

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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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	Divyang Bima, Chola MS					
2	Policy Number	<<Policy Number>>					
3	Type of Insurance Policy	Indemnity					
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 (in Rs.)</th></tr><tr><td>&lt;&lt;Insured 1&gt;&gt;</td><td>Rs.</td></tr></table>	Insured Name	Sum Insured (in Rs.)	<<Insured 1>>	Rs.	
		Insured Name	Sum Insured (in Rs.)				
<<Insured 1>>	Rs.						
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	a) Hospitalisation expenses - Expenses incurred on hospitalisation for minimum period of 24 hours including pre-hospitalisation expenses for a period of 30 days and post hospitalisation expenses for a period of 60 days. Time Limit of 24 hrs shall not apply in respect of Day Care Treatment	4 Base cover 4.1, 4.3, 3.4				
		b) AYUSH Coverage - Expenses incurred on hospitalisation under AYUSH Treatment	4 Base cover 4.2				
		c)Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation	4 Base cover 4.5				
		d) Expenses incurred for treatment of cataract	4 Base cover 4.6				
		e) Expenses incurred on hospitalisation for Modern Treatment listed procedures	4 Base cover 4.7				
		The policy does not cover any losses caused directly due to the following					
		<b>GENERAL EXCLUSIONS</b>					
		1. 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	8 Exclusions 8.1.1				
		2. 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.	8 Exclusions 8.1.2				
		3. 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	8 Exclusions 8.1.3				
		4. Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. Code-Excl07	8 Exclusions 8.1.4				
		5. Cosmetic or plastic Surgery: 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. Code-Excl08	8 Exclusions 8.1.5				
		6. Hazardous or Adventure sports: 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. Code-Excl09	8 Exclusions 8.1.6				
		7. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. Code-Excl 10	8 Exclusions 8.1.7				

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**Exclusions (What the policy does not cover)**

8. 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 in its website/notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses upto the stage of stabilization are payable but not the complete claim	8 Exclusions 8.1.8
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12	8 Exclusions 8.1.9
10. Treatments received in health 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	8 Exclusions 8.1.10
11. 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 hospitalisation claim or day care procedure. Code-Excl14	8 Exclusions 8.1.11
12. Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. Code-Excl15	8 Exclusions 8.1.12
13. Unproven Treatments: 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. Code-Excl16	8 Exclusions 8.1.13
14. 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	8 Exclusions 8.1.14
15. Maternity: Code-Excl18: i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period	8 Exclusions 8.1.15
16. Any medical treatment taken outside India.	8 Exclusions 8.1.16
17. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs	8 Exclusions 8.1.17
18. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from: a. any nuclear fuel or from any nuclear waste; or b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission); c. nuclear weapons material. d. nuclear equipment or any part of that equipment.	8 Exclusions 8.1.18
19. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.	8 Exclusions 8.1.19
20. Injury or Disease caused by or contributed to by nuclear weapons/materials.	8 Exclusions 8.1.20
21. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.	8 Exclusions 8.1.21
22. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.	8 Exclusions 8.2.22
23. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.	8 Exclusions 8.2.23
24. Vaccination or inoculation except as post bite treatment for animal bite.	8 Exclusions 8.2.24
25. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.	8 Exclusions 8.2.25
26. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.	8 Exclusions 8.2.26
27. Venereal/ Sexually Transmitted disease	8 Exclusions 8.2.27
28. Stem cell storage.	8 Exclusions 8.2.28
29. Any kind of service charge, surcharge levied by the hospital.	8 Exclusions 8.2.29

