SHRIRAM
Life Insurance
YOUR PARTNER FOR PROSPERITY
associated with Sanlam group



SHRIRAM LIFE
CRITICAL ILLNESS PLUS RIDER

Non-linked Non-Participating Health Individual Pure Risk Premium Rider
UIN – 128B016V02

Navigating life’s twists, together with care.

Nobody likes to think about the possibility of suffering a serious illness or injury in the future. You can't foresee this happening, but you can make plans to help support yourself should the unexpected happen. Shriram Life Critical Illness Plus Rider protects you against 24 illnesses and gives you an upside of increments in your rider sum assured through Loyalty Additions.

This Rider can be chosen by the policyholder along with the base plan for a nominal premium*, either at inception of the policy or at policy anniversary, provided that it meets the eligibility conditions.

*Subject to the condition that the premium under the Critical Illness rider shall not exceed 100% of the base plan premium.

Rider Eligibility

Eligibility Criteria	Limits
Age at Entry	**Minimum:** 18 years (age last birthday) **Maximum:** 65 years (age last birthday)
Maximum Age at Maturity	70 years (age last birthday)
Policy Term	**Minimum:** 5 years **Maximum:** 52 years
Premium Paying Term	**Regular Pay:** Same as Policy Term **Limited Pay:** 5 to 51 years **Single Pay:** Single
Premium Payment Mode	Single, Yearly, Half-Yearly, Quarterly and Monthly (Applicable as per Base Plan)
Sum Assured	**Minimum:** ₹ 50,000 **Maximum:** ₹ 25,00,000 (As per Board approved underwriting policy)

Note: The CI benefit under the rider shall not exceed the sum assured under the base policy

Benefits under the Rider*

Critical Illness Cover

The rider pays 100% of the Critical Illness rider sum assured along with loyalty benefit in the event of the life assured being first diagnosed with any of the covered 24 critical illnesses. Thereafter, the rider gets terminated.

Loyalty Benefit

Loyalty benefit will be offered under the rider by way of increments in rider sum assured during the term of the rider provided all the premiums due at the time of loyalty addition are fully paid. At the end of third policy year, the sum assured under the rider will be increased by 15% of initial rider sum assured and the increased rider cover continues till the end of the rider term.

If the policy is in lapsed or paid up state, loyalty benefit will not be added. If the policy is lapsed and subsequently revived, the loyalty benefits, if any, due by the time of revival will be added to the sum assured.

*Benefits under the rider are payable only if the base plan is in force. The rider benefit will cease immediately if the base plan is terminated or discontinued. The rider benefit will also cease when a claim is paid.

There is no Death or Maturity Benefit payable under this plan.

Critical Illnesses covered under this Rider

- CANCER OF SPECIFIED SEVERITY
- STROKE RESULTING IN PERMANENT SYMPTOMS
- MAJOR ORGAN /BONE MARROW TRANSPLANT
- PERMANENT PARALYSIS OF LIMBS
- COMA OF SPECIFIED SEVERITY
- BENIGN BRAIN TUMOR
- THIRD DEGREE BURNS
- END STAGE LUNG FAILURE
- SURGERY OF AORTA
- MAJOR HEAD TRAUMA
- APPALIC SYNDROME
- LOSS OF LIMBS
- MYOCARDIAL INFARCTION (First Heart Attack of specific severity)
- KIDNEY FAILURE REQUIRING REGULAR DIALYSIS
- OPEN CHEST CABG

- OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES
- MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS
- BLINDNESS
- ALZHEIMER'S DISEASE / IRREVERSIBLE ORGANIC DEGENERATIVE BRAIN
- END STAGE LIVER FAILURE
- MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS
- PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION
- DEAFNESS
- PARKINSON'S DISEASE

Definitions of Critical Illnesses Covered

1. Cancer of Specified Severity

I. A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

  I. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

  II. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

  III. Malignant melanoma that has not caused invasion beyond the epidermis;

  IV. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

  V. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

  VI. Chronic lymphocytic leukaemia less than RAI stage 3

  VII. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

  VIII. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack of Specific Severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

  I. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) New characteristic electrocardiogram changes

  II. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

  I. Other acute Coronary Syndromes

  II. Any type of angina pectoris

  III. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

3. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has Definitions of Critical Illnesses Covered Shriram Life Critical Illness Plus Rider 2 Critical Illnesses covered under this Rider to be produced.

