



## Royal Sundaram Alliance Insurance Company Limited

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

# HOSPITAL CARE PLAN

- The Policy is evidence of the contract between You and Royal Sundaram Alliance Insurance Company Limited.
- The Proposal or any information supplied by You shall be incorporated in and be the basis of the contract.
- The Policy is to be read in conjunction with the Policy Schedule issued along with this document.
- The Policy, the Schedule and any Endorsement are to be read as one document and any word or expression used with a specific meaning in any of them has the same meaning wherever it appears.
- Provided that You pay the Premium for all the Insured Persons in the category intended to be insured under this policy and We receive and accept it, We will provide insurance described in the Policy.
- The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in denial of claim preferred if any.

### A. PERSONS WHO CAN BE INSURED

- This insurance is available to persons between the age of One year and 70 years at the commencement date of the Policy. (For the purpose of this insurance, "age" shall mean completed years of age).
- This insurance also provides cover for family comprising of the Insured and any one or more of the following:
  - Spouse.
  - Children.

### B. DEFINITIONS

#### Accident/Accidental

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

#### Alternative Treatments

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

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

Royal Sundaram Alliance Insurance Company Limited.

#### Condition Precedent

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

#### Congenital Anomaly

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

#### a. Internal Congenital Anomaly

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

#### b. External Congenital Anomaly

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

#### 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.

#### 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.

#### Hospitalisation

Hospitalisation means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

#### Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

#### Illness

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

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests.
- it needs ongoing or long-term control or relief of symptoms.
- it requires your rehabilitation or for you to be specially trained to cope with it.
- it continues indefinitely.
- it comes back or is likely to come back.

#### Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

#### In-Patient care

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

#### Insured/You/Your/Insured Person

Anybody shown on the Schedule as insured by this Policy.

#### Intensive Care Unit

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

**Medical Practitioner**

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence. The registered practitioner should not be the insured or close family members.

**Period of Insurance**

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

**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.

**OPD Treatment**

OPD treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based.

**Portability**

Portability means the right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.

**Pre Existing Condition**

Pre Existing Condition means 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 issued by the Insurer.

**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.

**Renewal**

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

**Surgery**

Surgery means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**Unproven/Experimental treatment**

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

**C. BENEFITS**

The Policy provides for payment as under, if an Insured Person suffers Hospital Confinement any time during the currency of this Policy, due to an accident/illness, which is not excluded under this Policy.

**A. Hospital Confinement Benefit****1. In India**

For each 24 hour period of Hospital Confinement the Daily Benefit as stated in the Schedule for that Insured Person is payable for a maximum of 180 days per illness/accident.

**2. In abroad**

For each 24 hour period of Hospital Confinement, the Daily Benefit as stated in the Schedule for that Insured Person is

payable for a maximum of 21 days for each travel abroad.

The Daily Benefit of Hospital Confinement is the same for claims arising in India as well as abroad.

**B. Parental Benefit**

For each 24 hour period of Hospital Confinement of children covered under the policy, half the Daily Benefit shown on the Schedule for that Insured Person is payable in addition to the Hospital Confinement Benefit, for a maximum of 21 days per illness/accident.

**C. Convalescence Benefit**

For Hospital Confinement beyond 21 consecutive days a fixed amount is payable towards convalescence, in addition to the Hospital Confinement benefit, in accordance with the plan chosen for that Insured Person. This benefit is payable only once per illness/accident.

**D. ICU Benefit**

For each 24 hour period of Hospital Confinement in an Intensive Care Unit, double the Daily Benefit shown on the Schedule for that Insured Person is payable for a maximum of 10 days per Accident.

**D. EXCLUSIONS**

The Company shall not be liable to make any payment under this Policy for hospitalization caused by or arising due to the following:

1. Pre-existing conditions - 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 issued by the Insurer.
2. Any disease contracted during the first 15 days of the commencement of the Policy.
3. The benefits of the policy shall not attach for cataract, hysterectomy due to fibromyoma/menorrhagia, cholecystectomy, hernia, congenital internal Anomaly during the first 6 months of the period of cover.
4. Treatment arising from or traceable to pregnancy, childbirth including caesarean section, any fertility, sub-fertility or assisted conception operation.
5. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due an accident.
6. Outpatient Treatment, general debility, 'Run-down' condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury, industrial disaster.
7. Any treatment relating to change of life, sex change or treatment which results from, or is in any way related to, sex change, Hormone replacement therapy.
8. All Hospitalization arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
9. Admission at Hospital/Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
10. Injury or disease 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).
11. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials, radioactive contamination. Any claim arising directly or indirectly by:
  - 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.
12. Hospitalisation for routine or preventative examinations, vaccinations, inoculation or screening, renal dialysis, except where this is in connection with acute secondary failure and is

- part of the intensive treatment, dental treatment or surgery of any kind unless requiring hospitalisation.
13. The treatment of psychiatric, mental or nervous conditions, insanity, any cosmetic, plastic surgery, aesthetic or related treatment of any description, whether or not for psychological reasons, unless medically necessary as a result of an accident.
  14. 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.
  15. Any Ayurvedic, Homeopathic, Naturopathy treatment or any other form of local medication, any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or a place where there is no active regular treatment.
  16. Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
  17. Person whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world.
  18. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in his/their professional capacity.
  19. Any claim in respect of Unproven/Experimental Treatments.

