

## CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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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	Saral Suraksha Bima - Group, Chola			
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><td>Insured Name</td><td>Sum Insured (SI) (in Rs.)</td></tr><tr><td>&lt;&lt;Insured 1&gt;&gt;</td><td>Rs.</td></tr></table>	Insured Name	Sum Insured (SI) (in Rs.)	<<Insured 1>>
Insured Name	Sum Insured (SI) (in Rs.)				
<<Insured 1>>	Rs.				
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	Base Covers:			
		Death	4.1.a		
		Permanent Total Disablemen	4.1.b		
		Permanent Partial Disablement	4.1.c		
		Optional covers			
		Temporary Total Disablement	12 (A)		
		Hospitalisation expenses due to accident	12 (B)		
		Education Grant	12 (C)		
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)	The policy does not cover any losses caused directly due to the following			
		GENERAL EXCLUSIONS			
		1. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds	6.i		
		2. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide; b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication. c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;] d. arising or resulting from the Insured Person committing any breach of law with criminal intent.	6.ii		
		3. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person 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.	6.iii		
		4. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from: A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel. B. Nuclear weapons material C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. D. Nuclear, chemical and biological terrorism	6.iv		
		5. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law	6.iv		
		Specific Exclusions for Hospitalisation expenses due to Accident (12 (B))			
		i. Investigation & Evaluation (Code- Excl04) a) Expenses related to any admission primarily for diagnostics and evaluation purposes. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.	12 (B)		
		ii. 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).			
		iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.			
		iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.			
		v. Treatment taken outside the geographical limits of India.			
		vi. All expenses listed in Annexure-B (List I) of the Policy.			
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: Not Applicable			
		Specific Waiting Periods: Not Applicable			
		Pre-existing Diseases: Not Applicable			
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:  Hospitalisation expenses due to accident -: The Company shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured	12 (B)		
	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	<p>• <b>For Cashless Service:</b> Not Applicable</p> <p>• <b>For Reimbursement of Claim:</b></p> <p><b>Claims Notification:</b> Claim Intimation must be provided to the Insurer within 30 days from the date of diagnosis/occurrence of the event by telephone through toll free number (1800-208-9100) or in writing by email (customercare@cholams.murugappa.com) / letter).</p> <p><b>Claim Documentation:</b> Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from the date of loss</p> <p>Turn Around Time (TAT) for claims settlement: 30 days from the date of receipt of last necessary document</p> <p>TAT for Pre-authorisation of cashless facility - Not Applicable</p> <p>TAT for cashless final bill authorisation - Not Applicable</p> <p><b>Network Hospital details:</b> Not Applicable</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 excluded or from where no claims will be accepted by Insurer -</b> 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.</p> <p><b>Downloading/getting claim form:</b> 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</p>	Section 7
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 10-Grievances Redressal Mechanism
11	Grievances / Complaints	<p>Procedure of Grievance Redressal</p> <p>.Please write to customercare@cholams.murugappa.com to registryour 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</p> <p>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 10-Grievances Redressal Mechanism
12	Things to remember	<p><b>Free Look Cancellation:</b> Not Applicable</p> <p><b>Policy renewal:-</b> Except on grounds of fraud , moral hazard or mis representation or non-co-operation, renewal of your policy shall not be denied. This policy can be renewed subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.</p> <p><b>Automatic Termination:</b> The certificate for the insured shall terminate immediately on the earlier of the following events</p> <p>irrespective of the expiry date mentioned in the policy Certificate</p> <p>• Upon the demise of the Insured person, in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.</p> <p>• Upon payment of an admissible claim and settlement of 100% of Sum Insured under the base cover specified in the Policy Certificate</p> <p><b>Migration:</b> Not Applicable</p> <p><b>Portability -</b> Not Applicable</p> <p><b>Change in Sum Insured:</b> Not Applicable</p> <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>	8.13. General Conditions / 8.4. General Conditions  <