ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Regd Office : 21, Patullos Road, Chennai 600 002.
Corporate Office : "Vishranthi Melaram Towers",2/319, Rajiv Gandhi Salai,
Chennai - 600 097., Old Mahabalipuram Road, Karapakkam,
Ph: 91-44-7117 7117, 1860 425 0000.

GROUP HEALTH POLICY

Policy Schedule

Policy Number GMC0000067000100 **IntermediaryCode** OA000240

IntermediaryName SCB - BFS

Name and Address of the Insured Solaroot Engineering Services Pvt. Ltd.

PLOT NO 774, UDYOG VIHAR, PHASE 5, GURGAON, GURUGRAM, HARYANA - 122008

Period of Insurance:

From 01/04/2024 **Inception Date** 01/04/2024

To 31/03/2025

INSURED PERSON DETAILS
As per Specification attached
No of Lives Covered: 106 lives (106 Families & their dependents)

PREMIUM DETAILS		
PREMIUM	Rs.	3,20,631
TPA Fees	Rs.	11,222
IGST	Rs.	59,734
SGST	Rs.	0
CGST	Rs.	0
Total	Rs.	3,91,586

This Schedule is subject to the Group Health Policy Terms and Conditions and the following Endorsements attached herewith:

1,2a,5 (i),5 (d),5 (ii),8,16,18,26

THIRD PARTY ADMINISTRATOR: Paramount Health Services Insurance TPA Pvt Ltd.

This Policy is subject to the condition that there is no selection of coverage for Employees/Students/Members and their dependants covered. In case if selection is involved, the policy stands null and void.

Please quote the Policy Number in all your correspondence.

IN WITNESS WHEREOF, this Policy of Insurance has been signed on 10/01/2022

Receipt/CD No. **CDAG002010**

GSTIN No. : 07AABCR7106G1ZL **PAN Number : AABCR7106G**

IRDA Regn. No. 102

Consolidated Stamp Duty paid to Government of Delhi

Issued at : Nehru Place New Delhi

Policy Servicing Office: Royal Sundram General Insurance Limited, Unit No.801 A, 8th Floor Devika Towernehru Place, Delhi - 110019

For Royal Sundaram General Insurance Co. Limited,

Group Health Policy – Endorsements

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Non Floater Policy

Endt. No. 1
Insured Person – Employees

It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed thereon and subject to the Insured having paid the agreed extra premium, the definition of Insured Person covers only the employees of the Insured, as specified in the schedule attached to and forming part of the policy.

Any person specified in the schedule forming part of this policy but does not come within the purview of the definition of Insured person as given above, shall be deemed as uncovered and stand automatically deleted under this policy.

Endt. No. 2 (a) – Pre-existing Disease Exclusion Waiver for All Insured Persons including their dependents

It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed thereon and subject to the Insured having paid the agreed extra premium, that Exclusion 1, 2 , and 3 as mentioned below stands deleted for all Insured persons covered under this policy.

Pre-Existing Diseases – Code-Excl01
Specified disease/procedure waiting period- Code- Excl02
30-day waiting period- Code- Excl03

Endt. No. 5(i) – Limitation of Benefits – Room, Boarding expenses

It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed thereon that the following benefits payable under the policy shall be subject to the limits as specified hereunder:

Nill capping for Room, Boarding Expenses as provided by the Hospital/Nursing Home

Endt. No. 5(d) – Removal of Limitation of Benefits – Room, Boarding Expenses covered under the Policy

It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed thereon and subject to the Insured having paid the agreed extra premium, the following limitation under the Heading "Expenses covered under the Policy" of Group Health Policy stands deleted for all Insured person covered under this policy:

"In case, the insured person is admitted in a room with rent higher than the eligible room rent

limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid."

Endt. No. 5(ii) – Limitation of Benefits - disease, illness, medical condition or injury

It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed thereon that, the Claim amount payable towards the treatment of following disease, illness, medical condition or injury is subject to a limit of:

Cataract	30% of the Sum Insured subject to a maximum of Rs.30000/- per person during the Policy period
Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders	25% of the Sum Insured subject to a maximum of Rs.30,000/-
Balloon Sinsuplasty, Bronchical Thermoplasty, vaporization of prostate(green laser treatment), Intra Operative Neuro Monitoring, Intra vitreal injections	10% of the Sum Insured subject to a maximum of Rs.1,00,000/-
Stem Cell therapy - Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	10% of the Sum Insured subject to a maximum of Rs.1,00,000/-
Oral Chemotherapy, Immunotherapy(monoclonal antibody to be given as injection)	5% of the Sum Insured per month subject to a maximum of Rs.1,00,000/- during the Period of Insurance

