

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, 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 <div> <div>Insured Name</div> <div>Sum Insured (SI) (in Rs.)</div> </div>	Not Applicable
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	<<Insured 1>>	
		Base Covers:	
		Death	4.1.a
		Permanent Total Disablement	4.1.b
		Permanent Partial Disablement	4.1.c
		Optional covers	
		Temporary Total Disablement	4.2.a
6	Exclusions (What the policy does not cover)	Hospitalisation expenses due to accident	4.2.b
		Education Grant	4.2.c
		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 wilful participation in an illegal act or any violation or attempted violation of the law.	6.iv
		Specific Exclusions for Hospitalisation expenses due to Accident (4.2b)	
		i. Investigation & Evaluation (Code- Excl04) a) Expenses related to any admission primarily for diagnostics and evaluation purposes.	6.1.i
		b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.	
		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).	6.1.ii
		iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.	6.1.iii
		iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.	6.1.iv
		v. Treatment taken outside the geographical limits of India.	6.1.v
		vi. All expenses listed in Annexure-B (List I) of the Policy.	6.1.vi
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	4.2.b
	ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)	Not Applicable	

	<p>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))</p>	Not Applicable	
	iv. Any other limit (as applicable)	Not Applicable	
	<p>Claims / Claims Procedure</p> <p>• For Cashless Service: Not Applicable • For Reimbursement of Claim: Claims Notification: 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). Claim Documentation: 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 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</p> <p>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.</p> <p>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</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 Please write to customercare@cholams.murugappa.com to registryour complaint. .In Case of Senior Citizen please write to seniorcitizensupport@cholams.murugappa.com or call our Toll free @ 1800 208 9100 (for Health products) .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. .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. Escalation Matrix .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) .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) .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	Free Look Cancellation: Every policyholder of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy and to return the same if not acceptable	8.17. General Conditions
		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. Automatic Termination: This policy shall automatically terminate upon the Insured Person's death or payment of 100% Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application	8.13. General Conditions / 8.4. General Conditions
		Migration: Not Applicable	
		Portability - Not Applicable	
		Change in Sum Insured: Not Applicable	
		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	8.19. General Conditions
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.	