Royal Sundaram Alliance Insurance Company Limited
Corp. Office : Sundaram Towers, 45 & 46, Whites Road, Chennai - 600 014.
Regd office : 21, Patullos Road, Chennai - 600 002.

HEALTH SHIELD GOLD INSURANCE

(Revised)

IMPORTANT NOTES ABOUT THIS INSURANCE

- Please read and check the details of this Policy carefully to ensure its accuracy and see that it meets your requirements.
- Please inform us immediately of any change in your address, occupation, state of health, or of any other changes affecting any Insured Person.
- The Policy is an evidence of the contract between You and Royal Sundaram Alliance Insurance Company Limited.
- The information given to us in the Proposal form and Declaration signed by you/Proposer and/or over telephone to our teleagent by You/ proposer, forms the basis of this Contract.
- The Policy, Schedule and any Endorsement thereon shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout.
- Provided that You pay the premium for all the persons intended to be Insured under this Policy and We receive and accept it, We will provide the insurance described in the Policy.
- Insurance under this Policy is given subject to the Endorsements if any, exclusions, terms and conditions shown below and failure in compliance may result in the claim being denied.

A. PERSONS WHO CAN BE INSURED

This insurance is available to persons between the age of 91 days and 75 years at the Commencement Date of the Policy. This insurance also provides cover for family comprising of the Insured and any one or more of the following

- Spouse
- Dependent Children means all Your unmarried children, stepchildren or legally adopted children who are between 91 days and under 21 years of age and

(a) Are financially dependent on You

(b) Permanently reside with You.

- Dependent Parents

If non-dependent members are covered exemption under Section 80D of Income Tax Act will not be applicable.

B. DEFINITIONS & INTERPRETATIONS

In this Policy the singular will be deemed to include the plural, the male gender includes the female where the context permits, and the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy

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

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

Age
Age means the age of the Insured Person on his/her most recent birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Period of Insurance.

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

Commencement Date
Commencement date of this Policy shall be the inception date of first health Insurance policy under this Health Shield Gold Policy for that Insured Person, insured with Us, with out any break in period of cover.

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

- undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition

Endorsement
Endorsement means written evidence of change to Your Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.

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

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

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

Insured/You/Your/Insured Person
Anybody shown on the Schedule as Insured in this Policy.

Intensive Care
Intensive care means a specially designed facility of the hospital that provides the highest level of medical care and which is restricted to those patients who are critically ill or injured.

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

Medically Necessary
Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

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

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

Post - Hospitalisation
Reasonable and Customary expenses incurred towards treatment of disease/illness/injury for the period of 60 days after discharge from hospital.

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 Health Shield Gold Policy with us.

Pre - Hospitalisation
Reasonable and Customary expenses incurred towards treatment of disease/illness/injury for a period of 30 days prior to hospitalization.

Proposer
Insured or the person who signs the Proposal form on behalf of the Insured

Qualified Nurse
Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reasonable and Customary expenses
Reasonable and Customary expenses means a charge for medical care which shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age, for a similar disease, illness, medical condition or injury.

Surgical Operation
Surgical Operation means manual and/or operative procedures for correction of deformities and defects repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

C. BENEFITS

The Policy covers Reasonable and Customary expenses incurred towards hospitalization for the disease, illness, medical condition or injury contracted or sustained by the Insured Person during the Period of Insurance stated in the Schedule subject to terms, conditions, limitations and exclusions mentioned in the Policy.

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 period of 24 hours. However this time limit is not applicable to the following specific treatments:

Cataract (Cataract is excluded during the first year of the Policy. Covered from the second year of policy up to a limit of Rs.7500), Tonsilectomy, Eye Surgery, Lithotripsy (Kidney Stone removal) and D & C

In the event of any claim becoming admissible under the Policy, the Company will pay to the Proposer, the Reasonable and Customary expenses, subject to the various limits mentioned hereunder, but not exceeding the Sum Insured and the Cumulative Bonus, if any, mentioned in the Schedule for all claims admitted during the Period of Insurance.

