the Card issuer, not exceeding the limits set out therein, subject to the following exclusions:

Benefit A - Section (3): Card Liability due to unauthorised usage on account of Skimming / Phishing (including Tele-phishing) / Counterfeit This policy shall cover unauthorised charges on the Insured Person's card arising out of unauthorised use of cards by skimming, counterfeiting, phishing (including tele-phishing) which occurred within 15 days before his/her first reporting to the Card issuer, not exceeding the limits set out therein, subject to the following exclusions:

Notwithstanding anything stated to the contrary in this policy, this policy shall apply to the following:

1. Any unauthorised use of a card where property, labour or services are sold and delivered by a merchant to an individual purporting to be the cardholder using telephone, fax machines, postal services or a computer-based system or network.
2. Losses arising out of duplicate or counterfeit cards issued by the card issuer without the cardholder's knowledge.
3. Any loss or damage arising due to information obtained by unauthorised access to sensitive information, such as usernames, passwords and any card details, by masquerading as a trustworthy entity in an electronic communication which is not owned, operated or contracted by the card issuer or its bank card processor.
4. Losses under tele-phishing shall be payable only for the first two instances, and the second instance shall be covered only when the time duration between the first and second instances is within a time duration range of up to 2 hours.

Benefit A - Section (4): Misuse of Card This policy shall cover losses/claims arising out of misuse of the card by any person (other than those specifically excluded under General exclusion 1 applicable for Benefit A) without the knowledge of the intended card user, occurring within 15 days before the insured's first reporting to the Card issuer, not exceeding the limits set out therein.

The liability per transaction under this section shall be restricted to a sum in the range of Rs.1000 to Rs.50000 (actual sum insured limit or 5% of standard limit whichever is lower), unless the limit stands modified upon payment of additional premium as shown in the Schedule, if any person other than those excluded under the policy (as specified under General exclusion 1 applicable for Benefit A) collects the card on behalf of the customer from the courier company.

Exclusions

Benefit A - Section (1): We will not pay for any expenses or loss for:

1. Charges made on the Insured Person's lost or stolen card before 15 days of his/her first reporting to the Card Issuer.
2. Charges made on the Insured Person's card if his/her card has not been lost or stolen;
3. Losses sustained by the Cardholders through forgery or alteration of or on any written instrument required in conjunction with any Card.
4. The amounts refunded upon cancellation of purchases of products or services by the Cardholders.
5. Loss incurred due to erroneous debits arising from fraudulent or other transactions, where neither the card issuer nor the cardholder is at fault, but the fault lies in the system and for which the card issuer will be liable.
6. Loss or damage on account of counterfeit cards.
7. Fraudulent transactions occurring beyond the policy period.

Benefit A - Section (2): We will not pay for any expenses or loss for:

1. Any transactions not confirmed by the host website or the authorised bank.
2. Any errors made by the host website or the authorized bank.
3. Loss incurred by the cardholder due to online transactions, effected on Indian Websites and website hosted overseas not involving an outflow of foreign exchange from India, without the mandatory additional factor of authentication.
4. Loss incurred due to erroneous debits arising on fraudulent or other transactions, where neither the card issuer nor the cardholder are at fault, but the fault lies in the system and for which the card issuer will be liable.
5. Loss incurred due to breach of security or failure of security mechanism of the card issuer.
6. Any transactions made using a PIN that has not been introduced by the card issuer in accordance with the Reserve Bank of India's mandate.

Benefit A - Section (3): We will not pay for any expenses or loss for:

1. Any loss or damage arising out of card transactions effected outside the notification period before the reporting of unauthorised use of the card to the card issuer.
2. Loss incurred through use of cards, due to breach of security or failure of the security mechanism of the card issuer.
3. Payment of claim under tele-phishing for more than 2 instances.
4. Payment of claim under the second instance when the time duration between the first and second instance exceeds 2 hours.

Benefit A - Section (4): We will not pay for any expenses or loss for:

1. Any loss or damage arising out of card transactions effected outside the notification period before the reporting of unauthorised use of the card to the card issuer
2. Loss incurred due to breach of security or failure of security mechanisms or standard operating procedures of the card issuer

Special Condition applicable to Benefit A

1. We will only pay for unauthorised charges for which the Insured Person is responsible under the terms and conditions of the Insured Person's card.
2. Insured Person must report the loss to the Card Issuer within 24 hours after discovering the loss event.
3. Insured Person must comply with all terms and conditions given by the Card Issuer by which his/her card is issued.
4. Insured Person must report the loss to the Police Authority within 24 hours of discovering the loss event and having reported to the Card Issuer.