Endt. No. 8 Co-payment Clause

A Co-payment is a cost-sharing requirement under a Health Insurance policy that provides that the policy holder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed thereon that the policy is subject to a deductible of

50% of the admissible claim in respect of any Robotic or Radiosurgery treatments like Cyberknife, Gamma Knife, etc. for diseases, illness, medical condition or injury that is otherwise not excluded under this Policy

50% of the admissible claim in respect of Cochlear implant

50% of the admissible claim in respect of Genetic Disorders

This Co-payment , shall be deducted from each and every admissible claim amount .

Pre and Post natal OPD expenses as sublimit of Rs. within the Maternity limit

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Endt. No. 16 Emergency Ambulance Expenses

It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed thereon and subject to the Insured having paid the agreed extra premium, that the policy is extended to provide for Ambulance charges in an emergency,subject to a limit of Rs.1500 per claim

Endt. No. 18 Relaxation of Age Limit

It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed thereon and subject to the Insured having paid the agreed extra premium, that the provisions under "Persons who can be Insured" stand modified to include persons of age up to 100 years and not as stated in the policy.

Deletions under the policy would be effected from the date of intimation, If the Insured requires the deletion to be effected from the date of relieving of the employee and if there is a claim paid between the intervening peroid od date of relieving and date of intimation, the Insured should confirm in writing to repay the claim so settled in respect of the employee or dependants already relieved by the Insured before the date of hospitalisation. If such a confirmation in writing is given by the Insured, deletions shall be effected from the date of relieiving, otherwise, from the date of intimation. Refund in respect of deletions is subject to recovery of such claim paid from the Insured

Duplication of cover

This Quote/Policy is subject to the condition that no person is covered more than once under this policy either as employee or as dependant. In case of such duplication of cover, the premium paid more than once under this policy shall be refunded to the client.

Endt. No. 26 Cashless Facility

It is hereby declared and agreed that Cashless Facility under this Policy is provided by the TPA mentioned below:

Name of the TPA	: Paramount Health Services Insurance TPA Pvt Ltd.
Registered Office of the TPA	: D-39, Pocket D, Okhla Phase I, Okhla Industrial Estate, New Delhi, Delhi, New Delhi - 110020
Help Line Number	:

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GROUP HEALTH POLICY

A POLICY SCHEDULE

As attached and forming part of the Policy.

B PREAMBLE

B.1 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.

The Policy is an evidence of the contract between the Insured and Royal Sundaram General Insurance Co. Limited.

The information supplied by the Insured, including proposal form, if any supplied by the Insured shall be incorporated in and is the basis of this contract.

The Policy, the 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 the Insured 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.

B.2 Persons who can be insured

This Policy is available to Insured Person whose age group is between 91 days and 75 years. A minimum of 7 Insured Persons are required to be covered under this policy.

C DEFINITIONS

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

C.1 Standard Definitions

C.1.1 Accident

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

C.1.2 Associated Medical Expenses

Associated Medical Expenses shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner /surgeon/ anaesthetist/ Specialist, excluding cost of pharmacy and consumables, cost of implants and medical devices, cost of diagnostics conducted within the same Hospital where the Insured Person has been admitted. Associated Medical Expenses shall be applicable for covered expenses, incurred in Hospitals which follow differential billing based on the room category.

C.1.3 AYUSH Hospital:

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a) Central or State Government AYUSH Hospital; or

b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion :

i. Having at least 5 in-patient beds
ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

C.1.4 AYUSH Treatment

AYUSH Treatment" refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

C.1.5 Break in Policy

The period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

C.1.6 Cashless Facility

A facility extended by the Insurer or TPA on behalf of the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization is approved.

C.1.7 Condition Precedent

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

C.1.8 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.

1. Internal Congenital Anomaly is which is not in the visible and accessible parts of the body.

2. External Congenital Anomaly is which is in the visible and accessible parts of the body.

C.1.9 Day Care Treatment

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

1. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement and

2. 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.

C.1.10 Day Care Centre

medical setup within a hospital and which has been registered 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 qualified nursing staff under its employment;

--has qualified medical practitioner/s in charge;

--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

C.1.11 Dental Treatment

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

C.1.12 Emergency Care

Emergency care means management for an 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.