Expenses covered under the Policy

1. Room, Boarding Expenses as provided by the Hospital/Nursing Home subject to a limit of 1.5% of the Sum Insured per day and for Intensive Care Unit 3% of the Sum Insured per day.
2. Nursing Expenses incurred during In-Patient hospitalization.
3. Surgeon, Anaesthetist, Medical Practitioner, Consultants &Specialist Fees are subject to a limit of 40% of the Sum Insured.
4. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy Radiotherapy, Donors medical expenses towards Organ transplant, Cost of Pacemaker, Artificial Limbs, Cost of Organs.
5. Pre-Hospitalisation and Post-Hospitalisation expenses when the claim for hospitalization is admitted under the policy.
6. **Maternity Treatment Charges Benefit**
   1. The maximum amount payable under this Benefit is Rs.20,000/- irrespective of number of policies.
   2. This Benefit is admissible only if the expenses are incurred in Hospital/Nursing Home as In-Patient in India.
   3. Expenses incurred towards Maternity Treatment shall not be payable during the first 9 months from the Commencement Date of the cover for the insured person. The waiting period may be relaxed only in case of delivery / miscarriage / abortion induced by accident or other medical emergency.
   4. Claim in respect of delivery for only two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
   5. The Company will reimburse cost incurred towards
      a) Abnormal presentation
      b) Ectopic pregnancy
      c) Miscarriage
      d) Missed abortion e) Still births
      f) Post partum hemorrhage
      g) Retained placental membrane

Additional Features

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

(a) In network hospitals, provided pre-admission authorisation in writing is taken from TPA appointed by Us, Insured need not pay for the eligible expenses at the hospital. The TPA will pay it directly.
(b) TPAs will also provide 24 hour helpline and free ambulance referral facility.
(c) TPAs will be guided by TPA regulations formed by IRDA.
(d) In non-network hospitals, hospitalisation expenses will only be reimbursed.

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

2. Income Tax Relief

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

3. Cumulative Bonus

The Limits under this Policy shall be progressively increased by slabs of 15% each of the Sum Insured in respect of each claim-free year of insurance with Us, subject to a maximum accumulation of 4 slabs of cumulative bonus.

Sum Insured for the purpose of calculation of Cumulative Bonus shall be the expiring Sum Insured or the revised Sum Insured whichever is lower.

Where a claim has arisen under the expiring policy, the earned cumulative bonus, if any, in respect of such insured person shall be reduced by 2 slabs of cumulative bonus. However under no circumstances shall the Sum insured under the policy be reduced on account of reduction of cumulative bonus. Transfer of Cumulative Bonus shall not mean continuity of benefits from any expiring Health Insurance Policy.

Cumulative bonus will not be considered for settling claims for pre existing disease.

D. EXCLUSION

1. Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/treatment, within 48 months prior to your first Health Shield Gold policy with us would not be payable.

These diseases shall however be covered after 4 years of consecutive insurance from the Commencement Date of the cover with Us under this Health Shield Gold 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. First Year Exclusions:

Treatment of Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Mennorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in Anus, Piles, Sinusitis for all Insured Persons for one year from the Commencement Date of the cover.

However if these diseases are Pre Existing at the time of proposal then they will be considered as falling under Exclusion 1.

Exclusion 2 and 3 will not be applicable if caused directly due to an accident during period of insurance

Notwithstanding the foregoing, the exclusions mentioned under sub clause 4 to 31 herein below shall not be covered under this policy in any case.

4. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
5. The cost of spectacles, contact lenses and hearing aids.
6. Dental treatment or surgery of any kind unless requiring Hospitalisation.
7. Convalescence, general debility, `Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.
8. All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
9. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
10. Expenses on vitamins and tonics unless forming part of treatment for injury or disease.
11. Directly or indirectly caused by or contributed to by Nuclear weapons/materials or Radioactive Contamination.
12. 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).
13. Directly or indirectly caused by or arising from or attributable to:

13.1 Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or

13.2 Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

14. Any routine or preventative examinations, vaccinations, inoculation or screening, unless forming part of treatment for animal bite requiring hospitalization.
15. Outpatient treatment charges.
16. Sex change or treatment, which results from, or is in any way related to, sex change.
17. Hormone replacement therapy, Cytotron Therapy.
18. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
19. The treatment of psychiatric, mental or nervous conditions, insanity.
20. Any cosmetic,plastic surgery, aesthetic or related treatment of any description, including laser surgery for power correction,myopia, hyper metropia, astigmatism and any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident.
21. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse, or any addiction and medical conditions resulting from, or related to, such abuse or addiction. Diseases due to tobacco abuse such as Atherosclerosis, Ischemic Heart Disease, Coronary Artery Disease, hemorrhagic stroke, ischemic stroke, Chronic Obstructive Pulmonary Disease, Chronic Obstructive Airway Disease, Emphysema, Chronic Bronchitis, Buerger's Disease Thromboangitis Obliterans) All types of pre malignant conditions /cancer in situ, oral cancer, Leukoplakia, Larynx cancer, Cancer of Oesophagus, Stomach, Kidney, Pancreas and Cervical Cancers only due to tobacco abuse only.
22. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
23. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
24. Any treatment received outside India.
25. Any Ayurvedic, Homeopathic, Naturopathy or any other system of medication except Allopathy.
26. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
27. Any fertility, sub-fertility or assisted conception operation.
28. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard
29. Cost incurred towards non-allopathic treatment even if the treatment is administered and/or recommended by an allopathic medical practitioner.
30. Cost of allopathic treatment if administered and /or recommended by non allopathic medical practitioner.
31. Admission for diagnostic studies alone.