Limit on Liability

- For tele-phishing, the liability per transaction shall be restricted to the limits specified in the Schedule. Payment of claim under tele-phishing shall be payable only for the first two instances, and the second instance shall be covered only when the time duration between the first and second instances is within a time duration range of up to 2 hours.
- Under section 4 of Benefit A, the liability per transaction shall be restricted to the limits specified in the Schedule, if any person other than those excluded under the policy (as specified under General exclusion 1 applicable for Benefit A), collects the card on behalf of the customer from the courier company.

GENERAL EXCLUSIONS APPLICABLE TO BENEFIT A UNDER THE POLICY

We will not pay for any expenses or loss for:

1. Losses sustained by the Insured/Insured Person resulting directly or indirectly from any fraudulent or dishonest acts committed by the Insured's/Insured Person's employee/members of household, acting alone or in collusion with others.
2. Losses arising out of the use of a genuine Card by an authorised person with the intent to defraud the Card Issuer.
3. Any legal liability, of whatsoever nature.
4. Losses arising directly or indirectly by reason of or in connection with war, invasion, act of foreign enemy, hostilities or warlike operations (whether war has been declared or not), civil war, rebellion, revolution, insurrection, civil commotion, military or usurped power, martial law.

5. Any loss directly or indirectly caused by or contributed to by or arising from: i. Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. ii. The radioactive, toxic, explosive or other hazardous or any explosive nuclear assembly or nuclear component thereof.
6. Loss of Interest, Consequential loss, loss of market, late fees, interest and charges levied by the card issuer.
7. Any loss or damage arising out of any Card transactions which have occurred after the loss or theft of the card has been reported to the Card Issuer.
8. Any loss/unauthorised use occurring at a POS (Point of Sale) terminal which is not secured with technology infrastructure, i.e., Unique Key Per Terminal (UKPT), Derived Unique Key Per Transaction.

For the complete and final list of exclusions and detailed wording, please refer to the policy Terms and Conditions.

4. Cyber Coverage

Product Name: Royal Personal Cyber Insurance – Group

UIN: IRDAN102RPLB0006V01202425

What it covers (Benefits)

Theft of Funds: We will indemnify You, up to the Sum Insured specified in the Master Policy Schedule/Certificate of Insurance, for any Direct and Pure Financial Loss sustained by You during the Policy Period:

1. as a result of a Theft of Funds due to an unauthorised access to Your Bank account or Mobile Wallets by a Third Party; or
2. as a consequence of you being a victim of Phishing/Email Spoofing, provided that:
 1. You report to the issuing Bank or the Mobile Wallet company within 72 hours after discovery of the Theft of Funds,
 2. You provide evidence that the issuing Bank or the Mobile Wallet company is not reimbursing you for the Theft of Funds, and
 3. You provide an evidence of lodging a police complaint dealing with the Theft of Funds within 72 hours upon discovery by you.

Exclusions

We will not cover, and we shall not be liable to pay any claim/s made by you under this Policy arising directly or indirectly from the following:

1. Insured Events or circumstances that could reasonably lead to an Insured Event which are known by You before the inception of this Policy.