C.1.13 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 of benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

C.1.14 Hospital

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.

C.1.15 Hospitalisation

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

C.1.16 Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function 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:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

C.1.17 Inpatient Care

Inpatient care means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.

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C.1.18 Injury

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

C.1.19 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.

C.1.20 ICU Charges

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

C.1.21 Medical expenses

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

C.1.22 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.

C.1.23 Medically Necessary Treatment

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.

C.1.24 Migration

Migration means the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

C.1.25 Network Provider

"Network Provider" means hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

C.1.26 Non- Network Provider

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

C.1.27 Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

C.1.28 Portability

Portability means the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

C.1.29 Post-hospitalisation Medical Expenses

Medical Expenses incurred during 60 days immediately after the Insured Person is discharged from the hospital, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and

ii. The in-patient hospitalization claim for such hospitalization is admissible by the Insurance Company.

C.1.30 Pre-Existing Disease

Any condition, ailment, injury or disease:

a. that is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

C.1.31 Pre-hospitalisation Medical Expenses

Medical Expenses incurred during 30 days preceding the hospitalisation of the Insured Person, provided that:

i. Such Medical expenses are incurred for the same condition for which the Insured Person's hospitalization was required, and

ii. The in-patient hospitalization claim for such hospitalization is admissible by the Insurance Company.

C.1.32 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.

C.1.33 Reasonable and Customary Charges

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

C.1.34 Renewal

Renewal means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

C.1.35 Room Rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

C.1.36 Surgery or Surgical Procedure

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

C.1.37 Unproven/Experimental treatment

Unproven/Experimental treatment means the treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

C.2 Specific Definitions

C.2.1 Commencement Date

The "From" date shown in the Schedule or the date from which an Insured Person was included under this Policy, whichever is later.

C.2.2 Company/We/Our/Insurer/Us

Royal Sundaram General Insurance Co. Limited.

C.2.3 Endorsement

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

C.2.4 Inception Date

The Start date of cover shown in the Schedule or the date from which an Insured Person was included under this Group Health Policy whichever is later.

C.2.5 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.

C.2.6 Insured Person

Insured Person means the person(s) named in the Schedule for whom premium has been paid by the Insured and has been accepted by Us.

C.2.7 Period of Insurance

Period of Insurance means the period shown in the Schedule. However, in respect of the insured persons joining and/or leaving the organization after the "From" Date shown in the Schedule, the period of insurance refers to the period shown in the endorsement.

C.2.8 Third Party Administrator (TPA)

Third Party Administrator or TPA means a Company registered with the IRDAI and engaged by an Insurer, for a fee or remuneration, by whatever name called, and as may be mentioned in the agreement, for providing health services as mentioned under IRDAI (Third Party Administrators – Health Services) Regulations, 2016 or its subsequent amendments issued by the IRDAI.

C.2.9 SUM INSURED

The Start date of cover shown in the Schedule or the date from which an Insured Person was included under this Group Health Policy whichever is later.

Sum Insured means the sum shown in the Schedule of Insurance Certificate which represents Our maximum total and cumulative liability for any and all claims under the Policy during the Policy Year.

D BENEFITS COVERED UNDER THE POLICY

The Policy covers Reasonable and Customary Charges incurred towards Hospitalization for treatment of 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 Day care treatments:

Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Cataract, Lithotripsy (kidney stone removal) Tonsillectomy, D&C, Cardiac Catheterization, Hydrocele Surgery, Hernia repair surgery, Treatments for Fracture and such other Surgical Operation that necessitate Hospitalisation less than 24 hours due to medical/technological advancement / infrastructure facilities.

In the event of any claim becoming admissible under the Policy, the Company will pay to the Insured, the Reasonable and Customary Charges, but not exceeding the Sum Insured mentioned in the Schedule against the Insured person for all claims admitted during the Period of Insurance.

Treatment taken for Cataract is subject to a limit of 30% the Sum Insured or Rs.30000/- whichever is lower is applicable per insured during the period of insurance.

D.1 Expenses covered under the Policy

1. Room, Boarding Expenses as provided by the Hospital is subject to a maximum of 1% of the Sum Insured per day and for Intensive Care Unit, 2% of the Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid i.e. Insured shall bear a rateable proportion of the total Associated Medical Expenses in the proportion of the difference between the room rent of the entitled room category to the room rent actually incurred.
2. Nursing Expenses.
3. Surgeon, Anaesthetist, Medical Practitioner, Consultants & Specialist Fees
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.