E. CONDITIONS

1. Claims Procedure

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

The Claims Procedure is as follows:

- For admission in network Hospital - The Insured must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 72 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 48 hours of admission.
- For admission in non-network Hospital - Preliminary notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us within seven days from the date of hospitalization /injury/ death, failing which admission of claim is at insurer's discretion.
- Please ensure that You send the claim form duly completed in all respects along with all the following documents within 30 days from the date of discharge from Hospital.
  - Original Bills, Receipt and Discharge certificate / card from the Hospital.
  - Original Cash Memos from Hospital(s)/Chemist(s), supported by the proper prescriptions.
  - Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
  - Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
  - Attending Doctor's / Consultant's / Specialist's / Anesthetist's original bill and receipt, and certificate regarding diagnosis.
  - Medical Case History / Summary.
- Insured /Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required.
- If required, the Insured / Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required the Insured or Insured Person must agree to be examined by a Medical Practitioner of Our choice at Our expense.

2. Payment of Claim

All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this insurance will have to be taken in India only.

The Company shall not be liable to pay any interest/penalty for sums paid or payable under the policy other than as provided by IRDA regulations

Any claim intimated after 90 days from the date of discharge from the Hospital/Nursing Home, shall not be entertained

No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within the Period of Insurance

3. Transfer

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

4. Cancellation

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

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

Short period Scales :

For a period not exceeding	15 days	10% of the Annual Rate
-do-	1 month	15% of the Annual Rate
-do-	2 months	30% of the Annual Rate
-do-	3 months	40% of the Annual Rate
-do-	4 months	50% of the Annual Rate
-do-	5 months	60% of the Annual Rate
-do-	6 months	70% of the Annual Rate
-do-	7 months	75% of the Annual Rate
-do-	8 months	80% of the Annual Rate
-do-	9 months	85% of the Annual Rate
For a period exceeding	9 months	Full Annual Rate

5. Notice

Every notice and communication to the Company required by this Policy shall be in writing to the office of the Company, through which this insurance is effected. However Initial notification of claim can be made by telephone.

6. Misdescription

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

7. Geographical Area

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

8. Contribution

If at the time of a claim under this Policy, there is any other insurance covering the same loss, We shall not be liable to pay more than Our rateable proportion of the loss / expenses.

9. Continuation of terms and conditions

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

However a grace period of 15 days may be allowed at the discretion of the Company.

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

10. Insurer's rights/Subrogation

We have the right to do the following, in Insured Person's name at Our expense:

- Take over the defense on settlement of any claim
- Start legal action to get compensation from anyone else
- Start legal action to get back from anyone else for payments that have already been made by Us

11. Fraud

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

12. Renewals

The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof and in any case not later than 15 days from the date of expiry of the current policy. If, however, during the grace period of 15 days, any insured person incurs any hospitalization expenses, he shall not be entitled for any claim. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured applies for renewal and remits the requisite premium before the expiry of this policy, renewal shall not be normally be 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 as a fresh policy.

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

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

13. 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

14. 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 3 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.

15. Jurisdiction

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

16. Change of address

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

17. Change in Sum Insured

When the Company is admitting liability for disease/illnesses /medical condition/injury contracted by the Insured Person during the previous period of Insurance(s) with Us, then We shall pay either the Sum Insured for that Insured Person during the first occurrence of such disease/ illness/medical condition/burns or the available Sum Insured under the current Policy, whichever is less.

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

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

19. Grievances

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

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Royal Sundaram Alliance Insurance Company Limited is located for the following grievances

a. Any partial or total repudiation of claims by the Company.
b. Any dispute regard to premium paid or payable in terms of the policy.
c. Any dispute on the legal construction of the policies in so far as such disputes relate to claims.
d. Delay in settlement of claims.
e. Non-issue of any insurance document to customer after receipt of the premium.
f. Any other grievance, apart from the above mentioned.

The Insurance Ombudsman's offices are located at Ahmedabad, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Guwahati, Kochi, Kolkatta, Lucknow, Hyderabad, Mumbai and Delhi. For contact details of Insurance Ombudsmen, please visit our website www.royalsundaram.in

WHAT IF EVER NEED TO COMPLAIN?

We hope, of course, that you will never feel the need to complain. Nevertheless, sometimes things do go wrong. When they do, we want to know straight away, so we can put them right as quickly as possible, and take steps to make sure they don't happen again.In all instances, call our Customer Services at our Chennai office - 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