I. The following are excluded:

I. Transient ischemic attacks (TIA)

II. Traumatic injury of the brain

III. Vascular disease affecting only the eye or optic nerve or vestibular functions.

4. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. Major Organ/Bone Marrow Transplant

I. The actual undergoing of a transplant of:

I. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible endstage failure of the relevant organ, or

II. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

I. Other stem-cell transplants

II. Where only islets of langerhans are transplanted

6. Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via asternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a Cardiologist.

II. The following are excluded:

I. Angioplasty and/or any other intra-arterial procedures

7. Permanent Paralysis of Limbs

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8. Open Heart Replacement or Repair of Heart Valves

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

9. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

I. No response to external stimuli continuously for at least 96 hours;

II. Life support measures are necessary to sustain life; and

III. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

10. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

I. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

II. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Neurological damage due to SLE is excluded.

11. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

I. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

II. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain,

hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

12. Blindness

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:

  I. Corrected visual acuity being 3/60 or less in both eyes or ;

  II. The field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure

13. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

14. Alzheimer's Disease

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 5 "Activities of Daily Living" for a continuous period of at least 6 months:
Activities of Daily Living are defined as:

1. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
5. Feeding - the ability to feed oneself once food has been prepared and made available.

Psychiatric illnesses and alcohol related brain damage are excluded.

15. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

  I. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

  II. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

  III. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and

  IV. Dyspnea at rest.

16. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

  I. Permanent jaundice; and

  II. Ascites; and

  III. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

17. Surgery of Aorta (Aorta Graft Surgery)

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. Minimally invasive grafting is excluded.

18. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

19. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external

and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

IV. Mobility: the ability to move indoors from room to room on level surfaces;

V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

VI. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

I. Spinal cord injury;

20. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

I. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

II. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a neurologist acceptable to the Company and the condition must be documented for at least one month with no scope of recovery.

22. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

23. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from selfinflicted injury, alcohol or drug abuse is excluded.

24. Parkinson's Disease

I. The unequivocal diagnosis of idiopathic Parkinson's Disease by a consultant neurologist. This diagnosis must be supported by all of the following conditions:

I. The disease cannot be controlled with medication; and

II. There are objective signs of progressive deterioration; and

III. There is an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following five (5) "Activities of Daily Living" for a continuous period of at least 6 months:

II. Activities of Daily Living are defined as:

1. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

2. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

3. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;

4. Toileting - the ability to use the lavatory or otherwise manage bowel and

bladder functions so as to maintaina satisfactory level of personal hygiene;

5. Feeding - the ability to feed oneself once food has been prepared and made available.

III. Drug-induced or toxic causes of Parkinsonism are excluded.

Medical Practitioner means 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 its scope and jurisdiction of license.

Grace Period

Grace period under the rider will be as per the Base Policy.

Paid up Value

Rider cannot be made paid up separately from Base Policy.

For Single Pay: The policy will be fully paid up on payment of single premium

For Regular Pay: The policy does not acquire any paid up value

For Limited Pay: If the premium due remains unpaid at the expiry of grace period after the first two years' premium have been paid, the policy will not lapse but will continue as a reduced paid up policy. If the policy becomes paid up, the following benefits are payable - Paid up value = No. of premiums paid/ No. of premium payable multiplied by (rider sum assured inclusive of loyalty benefit)

Revival

Rider cannot be revived separately from base plan and revival procedure will be as per Base Policy.

Loan

Loans are not available under the rider.

Surrender Value

RP: No surrender or paid up value shall be payable under the policy.
LP and SP: The policy acquires surrender value on payment of two years' premium/single premium. The surrender value payable is as mentioned below: Surrender value = 70% of total premiums paid *(no. of premiums paid/ No. of premium payable - No. of months elapsed/Total cover term in months) Rider cannot be surrendered separately from Base Policy.