The costs that are to be subsumed into the Room Charges are provided in Annexure-I attached to this Policy;

The costs that are to be subsumed into the specific procedure charges are provided in Annexure-II attached to this Policy;

The costs that are to be subsumed into the costs of treatments are provided in Annexure-III attached to this Policy.

E EXCLUSIONS

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

E.1 Standard Exclusions

E.1.1 Pre-Existing Diseases – Code-Excl01:

a. Expenses related to the treatment of a Pre-existing disease(PED) and its direct complications until the expiry of 48 months of continuous coverage after the date of inception of the first policy with Insurer.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d. Coverage under the policy after expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by the Insurer.

E.1.2 Specified disease/procedure waiting period- Code- Excl02:

a. Expenses related to the treatment of the listed conditions shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e. If the Insured Person is continuously covered without any break as defined under the applicable norms on

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portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures: Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders.

E.1.3 30-day waiting period- Code- Excl03:

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

E.1.4 Investigation & Evaluation- Code- Excl04:

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

E.1.5 Rest Cure, rehabilitation and respite care- Code- Excl05:

a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
    i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
    ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

E.1.6 Obesity/ Weight Control: Code- Excl06:

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
    a. greater than or equal to 40 or
    b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
        i. Obesity-related cardiomyopathy
        ii. Coronary heart disease
        iii. Severe Sleep Apnea
        iv. Uncontrolled Type2 Diabetes

E.1.7 Change-of-Gender treatments: Code- Excl07:

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

E.1.8 Cosmetic or plastic Surgery: Code- Excl08:

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

E.1.9 Hazardous or Adventure sports: Code- Excl09:

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

E.1.10 Breach of law: Code- Excl10:

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

E.1.11 E.1.11 Excluded Providers: Code- Excl11:

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed by Us in our website / notified to the Insured are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. The list of Excluded Providers are attached herewith. Pl refer to the updated list of Excluded Providers available in our website: https://www.royalsundaram.in/html/files/List-of-Excluded-Hospitals.pdf

E.1.12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

E.1.13 Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

E.1.14 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

E.1.15 Refractive Error: Code- Excl15:

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

E.1.16 Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

E.1.17 Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

E.1.18 Maternity: Code Excl18:

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

E.2 Specific Exclusions

E.2.1 Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.

E.2.2 The cost of spectacles, contact lenses and hearing aids

E.2.3 List of optional items as given in the Annexure-IV attached to this Policy

E.2.4 Congenital External Disease or defects or anomalies,

E.2.5 Tubectomy, Vasectomy

E.2.6 Intentional self injury or attempted suicide.

E.2.7 Claims caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War Operations (whether war be declared or not)

E.2.8 Terrorism (including nuclear, chemical and biological terrorism)

E.2.9 Nuclear weapons/materials or Radioactive Contamination.

E.2.10 Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel

E.2.11 Radioactive, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.

"Nuclear, chemical, biological terrorism" shall mean the use of nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

"Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

E.2.12 Any routine or preventative examinations, vaccinations, inoculation or screening.

E.2.13 Outpatient treatment charges.

E.2.14 Hormone replacement therapy.

E.2.15 Use of alcohol, intoxicating drugs and medical conditions resulting therefrom other than impairment of Person's intellectual faculties by usage of drugs, stimulants or depressants prescribed by a Medical Practitioner.

E.2.16 Any treatment received outside India.

E.2.17 AYUSH treatment.

E.2.18 Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.

F GENERAL TERMS AND CLAUSES

F.1 Standard General Terms and Clauses

F.1.1 Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder. "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

F.1.2 Condition Precedent to Admission of liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

F.1.3 Claim Settlement (provision for Penal lnterest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2o/o above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

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Chennai - 600 097., Old Mahabalipuram Road, Karapakkam,
Ph: 91-44-7117 7117, 1860 425 0000.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

F.1.4 Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

F.1.5 Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

F.1.6 Fraud

i. If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
    - the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
    - the active concealment of a fact by the insured person having knowledge or belief of the fact;
    - any other act fitted to deceive; and
    - any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

F.1.7 Cancellation

The Insured may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below:

Provided no claim has arisen under the within mentioned Policy prior to the receipt of such notice by the Company, the Proposer would be entitled to a return of premium less premium at Company's Short period scales as mentioned below for the period, the Policy had been in force.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of

misrepresentation, non-disclosure of material facts or fraud. Such notice shall be deemed sufficiently given, if communicated by e-mail or posted by Registered post and addressed to the Proposer at the address mentioned in the Policy or by any other reliable mode of communication.