## E. CONDITIONS

### Claims Procedure

1. 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, address and phone number of the attending Medical Practitioner/Hospital/Nursing Home etc. should be given to Us 24 hours prior to admission in case of planned hospitalisation and not later than 24 hours after admission in case of an emergency hospitalisation.
2. Failure to furnish information within 24 hours shall not invalidate or reduce the claim if it was not reasonably possible to give information within such time.
3. The claim form duly completed in all respects along with all documents listed below should be submitted within 30 days from the date of discharge.
  - a) Photo copy of bills, receipt and discharge certificate/card from the Hospital.
  - b) Photo copy of F.I.R. copy in case of an accident.
  - c) Complete set of Hospital/medical records if specifically sought by Us.
  - d) For claims arising abroad, copy of passport/Visa.
  - e) If required, the Insured/Insured Person must give consent to obtain Medical Report from any Medical Practitioner at Our expense.
  - f) If required, the Insured/Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.
  - g) Claims under this Policy are payable in India in Indian Rupees only.
  - h) The Company shall be liable to pay any interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed, for sums paid or payable under this Policy, upon acceptance of an offer of settlement by the insured but there is delay in payment beyond 7 days the date of acceptance.

- i) At the time of claim settlement, Company may insist on KYC documents of the Proposer as per the relevant AML guidelines in force.

The claim documents should be sent to:

### Health Claims Department

M/s. Royal Sundaram Alliance Insurance Co.Ltd.,

Corporate office: Vishranthi Melaram Towers, No. 2 / 319

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

## 4. Observance of Terms and Conditions

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

## 5. Interest Transfer

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

## 6. Policy 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 or non-cooperation by 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 of rates:

Up to 1 month	25% of annual rate
Between 2 months and 3 months	50% of annual rate
Between 4 months and 6 months	75% of annual rate
Above 6 months	Full annual premium

## 7. Renewal

This policy is portable. This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

Policy must be renewed within the Grace Period of thirty days of expiry to maintain the continuity of Coverage. However no coverage shall be available during the period of such break. A policy that is sought to be renewed after the Grace Period of 30 days will be underwritten as a fresh policy at the discretion of Us.

At renewal, the coverages, terms & conditions and premium may change, in which case a three months notice shall be sent to the Insured Person at his last known address as recorded in the policy. Any change in premium on account of change of age will not require any prior notice.

The product/plan may be withdrawn at any time, by giving a notice of 3 months to the Proposer at the address recorded/updated in the policy. When the policy is withdrawn, the product/plan shall not be available for renewal at the due date. However, the cover under such policy shall continue till the expiry date shown in the schedule/Certificate of the policy. In the event of withdrawal of a product, Company shall offer similar alternative product from its currently marketed product suites.

## 8. 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. Initial notification can be made by telephone.

## 9. Misdescription

This Policy shall be void and all premium paid hereon shall be

forfeited to the Company in the event of mis-representation, misdescription or non-disclosure of any material fact.

#### 10. Continuation of Terms and Conditions

The Insured has to renew the policy without any break to ensure continuity of cover from the commencement. A grace period of 30 days is allowed to renew the policy and maintain continuity of coverage.

However during such grace period, the company shall not be liable for hospitalisation, if any, occurring after the expiry of the policy and before the date of actual receipt of premium for renewal.

#### 11. Change in Daily Benefit

Any change in Sum Insured can be considered only at the time of renewal. Eligibility for enhancement of Sum Insured is not automatic and is subject to the discretion of the Company.

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 Daily Benefit for that Insured Person during the first occurrence of such disease/illness/medical condition/burns or the available daily benefit under the current Policy, whichever is less.

#### 12. Fraud

If any claim is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured or anyone acting on his behalf to obtain any benefit under this Policy, all benefit under this Policy will be forfeited and the Company may choose to void the policy and reclaim all benefits paid to the Insured.

#### 13. Insurer's rights

We have the right, if We choose, in Insured's name but at Our expense to:

- Take over the defence or settlement of any claim.
- Start legal action to get compensation from anyone else.
- Start legal action to get back from anyone else payments that have already been made.

#### 14. 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.

It is also 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 three calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

#### 15. 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.

#### 16. Jurisdiction

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

#### 17. Free Look-in

At the inception of the policy you will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable. If you have not made any claim during the free look period, you will be entitled to the following, provided no claim has been settled or lodged for the period the policy has been in force:

- a. A refund of the premium paid less stamp duty charges or;
- b. where the risk has already commenced and the option of return of the policy is exercised, a deduction towards the proportionate risk premium for period on cover or;
- c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

#### 18. Grievance

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

- 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.
- f. Any other grievance

The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneswar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. For Contact Details of Insurance Ombudsmen, please visit our website [www.royalsundaram.in](http://www.royalsundaram.in).

#### WHAT IF I EVER NEED TO COMPLAIN?

*We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.*

*In all instances, call our Customer Services at our Chennai office at 1860 425 0000 or e-mail at [customer.services@royalsundaram.in](mailto:customer.services@royalsundaram.in) or write us to Royal Sundaram Alliance Insurance Company Limited, Vishranthi Melaram Towers, No. 2 / 319 Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.*

Royal Sundaram Alliance Insurance Company Limited  
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