2. Any action or omission of you, any misbehaviour of you which is intentional, malicious, dishonest, deliberate or reckless.
3. Any action or omission in your capacity as an employee or self-employed person, as well as any professional or business activity.
4. Any type of war (whether declared or not), use of force or hostile act.
5. Loss of or damage to tangible property and any consequential losses resulting therefrom, including the loss of use of tangible property.
6. Investment or trading losses, including, without limitation, any inability to sell, transfer or otherwise dispose of securities.
7. Misappropriation, theft, infringement or disclosure of any intellectual property (such as patents, trademarks, copyrights). This exclusion shall not apply to Extension-7 Social Media and Media Liability. However, theft, infringement, misuse or abuse of patents will always remain excluded.
8. Third Party Claims made by one Insured person against another Insured person.
9. Any costs of betterment of Your Personal Device or Your Smart Home Devices beyond the state existing before the Insured Event, unless unavoidable.
10. Claims involving cryptocurrencies are excluded except where they are used as ransom payments under the Cyber Extortion extension, subject to the insurer's prior written consent and applicable laws.
11. Terrorism means an Act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of Persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear, including cyber terrorism.
12. Immoral/Obscene Services: Any losses in connection with racist, extremist, pornographic or other immoral/obscene services, statements or representations provided, made or committed by the Insured person.
13. Failure, interruption, degradation or outage of infrastructure or related services of the following Third Party providers: telecommunication, internet service, satellite, cable, electricity, gas or water providers.
14. Any unaccounted payments made (which cannot be evidenced by a valid document) shall not be admissible.
15. Sanctions/Embargoes: We shall not be deemed to provide cover and We shall not be liable to pay any Loss or Claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such Loss or Claim or provision of such benefit would expose Us to any sanction, prohibition or restriction under United Nations resolutions or the trade or

economic sanctions, laws or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

16. Consequential Losses of any kind arising due to covered Cyber Attacks.

T&C: Please refer to policy terms and conditions for the complete list of exclusions and conditions

5. Hospital Cash Coverage

Product Name: Suraksha Kawach – Hospital Cash
UIN: RSAHLGP19010V011819

What it covers (Benefits)

- **Hospitalisation daily cash:** A fixed daily benefit is paid for each completed and consecutive 48-hour period of hospitalisation, starting from day one (this includes the first 24 hours). Payment is subject to the tenure shown in your schedule.
- **ICU daily cash:** If admitted to an ICU, we pay double the daily cash amount you chose.

Key exclusions (when the policy will not pay)

- Outpatient (OPD) treatment charges.
- Pre-existing diseases are not covered.
- Dental treatment, dentures, or dental surgery unless caused by an accident and requiring at least 24 hours' hospitalisation, or for irreversible bone disease of the jaw not related to gum or tooth disease.
- Circumcision, unless needed to treat a disease, illness, or injury.
- Pregnancy-related treatments: Any treatment arising from or related to pregnancy, miscarriage (unless due to an accident), childbirth, maternity (including C-section), abortion, or related complications. Exception: ectopic pregnancy is covered.
- Cosmetic/hair treatments: Alopecia, wigs, toupees, hair fall treatments.
- Sexually transmitted diseases (e.g., syphilis, gonorrhoea, genital herpes, chlamydia, genital warts, pubic lice, trichomoniasis).
- Convalescent care: Treatment in convalescent homes, hydros, nature cure clinics, or similar establishments.
- Criminal acts: Hospitalisation due to committing a breach of law with criminal intent.
- Adventure or hazardous sports-related treatment.

For the full list of exclusions and detailed policy wording, **please refer to the policy Terms and Conditions.**

CLAIM PROCEDURES

PERSONAL ACCIDENT - REIMBURSEMENT CLAIM PROCEDURE

Step 1: Claim Intimation

The claim requester must inform the insurer about the incident **within 60 days** from the date of loss.

Intimation should be sent via email to cub.claims@royalsundaram.in.

This applies to both **CUB partner-level customers** and **direct customers**

Step 2: Document Requirement Communication

Upon receiving the claim intimation, the insurer's claims department will respond within 24 hours.

A list of required documents will be shared to the email ID provided by the claim requester.

Step 3: Submission of Documents

The claim requester must submit all required documents along with the completed claim form within 90 days from the date of loss.

Documents should be sent directly to the insurer's claims team.

Step 4: Claim Registration

Once the documents are received, the insurer will register the claim.

A Claim Registration Number will be sent to the claim requester's email ID for reference.

Step 5: Claim Processing

The insurer will review the submitted documents.

The insurer will process the claim and if any additional documents are required, the claim requester will be notified accordingly.

Step 6: Claim Approval and Reimbursement

Upon successful verification and approval, the insurer will process the reimbursement.

The approved claim amount will be paid to the claim requester.

Step 7: Settlement Confirmation

After settlement, the insurer will send a Settlement Letter along with the **UTR (Unique Transaction Reference)** number to the claim requester.

Step 8: Claim Status and Escalation

For updates or concerns regarding the claim status, the claim requester may refer to the escalation contact details provided by the insurer.