Short peroid Scales:

For a peroid not exceeding	1 month	10% of the Annual Premium
-do-	2 months	20% of the Annual Premium
-do-	3 months	30% of the Annual Premium
-do-	4 months	40% of the Annual Premium
-do-	5 months	50% of the Annual Premium
-do-	6 months	60% of the Annual Premium
-do-	7 months	70% of the Annual Premium
-do-	8 months	80% of the Annual Premium
-do-	9 months	90% of the Annual Premium
For a period exceeding	9 months	Full Annual Premium

Cancellation grid for Multi-year Policies:

Policy year in which policy is cancelled, cancellation grid of short-period scales of 1 year term as mentioned in Policy document will be applicable. However, for rest of years 5% of the pro-rated annual Premium amount shall be retained. Pro-rated annual rate will be arrived on the basis of pro-rated rate from the entire tenure premium. There will be no refund of premium in the year of claim.

F.1.8 Migration

Every Insured Person , including his/her family members covered under this policy shall be provided an option of migration at the time of exit from group or in the event of modification of the group policy (including the revision in premium rates) or withdrawal of the group policy, to an individual health insurance policy or a family floater policy, provided the Insurer has not terminated the Insured Person(S) from being a part of the Group Health Policy due to fraudulent activities or misconduct.

An Insured Person desirous of migrating his/her policy should apply to the Company to migrate the policy along with all members of the family, if any, atleast 30 days before the premium renewal date of his/her existing policy.

Migration from Group Health Policy to Individual Policy will be subject to underwriting and the decision with regard to acceptance of migration shall be conveyed to the Insured Person opting for migration within 15 days from the date of receipt of the proposal for migration or any requirement called for by the Insurer.

Migration shall be applicable to the extent of the sum insured under the group health policy.

Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and time bound exclusions shall be made applicable on migration under the new policy.

Every Insured Person (including members under family floater policy) covered under an indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the Insured Person;

a. to an individual health insurance policy or a family floater policy, or;

b. to a group health insurance policy, if the member complies with the norms relating to the health insurance coverage under the concerned group insurance policy.

For detailed guidelines on Migration, kindly refer the link: https://www.royalsundaram.in/html/files/Modification-guidelines-on-standardization-in-health-insurance-Migration.pdf

F.1.9 Renewal of Policy

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience

F.1.10 Withdrawal of Policy

i. ln the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
ii. lnsured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

F.1.11 Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

F.1.12 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of lRDAl, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

F.1.13 Redressal of Grievance

ln case of any grievance the insured person may contact Us through

Website: https://www.royalsundaram.in/customer-services/grievance-redressal-procedure

Call Us at: 1860 425 0000

lnsured person may also approach the grievance cell at any of the company's branches with the details of grievance lf lnsured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at :

The Grievance Redressal Unit

Royal Sundaram General Insurance Co. Limited
Vishranthi Melaram Towers
No.2/319 , Rajiv Gandhi Salai(OMR)
Karapakkam,Chennai - 600097
Email ID: grievance.redressal@royalsundaram.in
Web: www.royalsundaram.inc

For updated details of grievance officer, kindly refer the link.: https://www.royalsundaram.in/customer-services/grievance-redressal-procedure

lf lnsured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of lnsurance Ombudsman of the respective area/region for redressal of grievance as per lnsurance Ombudsman Rules 2017.

The Insurance Ombudsman's offices are located at Ahmedabad, Bengaluru, Bhubaneshwar, Bhopal, Chandigarh, Chennai, Ernakulam, Guwahati, Jaipur, Kolkata, Lucknow, Noida, Patna, Pune, Hyderabad, Mumbai and Delhi. For detailed grievance redressal procedure and for Contact Details of Insurance Ombudsman, please visit our website www.royalsundaram.in

Grievance may also be lodged at IRDAI lntegrated Grievance Management System - https:/ligms. irda.qov. in/

F.1.14 Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. ln the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

F.2 Specific General Terms and Clauses

F.2.1 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.

F.2.2 Change of address

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.

F.2.3 Compliance with Policy provisions:

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

F.2.4 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 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.