		30. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.	8 Exclusions 8.2.30
		31. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II	8 Exclusions 8.2.31
		32. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.	8 Exclusions 8.2.32
		33. Treatment other than Allopathy and AYUSH	8 Exclusions 8.2.33
7	<b>Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage</b>	<p><b>a. Initial Waiting Period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>b. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months  1. Benign ENT disorders 2. Tonsillectomy 3. Andenoidectomy 4. Mastoidectomy 5. Tympanoplasty 6. Hysterectomy 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps  8. Benign prostate hypertrophy 9. Cataract and age related eye ailments 10. Gastric/Duodenal Ulcer 11. Gout and Rheumatism 12. Hernia of all types  13. Hydrocele 14. Non-infective Arthritis 15. Piles, Fissures and Fistula in anus  16. Pilonidal sinus, Sinusitis and related disorders 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy 19. Varicose Veins and Varicose ulcers 20. Internal Congenital Anomalies (except for New born)</p> <p>c. Pre-Existing Diseases( other than pre-existing HIV/AIDS and Disability) will be covered after a waiting period of Thirty Six (36) months of continuous coverage</p> <p>d. Expenses related to the treatment of Pre-Existing Disability covered after 24 months of continuous coverage from the date of commencement of policy</p>	<p>5 Waiting period A.2</p> <p>5 Waiting period A.3</p> <p>5 Waiting period A.1</p> <p>Section 6 Specific conditions applicable for Person with disability</p>
	<b>Financial limits of coverage</b>	In case of a claim, this policy requires you to share the following costs:	
	<b>i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</b>	<p>a) Expenses exceeding the following Sub-limits:</p> <p>i. Room Charges (Hospitalisation):</p> <p>a. Room Rent - Up to maximum of 1% of SI, per day</p> <p>b. ICU charges – Up to maximum of 2% SI per day</p> <p>b) AYUSH Treatment expenses covered up to 50% of Sum Insured</p> <p>c) Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation</p> <p>d) Cataract - Up to Rs.40,000/- per eye in one policy year</p> <p>e) Modern treatment methods and Advancements in technology: Up to 50% of the Sum Insured</p>	<p>4 Base cover 4.1</p> <p>4 Base cover 4.2</p> <p>4 Base cover 4.5</p> <p>4 Base cover 4.6</p> <p>4 Base cover 4.7</p>
8	<b>ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</b>	Each and every claim under the policy shall be subject to a co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the policy. This co-payment can be waived off by paying an additional premium	Claim Procedure 26.5
	<b>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))</b>	Not Applicable	
	<b>iv. Any other limit (as applicable)</b>	Not Applicable	
9	<b>Claims / Claims Procedure</b>	<p>• <b>For Cashless Service:</b> Insured can view or download the updated Hospital Network from the Company's website <a href="http://www.cholainsurance.com">www.cholainsurance.com</a></p> <p>• <b>For Reimbursement of Claim:</b> 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.</p> <p>Turn Around Time (TAT) for claims settlement: 30 days from the date of receipt of last TAT for Pre-authorisation of cashless facility for initial approval - 60 minutes  TAT for cashless final bill authorisation / enhancements - 180 minutes</p> <p><b>Network Hospital details:</b> Download the updated Network Hospitals from <a href="http://www.cholainsurance.com">www.cholainsurance.com</a> or Chola MS App</p> <p><b>Helpline Number:</b> For any assistance on claims, please contact us at our toll-free number: 1800-208-9100</p> <p><b>Hospitals which are blacklisted</b> or from where no claims will be accepted by Insurer - Refer to our website <a href="http://www.cholainsurance.com">www.cholainsurance.com</a> or Chola MS app for latest list of excluded hospitals, as we will not consider / pay any claim from these hospitals. However, in case of life-threatening situations or following an accident, expenses incurred for the treatment up to the stage of stabilization are payable but not the complete claim.</p> <p><b>Downloading/getting claim form:</b> Please visit our website <a href="http://www.cholainsurance.com">www.cholainsurance.com</a> and download the claim form or write to us at <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> or call us at 1800-208-9100</p>	<p>26 Claim Procedure</p> <p>26 Claim Procedure</p>
10	<b>Policy Servicing</b>	For queries related to policy / claim servicing, please contact us at our Toll free number 1800-208-9100 or write to us at <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a>	9.15 -Grievances Redressal Mechanism

11	Grievances / Complaints	<p>Procedure of Grievance Redressal</p> <p>.Please write to <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> to registeryour complaint.</p> <p>.In Case of Senior Citizen please write to <a href="mailto:seniorcitizensupport@cholams.murugappa.com">seniorcitizensupport@cholams.murugappa.com</a> 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</p> <p><a href="mailto:Nodalescalation@cholams.murugappa.com">Nodalescalation@cholams.murugappa.com</a> (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 -</p> <p><a href="mailto:GRO@cholams.murugappa.com">GRO@cholams.murugappa.com</a> (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 <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a> to get details on Insurance Ombudsman Offices</p>	9.15 -Grievances Redressal Mechanism
12	Things to remember	<p><b>Free Look Cancellation:</b> Insured will have a free look period of 30 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable. Please write to <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> for cancellation of the policy during free look period</p>	9 General Terms And Conditions 14
		<p><b>Policy renewal:-</b> 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</p>	9 General Terms And Conditions 10
		<p><b>Migration and Portability:</b>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer</p>	
		<p>In case the insured wish to migrate to another policy with the same insurer, he/she has to apply for migration atleast 30 days before the policy renewal date</p>	9 General Terms And Conditions 8
		<p>In case the insured wish to port out of the policy, without break in insurance, he/she has to get in touch with the other insurance company at least 45 days before, but not earlier than 60 days from the policy renewal date to initiate the necessary porting formalities</p>	9 General Terms And Conditions 9
		<p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	9 General Terms And Conditions 17
13	Your Obligations	<p><b>Moratorium Period:</b> 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</p>	9 General Terms And Conditions 12
		<p>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.</p> <p>Insured can contact our toll free no. 1800 208 9100 or write to us at <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> to intimate any change to the material information affecting the policy.</p>	