TAT for claim service:

- Response to enquiries – within 24 hrs.

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- If no investigation is needed, the claim will be processed within 7 working days from the date we receive the last required document.
- If an investigation is required, the claim will be processed within 30 working days from the date we receive the last required document.

Death Claim- Required Documents:

- Duly filled and signed PA death claim form.
- Death Certificate.
- First Information Report - Photocopy duly attested by the issuing authority.
- Post-mortem report
- Chemical analysis report of viscera / blood sample only if preserved
- Admission / Discharge / Death summary issued by hospital authority if any.
- Original Legal Heir Certificate (in case nomination has not been filed by the deceased)
- KYC and NEFT details of the Nominee / Legal Heir.

Repudiation or rejection of claim:

- Claims may be rejected if they do not meet policy terms, conditions, or warranties.
- Rejection will be communicated to the insured or sales team, and the claim will be closed.
- If any expense payment is applicable, it will be processed.
- In case of fraudulent claims, the claim will be rejected and the policy will be cancelled.

AIR ACCIDENT - REIMBURSEMENT CLAIM PROCEDURE

Step 1: Claim Intimation

The claim requester must intimate the insurer about the incident **within 60 days** from the date of loss.

Intimation should be sent via email to cub.claims@royalsundaram.in.

This applies to both **CUB partner-level customers** and **direct customers**

Step 2: Document Requirement Communication

Upon receiving the claim intimation, the insurer's claims department will respond within 24 hours.

A list of required documents will be shared to the email ID provided by the claim requester.

Step 3: Submission of Documents

The claim requester must submit all required documents along with the completed claim form within 90 days from the date of loss.

Documents should be sent directly to the insurer's claims team.

Step 4: Claim Registration

Once the documents are received, the insurer will register the claim.

A Claim Registration Number will be sent to the claim requester's email ID for reference.

Step 5: Claim Processing

The insurer will review the submitted documents.

The insurer will process the claim and if any additional documents are required, the claim requester will be notified accordingly.

Step 6: Claim Approval and Reimbursement

Upon successful verification and approval, the insurer will process the reimbursement.

The approved claim amount will be paid to the claim requester.

Step 7: Settlement Confirmation

After settlement, the insurer will send a Settlement Letter along with the UTR (**Unique Transaction Reference**) number to the claim requester.

The approved claim amount will be paid to the claim requester.

Step 8: Claim Status and Escalation

For updates or concerns regarding the claim status, the claim requester may refer to the escalation contact details provided by the insurer.

TAT for claim service:

- Response to enquiries – within 24 hrs
- If no investigation is needed, the claim will be processed within 7 working days from the date we receive the last required document.
- If an investigation is required, the claim will be processed within 30 working days from the date we receive the last required document.

Air Accident- Required Documents

- Duly filled and signed PA death claim form.
- Death Certificate.
- Airlines Ticket Copy or Bonafide letter from Airlines or proof of travel may be substantiated through supporting documents.
- First Information Report - Photocopy duly attested by the issuing authority.

- Post-mortem report.
- Original Legal Heir Certificate (in case nomination has not been filed by the deceased)
- KYC and NEFT details of the Nominee / Legal Heir.

Repudiation or rejection of claim:

- Claims may be rejected if they do not meet policy terms, conditions, or warranties.
- Rejection will be communicated to the insured or sales team, and the claim will be closed.
- If any expense payment is applicable, it will be processed.
- In case of fraudulent claims, the claim will be rejected and the policy will be cancelled.

CARD LIABILITY - REIMBURSEMENT CLAIM PROCEDURE

Step 1: Claim Intimation

The claim requester must intimate the insurer about the incident **within 48 hours** from the date of loss

Intimation should be sent via email to cub.claims@royalsundaram.in.

This applies to both **CUB partner-level customers** and **direct customers**

Step 2: Document Requirement Communication

Upon receiving the claim intimation, the insurer's claims department will respond within 24 hours.

A list of required documents will be shared to the email ID provided by the claim requester.

Step 3: Submission of Documents

The claim requester must submit all required documents along with the completed claim form **within 30 days** from the date of loss.

Documents should be sent directly to the insurer's claims team

Step 4: Claim Registration

Once the documents are received, the insurer will register the claim

A **Claim Registration Number** will be sent to the claim requester's email ID for reference

Step 5: Claim Processing

The insurer will review the submitted documents.