F.2.5 Geographical Area:

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

F.2.6 Inclusion and deletion of Insured persons

a. During the currency of the Policy, additions will be permitted for new joinees and their dependents, newly married spouse, newborn child subject to the age criteria under this policy. The deletions will be permitted for the employees (including their

dependents) leaving the organization. No interchange of dependents is allowed under this policy.

b. Inclusion of persons shall be done on collection of additional premium as decided by the company.
c. Refunds in respect of any deletion of Insured Persons shall be made on pro-rata basis from the date of deletion until the expiry date of the Policy provided no claim has been made in respect of that Insured Person.
d. Existing employees and dependents cannot be included during the currency of the Policy period.

F.2.7 Jurisdiction

The Policy is subject to the laws of India and the jurisdiction of its Courts in Chennai city only.

F.2.8 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. However Initial notification of claim can be made by telephone.

F.2.9 Portability

1. Portability is not applicable under Group Health Policy.

F.2.10 Renewal Premium

The renewal premium shall not be accepted more than 90 days in advance of the due date of the premium payment.

F.2.11 Transfer

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

G OTHER TERMS AND CONDITIONS

G.1 Claims Procedure

Provided that the due observance and fulfilment 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 opting Cashless Facility: (applicable where the Insured has opted for cashless facility and has paid the Third Party Administrator's fees)*** - The Insured Person 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.
- ***Reimbursement Claims*** - 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 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 the insured/insured person 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.
- If required, the Insured/Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured/Insured person must agree to be examined by a medical practitioner of our choice at our expenses.
- Any claim intimated after 90 days from the date of discharge from the Hospital, shall not be entertained.
- No Claim is admissible beyond 180 days from date of expiry of the policy in respect of hospitalization commencing within

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the Period of Insurance.

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Ph: 91-44-7117 7117, 1860 425 0000.

GST invoice

Royal Sundaram General Insurance Co Limited Address:Unit No.801 A, 8th Floor Devika Towernehru Place, Delhi - 110019 GSTIN: 07AABCR7106G1ZL

Policy Number	GMC0000067000100
Invoice Number	0000067000100
Invoice Date	12/04/2024

Proposer Name: Solaroot Engineering Services Pvt. Ltd. Address of Proposer: PLOT NO 774, UDYOG VIHAR, PHASE 5, GURGAON, GURUGRAM, HARYANA - 122008 State: HARYANA Pin Code: 122008 GSTIN: 06ABFCS3581H1Z7

Accounting code of service: 997133
Description of service: Accident and Health Insurance Services

Taxable premium		Rs. 331852.94
IGST	18%	Rs. 59733.53
SGST	9%	Rs. 0.00
CGST	9%	Rs. 0.00
Gross premium		Rs. 391586.00

Indication if tax payable under reverse charge: No

For Royal Sundaram General Insurance Co. Limited

Authorised Signatory

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
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Ph: 91-44-7117 7117, 1860 425 0000.

Specification attached to and forming part of Policy No. GMC0000067000100

Name of the Insured : Solaroot Engineering Services Pvt. Ltd.

