

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document

Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number				
1	Name of Insurance Product/Policy	Chola Credit Link Group Hospital Cash Insurance					
2	Policy Number	<<Policy Number>>					
3	Type of Insurance Policy	Benefit					
4	Sum Insured (Basis) (Along with Amount)	Individual Sum Insured - Where each member has a separate sum insured under the policy	Not Applicable				
		<table><tr><th>Insured Name</th><th>Sum Insured (SI) (in Rs.)</th></tr><tr><td><<Insured 1>></td><td>Rs.</td></tr></table>	Insured Name	Sum Insured (SI) (in Rs.)	<<Insured 1>>	Rs.	
Insured Name	Sum Insured (SI) (in Rs.)						
<<Insured 1>>	Rs.						
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	1. Daily Benefit for Normal Hospitalisation - Sickness 2. Daily Benefit for Normal Hospitalisation – Accident 3. Daily Benefit for ICU Hospitalisation – Sickness 4. Daily Benefit for ICU Hospitalisation – Accident Optional Covers 1. Convalescence Benefit 2. Accompaniment benefit for Parent Hospitalisation 3. Accompaniment benefit for Children Hospitalisation 4. Child Birth Benefit	2.1 Policy Coverage 2.2 Policy Coverage 2.3 Policy Coverage 2.4 Policy Coverage 7.1 7.2 7.3 7.4				
		The benefit applicable to the Insured under the policy will depend on the plan and Sum Insured opted and as mentioned in the Policy Schedule					
6	Exclusions (What the policy does not cover)	<p>The policy does not cover any losses caused directly due to the following</p> <p>GENERAL EXCLUSIONS</p> <p>1. War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.</p> <p>2. Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane.</p> <p>3. The use, misuse or abuse of alcohol, Tobacco and related products, banned substances or narcotic drugs (whether prescribed or not).</p> <p>4. All hospitalisation caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.</p> <p>5. Experimental or unproven treatment.</p> <p>6. The Insured Person’s participation in any hazardous activities, including but not limited to scuba diving, motor-racing, parachuting, hang-gliding, rock or mountain climbing, as a member of the armed forces, the paramilitary, the security forces, the fire or ambulance services, lifeboat service, police force and the like whether part time or fulltime, voluntary or paid.</p> <p>7. Hospitalisation, if applicable for the following treatments: a. Treatment of obesity (including morbid obesity) and any other weight control program, general debility, convalescence, run-down conditions, rest cure, treatment of sleep apnoea. b. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services. c. Circumcisions (unless necessitated by illness or injury and forming part of treatment). d. Laser treatment for correction of eye due to refractive error. e. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatment to do or undo changes in appearance or any procedure which is aimed to improve physical appearance. f. Cosmetic treatments (including any complications arising out of cosmetic treatments) unless necessitated by traumatic injury, burns or cancer. g. Vaccination or inoculation unless forming a part of post-animal bite treatment. h. Sexually transmitted disease or illness. i. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury. The Items as mentioned above may be amended as per the schedule of benefits being attached to the policy. j. Any external congenital diseases, defects or anomalies. k. Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury. l. Fitting of hearing aids, eyeglasses or contact lenses. m. Diagnostic X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the illness or injury for which the Insured Person was hospitalized.</p> <p>8. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person’s family like, spouse, daughter, son, father, mother, father-in-law, mother-in-law & siblings</p> <p>9. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription</p>	4.4. General Exclusions 1 4.4. General Exclusions 2 4.4. General Exclusions 3 4.4. General Exclusions 4 4.4. General Exclusions 5 4.4. General Exclusions 6 4.4. General Exclusions 7 4.4. General Exclusions 8 4.4. General Exclusions 9				