The insurer will process the claim and if any additional documents are required, the claim requester will be notified accordingly

Step 6: Claim Approval and Reimbursement

Upon successful verification and approval, the insurer will process the reimbursement.

The approved claim amount will be paid to the claim requester.

Step 7: Settlement Confirmation

After settlement, the insurer will send a Settlement Letter along with the UTR (**Unique Transaction Reference**) number to the claim requester.

Step 8: Claim Status and Escalation

For updates or concerns regarding the claim status, the claim requester may refer to the escalation contact details provided by the insurer.

TAT for claim service:

- Response to enquiries – within 24 hrs
- If no investigation is needed, the claim will be processed within 7 working days from the date we receive the last required document.
- If an investigation is required, the claim will be processed within 30 working days from the date we receive the last required document.

Secure Wallet- Required Documents

- Attested copy of FIR / General Complaint/Online complaint to Police.
- Attested Copy of Final Report from Police.
- Card statement highlighting the fraudulent transactions.
- Copy of intimation to Card issuer confirming the fraudulent transactions.
- Certification from Card issuer certifying the Date & Time of blocking of the Card after intimation from Cardholder regarding the loss.
- Confirmation from the Card Issuer that the disputed transactions will not be reversed in future or 4 months' card statement following the month of disputed transactions, to confirm that the disputed transactions have not been reversed by the card issuer
- Advance letter of subrogation on a Rs.100/- non judicial stamp paper in the event the client receives a refund after the claim has been settled.

Repudiation or rejection of claim:

- Claims may be rejected if they do not meet policy terms, conditions, or warranties.
- Rejection will be communicated to the insured or sales team, and the claim will be closed.
- If any expense payment is applicable, it will be processed.
- In case of fraudulent claims, the claim will be rejected and the policy will be cancelled.

CYBER CLAIM PROCEDURE

Step 1: Notification of Loss

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In case of a cyber-incident that may lead to a claim, the claim requester must notify the following entities:

1. **Issuing Bank or Mobile Wallet Company:** Report the theft of funds **within 72 hours** of discovery.
2. **Police Authorities:** Lodge a police complaint detailing the theft of funds **within 72 hours** of discovery.
3. **Insurer:** Notify Royal Sundaram about the incident.

Additionally, the claim requester must provide:

1. Evidence that the Bank is not reimbursing the stolen funds.
2. A copy of the police complaint or acknowledgment.

Step 2: Claim Registration

To register the claim, the following details must be provided:

1. Claim requester's full name, relationship to insured, and contact details, or
2. Policy number.
3. Date of loss or event.
4. Brief description of the incident.

Once registered, a **Claim Registration Number** will be sent to the claim requester's registered email ID.

Step 3: Submission of Documents

The claim requester must submit the following documents to proceed with the claim:

1. Copy of FIR or complaint acknowledgment from police/cyber cell.
2. Logs, screenshots, or other evidence of the breach or attack
3. Correspondence with the Bank and/or Mobile Wallet regarding the theft
4. Legal notice served to the Bank (if applicable)

Step 4: Appointment of Surveyor/ Expert

1. A designated **surveyor** will be appointed by the insurer.
2. If required, the surveyor may engage a **forensic expert**.
3. The surveyor/forensic expert will request additional documents based on the type of loss
4. A detailed report will be submitted to the insurer for assessment.

Step 5: Documents Required for Assessment

The following documents may be requested for claim evaluation:

1. Fully completed and signed claim form.
2. Copy of FIR or complaint acknowledgment.
3. Logs, screenshots, and breach evidence
4. Correspondence with Bank/Mobile Wallet.
5. Legal notice (if applicable)
6. Invoices for expenses claimed
7. Evidence of financial losses (invoices, statements, calculations)
8. Any other document relevant to the claim

Step 6: Claim Approval and Reimbursement

1. Upon receipt of all necessary documents and information, the claim will be reviewed and approved by the competent authority.
2. Claim limits and reserves will be applied as per the insurer's Delegation of Authority Schedule.
3. Once approved, the insurer will offer settlement to the claim requester.