Sl.No	Emp.No./ Family ID	Name	Relationship	Gender	Date of Birth	Age	Age band	Family Floater Sum Insured (in Rs.)
1	10001	Tanu Chaudhary	Self	Female	03/12/2001	22		2,00,000
2	10002	Saumya Tomar	Self	Female	22/12/2002	21		2,00,000
3	10003	Sudhanshu	Self	Male	17/02/1999	25		2,00,000
4	10004	Subhash Verma	Self	Male	15/01/2000	24		2,00,000
5	10005	Saransh Rajoria	Self	Male	23/08/2002	21		2,00,000
6	10006	Kshama Kumari	Self	Female	13/11/1994	29		2,00,000
7	10007	Neeraj	Self	Male	08/02/2000	24		2,00,000
8	10008	Bharat Bhushan	Self	Male	15/08/1986	37		2,00,000
9	10009	Abhishek Thukral	Self	Male	15/07/2002	21		2,00,000
10	10010	Shreya Joshi	Self	Female	04/09/1999	24		2,00,000
11	10011	Kushal Jangra	Self	Male	28/05/1998	25		2,00,000
12	10012	Pratap Singh	Self	Male	08/11/1999	24		2,00,000
13	10013	Ranu	Self	Male	05/03/1998	26		2,00,000
14	10014	Mamta Sharma	Self	Female	01/09/1999	24		2,00,000
15	10015	Ragini Nishad	Self	Female	03/04/2002	22		2,00,000
16	10016	Ajay Kumar	Self	Male	21/09/1995	28		2,00,000
17	10017	Vikas	Self	Male	10/05/1996	27		2,00,000
18	10018	Shivam Kumar	Self	Male	15/02/1999	25		2,00,000
19	10019	Alok Gaurav	Self	Male	18/01/1998	26		2,00,000
20	10020	Sunil Kumar	Self	Male	28/01/1997	27		2,00,000
21	10021	Deepak Kumar	Self	Male	31/08/1988	35		2,00,000
22	10022	Md. Hamid Tauseef	Self	Male	30/11/1997	26		2,00,000
23	10023	Shubham Sharma	Self	Male	10/12/1999	24		2,00,000
24	10024	Akash Kumar	Self	Male	26/03/1998	26		2,00,000
25	10025	Shubham Verma	Self	Male	31/07/2001	22		2,00,000
26	10026	Suraj Kumar Rajwal	Self	Male	11/11/1998	25		2,00,000
27	10027	Shivam Tripathi	Self	Male	10/08/2001	22		2,00,000
28	10028	Anubhav Tiwari	Self	Male	18/09/2000	23		2,00,000
29	10029	Vijay Ghusran	Self	Male	10/01/2001	23		2,00,000
30	10030	Anjali Chaudhary	Self	Female	27/02/1999	25		2,00,000
31	10031	Anurag Sharma	Self	Male	13/12/1999	24		2,00,000
32	10032	Arpit Gupta	Self	Male	28/06/2003	20		2,00,000
33	10033	Beeru Sharma	Self	Male	02/01/2002	22		2,00,000
34	10034	Vinod Kumar Maurya	Self	Male	01/07/1994	29		2,00,000
35	10035	Ashish	Self	Male	25/03/1997	27		2,00,000
36	10036	Vedansh Pandit	Self	Male	03/11/2001	22		2,00,000
37	10037	Anil Kumar	Self	Male	07/08/1998	25		2,00,000
38	10038	Shivam Kumar Chauhan	Self	Male	26/11/1999	24		2,00,000
39	10039	Ayush Rawat	Self	Male	05/09/2000	23		2,00,000
40	10040	Manish Kumar	Self	Male	18/09/1999	24		2,00,000
41	10041	Anju	Self	Female	22/04/2001	22		2,00,000
42	10042	Km. Kajal	Self	Female	23/03/1999	25		2,00,000
43	10043	Anjali Singh	Self	Female	01/07/2000	23		2,00,000
44	10044	Shivani Gupta	Self	Female	07/07/1999	24		2,00,000