		10. Hospitalisation towards pregnancy (other than ectopic pregnancy), childbirth and their consequences, including changes in chronic conditions as a result of pregnancy.	4.4. General Exclusions 10
		11. Claims arising out of the treatment / operation undertaken to cure impotence or to improve potency	4.4. General Exclusions 11
		12. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code-Excl15	4.4. General Exclusions 12
		13. Treatment other than Allopathy and AYUSH	4.4. General Exclusions 13
7	Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage	Initial Waiting Period: A waiting period of 30 days will apply to all claims from the commencement date of the policy except in case of injuries caused by accidents. This exclusion does not apply for subsequent renewals with the Company without a break.	4. Waiting Periods 1
		Specific Waiting Periods (Not applicable for claims arising due to an accident): Expenses incurred on treatment of following diseases within the first year of commencement of the Policy will not be payable: a. Congenital Internal Anomaly b. Varicose veins and Varicose Ulcers c. Rheumatism and arthritis of any kind d. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum e. Stones in the Urinary and Biliary systems f. Gastric or Duodenal Ulcer g. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps h. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders i. Cataract j. Benign Prostatic Hypertrophy k. Myomectomy, Hysterectomy unless because of malignancy l. Dilatation and curettage (D&C) m. Anal Fistula, Fissure and Piles n. All types of Hernia o. Hydrocele p. Chronic Renal Failure q. Joint replacement Surgery unless because of accident	4. Waiting Periods 2
		Pre-existing Diseases: Benefits will not be available for any pre-existing condition(s) as defined in the policy, until 36 consecutive months of continuous coverage have elapsed, since inception of the first policy with Us.	4. Waiting Periods 3
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits: Not Applicable	
	ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)	Not Applicable	
	iii. Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount))	Not Applicable	
	iv. Any other limit (as applicable)	Not Applicable	
	Claims / Claims Procedure	<ul style="list-style-type: none"> • For Cashless Service: Not Applicable • For Reimbursement of Claim: Advance claim intimation of at least 48 hours is required for planned hospitalisation and intimation within 24 hours for emergency hospitalisation. This would help us to pre-process your claim for a smooth experience. Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from date of discharge. 	5. General Conditions 6
		Turn Around Time (TAT) for claims settlement: 30 days from the date of receipt of last necessary document	
		TAT for Pre-authorisation of cashless facility - Not Applicable	
		TAT for cashless final bill authorisation - Not Applicable	
		Network Hospital details: Not Applicable	
		Helpline Number: For any assistance on claims, please contact us at our toll-free number: 1800-208-9100	
		Hospitals which are excluded or from where no claims will be accepted by Insurer - Refer to our website www.cholainsurance.com or Chola MS app for latest list of excluded hospitals, as we will not consider / pay any claim from these hospitals.	

		Downloading/getting claim form: Please visit our website www.cholainsurance.com and download the claim form or write to us at customercare@cholams.murugappa.com or call us at 1800-208-9100	
10	Policy Servicing	For queries related to policy / claim servicing, please contact us at our Toll free number 1800-208-9100 or write to us at customercare@cholams.murugappa.com	Section 6-Grievances Redressal Mechanism
11	Grievances / Complaints	<p>Procedure of Grievance Redressal</p> <p>.Please write to customercare@cholams.murugappa.com to registeryour complaint.</p> <p>.In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com or call our Toll free @ 1800 208 9100 (for Health products)</p> <p>.On lodging the complaint, a complaint reference number will be provided. An acknowledgement will also be sent with the details of turn around time for resolution and complaint registration details.</p> <p>.In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix.</p> <p>Escalation Matrix</p> <p>.In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer Nodalescalation@cholams.murugappa.com (Quoting the previous Service request number)</p> <p>.In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer - GRO@cholams.murugappa.com (Quoting the previous Service request number)</p> <p>.If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to https://www.cioins.co.in/Ombudsman to get details on Insurance Ombudsman Offices</p>	Section 6-Grievances Redressal Mechanism
12	Things to remember	Free Look Cancellation: Not Applicable	
		Policy renewal:- The health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium clause of the policy	5. General Conditions 8
		Migration: Not Applicable	
		Portability - Not Applicable	
12	Things to remember	Change in Sum Insured: Sum Insured can be changed (increased) only at the time of renewal, subject to reported claim status and health condition of the insured. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	5. General Conditions 8.e
		Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits	5. General Conditions 22
13	Your Obligations	Insured is at obligation to disclose all pre-existing diseases or condition in the Proposal form. In the event of misrepresentation, misdescription or non-disclosure of any material fact by the Insured, the Policy shall be void and all premium paid hereon shall be forfeited to the Company and no claims shall be payable. Insured can contact our toll free no. 1800 208 9100 or write to us at customercare@cholams.murugappa.com to intimate any change to the material information affecting the policy.	