Exclusions

No CI benefit will be payable in respect of any listed condition arising directly or from, though, in consequence of or aggravated by any of the following:

1. Pre-Existing Conditions or conditions connected to a Pre-Existing Condition will be excluded. Pre-Existing disease means any condition, ailment, injury or disease:
   a. That is/are diagnosed by a physician not more than 36 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 not more than 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
2. Self-inflicted injury, suicide, insanity, and deliberate participation of the life insured in an illegal or criminal act.
3. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
4. War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
5. Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.
6. Taking part in any act of a criminal nature.
7. Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeplechasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
8. Radioactive contamination due to nuclear accident.
9. Any treatment of a donor for the replacement of an organ.
10. Any external congenital anomaly: Congenital anomaly which is in the visible and accessible parts of the body. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

Waiting and Survival Period

Waiting period is a period of first 90 days from the date of acceptance of risk (policy inception/revival). During this period the Critical Illness benefit is not payable.

Survival period is a period of first 30 days from date of first confirmed Diagnosis.

Rider benefit can only be claimed if the critical illness is diagnosed at least 90 days after the date of commencement or the date of revival/reinstatement whichever is later and the life insured survives the specified illness for a period of at least 30 days from the date of first confirmed diagnosis.

The Critical Illness benefit will be payable only if the incidence of any of the covered critical illness condition after policy issuance is the first incidence of that covered critical illness in the lifetime of the policyholder.

Example for Waiting period
Date of inception/revival: 01.01.2021
Waiting period of first 90 days from 01.01.2021 which is
from 01.01.2021 to 31.03.2021
Cover starts from 01.04.2021

Example for Survival period
Date of inception: 01.01.2021
Date of first confirmed diagnosis: 01.01.2022
Survival period: 30 days
From 01.01.2022 to 30.01.2022

Terms & Conditions

Minor Lives
If the life assured is a minor at the time of base policy inception, the rider can be chosen on attaining majority.

Tax Benefits
Tax benefits may be available as per prevailing tax laws. Tax benefits are subject to changes according to the tax laws from time to time; please consult your tax advisor for details.

Taxes (GST)
Premiums are exclusive of taxes. All Premiums are subject to applicable taxes, cesses and levies which shall be paid by you along with the Premium. If any additional Taxes/Cesses/Levies are imposed by any statutory or administrative body of this country under this Policy, we reserve the right to claim the same from policyholder.

Fraud or Misrepresentation
In case of fraud or misrepresentation, action shall be initiated in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

Grievance Redressal
At Shriram Life, our customers are our top priority. We pride ourselves on being a service-oriented company that responds quickly to your needs. We understand that there may be times when things don't go as expected, but rest assured, we're here to help. We offer an accessible and responsive mechanism for addressing your grievances and suggestions. You can always reach us at:

• Toll-Free Numbers: 1800-103-6116
Email--customercare@shriramlife.in
• Grievance Redressal Officer: 040-23009400
Email: grievance.redressal@shriramlife.in
For more touchpoints and details,
visit https://www.shriramlife.com/services/grievance-redressal

Important Sections of Insurance Act
Prohibition of Rebates -Section 41 of the Insurance Act, 1938 as amended from time to time -

No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses, or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Non Disclosure: Section 45 of the Insurance Act, 1938 as amended from time to time

1. No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e. from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
2. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud.
   Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.
3. Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:
   Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive
4. A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later,

on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

5. Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

About the Company

With a pan India presence with over 500+ offices, Shriram Life is your trusted partner for prosperity. At Shriram Life we strive to provide our customers with elegant solutions tailored to individual needs.

Shriram Life Insurance Company Limited

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SHRIRAM Life Insurance

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For further assistance you can contact us in the following ways:

Visit your nearest branch office for details.
List of our branches is available on our website **www.shriramlife.com**

Call our toll free number: 1800 103 6116

Mail us at: customercare@shriramlife.in

Visit our website www.shriramlife.com

Write to
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Plot No. 31-32, 5th Floor, Ramky Selenium, Financial District,
Gachibowli, Hyderabad, Telangana – 500032
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CIN: U66010TG2005PLC045616

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BEWARE OF SPURIOUS/FRAUD PHONE CALLS

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.
Public receiving such phone calls are requested to lodge a police complaint.