Sl.No	Emp.No./ Family ID	Name	Relationship	Gender	Date of Birth	Age	Age band	Family Floater Sum Insured (in Rs.)
45	10045	Prince	Self	Male	30/10/1996	27		2,00,000
46	10046	Kajol	Self	Female	04/11/2001	22		2,00,000
47	10047	Kunal Vats	Self	Male	29/09/2002	21		2,00,000
48	10048	Rohit Bind	Self	Male	20/10/2001	22		2,00,000
49	10049	Komal Chaurasia	Self	Female	12/12/1998	25		2,00,000
50	10050	Mohit Sehrawat	Self	Male	09/09/1997	26		2,00,000
51	10051	Shubham Kumar	Self	Male	07/12/2001	22		2,00,000
52	10052	Himanshu Kumar	Self	Male	08/09/1996	27		2,00,000
53	10053	Dheeraj Kumar	Self	Male	14/11/2000	23		2,00,000
54	10054	Ajay	Self	Male	26/04/1999	24		2,00,000
55	10055	Kunal Dhiman	Self	Male	12/12/1998	25		2,00,000
56	10056	Saurabh Saini	Self	Male	04/12/2000	23		2,00,000
57	10057	Lalit Yadav	Self	Male	07/07/1999	24		2,00,000
58	10058	Ritik	Self	Male	01/11/2002	21		2,00,000
59	10059	Nitish Katiyar	Self	Male	24/03/2000	24		2,00,000
60	10060	Harsh Katariya	Self	Male	07/05/2003	20		2,00,000
61	10061	Himanshu Sahu	Self	Male	20/03/1999	25		2,00,000
62	10062	Dheeraj Yadav	Self	Male	11/07/2000	23		2,00,000
63	10063	Prabhu Saini	Self	Male	27/07/1998	25		2,00,000
64	10064	Rambabu	Self	Male	15/02/1997	27		2,00,000
65	10065	Ankit Kumar	Self	Male	09/07/2002	21		2,00,000
66	10066	Parvesh Kumar	Self	Male	10/08/2001	22		2,00,000
67	10067	Vijay Rana	Self	Male	06/07/2000	23		2,00,000
68	10068	Ajit Singh Rana	Self	Male	04/07/2000	23		2,00,000
69	10069	Saurabh Kumar	Self	Male	30/11/1999	24		2,00,000
70	10070	Avneet Kumar	Self	Male	15/07/2002	21		2,00,000
71	10071	Yogendra Singh	Self	Male	25/09/2003	20		2,00,000
72	10072	Ranveer	Self	Male	15/04/1979	44		2,00,000
73	10073	Priya Kumari Sinha	Self	Female	22/03/1998	26		2,00,000
74	10074	Johnu Verma	Self	Male	02/01/2000	24		2,00,000
75	10075	Rajat Kumar	Self	Male	23/11/1998	25		2,00,000
76	10076	Shivam Kumar	Self	Male	15/02/1999	25		2,00,000
77	10077	Shubham Sharma	Self	Male	10/12/1999	24		2,00,000
78	10078	Vijay Singh Rana	Self	Male	28/04/1996	27		2,00,000
79	10079	Sagar Verma	Self	Male	14/05/1997	26		2,00,000
80	10080	Mrinal	Self	Male	08/12/2001	22		2,00,000
81	10081	Ajahruddin	Self	Male	25/01/1997	27		2,00,000
82	10082	Sushil Tomar	Self	Male	24/04/1997	26		2,00,000
83	10083	Gaurav Kumar	Self	Male	10/07/1998	25		2,00,000
84	10084	MD. Dilshad	Self	Male	11/01/1995	29		2,00,000
85	10085	Rajat Srivastwa	Self	Male	11/01/2000	24		2,00,000
86	10086	Shiva	Self	Male	29/12/1999	24		2,00,000
87	10087	LilaKrishan	Self	Male	28/10/2002	21		2,00,000
88	10088	Devender Rana	Self	Male	22/01/1999	25		2,00,000
89	10089	Arjun	Self	Male	01/01/1997	27		2,00,000
90	10090	Gajendra	Self	Male	10/02/1995	29		2,00,000
91	10091	Vishvajit Singh	Self	Male	10/10/1999	24		2,00,000
92	10092	Aniket Kumar Singh	Self	Male	27/06/1998	25		2,00,000

ROYAL SUNDARAM GENERAL INSURANCE CO. LIMITED
(Formerly known as Royal Sundaram Alliance Insurance Company Limited)
Regd Office : 21, Patullos Road, Chennai 600 002.
Corporate Office : "Vishranthi Melaram Towers",2/319, Rajiv Gandhi Salai,
Chennai - 600 097., Old Mahabalipuram Road, Karapakkam,
Ph: 91-44-7117 7117, 1860 425 0000.

Sl.No	Emp.No./ Family ID	Name	Relationship	Gender	Date of Birth	Age	Age band	Family Floater Sum Insured (in Rs.)
93	10093	Reyan Azhar	Self	Male	12/11/2003	20		2,00,000
94	10094	Aakash Singh	Self	Male	14/12/1997	26		2,00,000
95	10095	Harshit Chandra	Self	Male	15/03/1997	27		2,00,000
96	10096	Aakash Chauhan	Self	Male	22/09/1999	24		2,00,000
97	10097	Sandeep Bhandari	Self	Male	12/11/1997	26		2,00,000
98	10098	Shubham Aswal	Self	Male	08/10/1998	25		2,00,000
99	10099	Ankit Rai	Self	Male	03/03/1995	29		2,00,000
100	10100	Hemant Verma	Self	Male	19/02/1997	27		2,00,000
101	10101	Arbaaz Khan	Self	Male	08/02/1998	26		2,00,000
102	10102	Lucky Seth	Self	Male	16/05/1994	29		2,00,000
103	10103	Amaan Ahmed	Self	Male	29/08/1997	26		2,00,000
104	10104	Tushar Marothia	Self	Male	11/10/2000	23		2,00,000
105	10105	Karan Kumar Rana	Self	Male	03/01/1996	28		2,00,000
106	10106	Ankur Sengar	Self	Male	04/12/1993	30		2,00,000