Step 7: Settlement Confirmation

1. After settlement, the insurer will send a Settlement Letter along with the UTR (**Unique Transaction Reference**) number to the claim requester

Step 8: Claim Status and Escalation

1. For updates or concerns regarding the claim status, the claim requester may refer to the escalation contact details provided by the insurer.

TAT (Turnaround time) for claims:

- Appointment of surveyor – Within 24 hrs of claim intimation
- Settlement of Claim (TAT) – upon receipt of all documents / clarification & survey report
- Claim upto Rs. 1 lac within 5 working days.
- Response to enquiries – within 24 hrs.

Condonation of Delay: Delays in claim intimation or document submission may be condoned by the insurer on merit, if the delay is proven to be due to reasons beyond the control of the insured.

Repudiation or rejection of claim:

- Claims may be rejected if they do not meet policy terms, conditions, or warranties.
- Rejection will be communicated to the insured or sales team, and the claim will be closed

- If any expense payment is applicable, it will be processed.
In case of fraudulent claims, the claim will be rejected and the policy will be cancelled.

HOSPITAL CASH- REIMBURSEMENT CLAIM PROCEDURE:

Step 1: Claim Intimation

- The claim requester must intimate the insurer about the incident **within 7 days** from the date of loss.
- Intimation should be sent via email to cub.claims@royalsundaram.in.
- This applies to both **CUB partner-level customers** and **direct customers**.

Step 2: Document Requirement Communication

- Upon receiving the claim intimation, the insurer's claims department will respond within 24 hours.
- A list of required documents will be shared to the email ID provided by the claim requester.

Step 3: Submission of Documents

- The claim requester must submit all required documents along with the completed claim form within 30 days from the date of loss.
- Documents should be sent directly to the insurer's claims team.

Step 4: Claim Registration

- Once the documents are received, the insurer will register the claim.
- A Claim Registration Number will be sent to the claim requester's email ID for reference.

Step 5: Claim Processing

- The insurer will review the submitted documents.
- The insurer will process the claim and if any additional documents are required, the claim requester will be notified accordingly.

Step 6: Claim Approval and Reimbursement

- Upon successful verification and approval, the insurer will process the reimbursement.
- The approved claim amount will be paid to the claim requester.

Step 7: Settlement Confirmation

- After settlement, the insurer will send a Settlement Letter along with the UTR (Unique Transaction Reference) number to the claim requester.

Step 8: Claim Status and Escalation

- For updates or concerns regarding the claim status, the claim requester may refer to the escalation contact details provided by the insurer.

TAT for claim service:

- Response to enquiries – within 24 hrs.
- If no investigation is needed, the claim will be processed within 7 working days from the date we receive the last required document.
- If an investigation is required, the claim will be processed within 30 working days from the date we receive the last required document.

Hospital Cash- Required Documents

- Duly filled and signed claim form.
- Copy of Discharge summary & Final Bill
- KYC and NEFT details of the insureds.

Repudiation or rejection of claim:

- Claims may be rejected if they do not meet policy terms, conditions, or warranties.
- Rejection will be communicated to the insured or sales team, and the claim will be closed.
- If any expense payment is applicable, it will be processed.
- In case of fraudulent claims, the claim will be rejected and the policy will be cancelled.

ESCALATION MATRIX

Customer Services

Level	Contact Person / Department	Contact Details
Level 1	Customer Services	Sreekumar V ☎ 9176208418 ✉ Sreekumar.Vakkiyel@royalsundaram.in
Level 2	Head – Customer Experience	Sanjeevi Raghunathan ☎ 9940086026 ✉ r.sanjeevi@royalsundaram.in

Claims - Retail A&H

Level	Contact Person / Department	Contact Details
Level 1	Customer Care	Helpline ☎ 1860 425 0000 ☎ 1860 258 0000 ✉ Care@royalsundaram.in
Level 2	Customer Care	Brindha Shankar Extn: 6051 ☎ 044-7117 7117 ✉ Brindha.Shankar@royalsundaram.in
Level 3	Customer Care	R Solaiammal Extn: 7232 ☎ 044-7117 7117 ✉ Solaiammal.Raghunathan@royalsundaram.in

Claims – Commercial

Level	Contact Person / Department	Contact Details
Level 1	Speciality- Commercial Claims	R. Sampathkumar ☎ 7695887728 ✉ Sampathkumar.Rajagopal@royalsundaram.in
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