CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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	This doour		N SHEET / KNOW YOUR POLICY licy. You are also advised to go through your policy docun	ant
SI.				
No.	Title	Description (Please refer to app	licable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy		ACCIDENT INSURANCE POLICY	
2	Policy Number		Policy Number>>	
3	Type of Insurance Policy	Both B	Benefit and Indemnity	
4	Sum Insured (Basis) (Along with	Individual Sum Insured - Where each member has a separate sum insured under the policy		Not Applicable
	Amount)	Insured Name	Sum Insured (SI) (in Rs.)	
			Rs.	
		Accidental Death		Coverage 2.1
		Permanent Total Disablement		Coverage 2.2
		Permanent Partial Disablement		Coverage 2.3
		Accident Medical Reimbursement		Coverage 2.4
				Coverage 2.5
5	Policy Coverage (What the Policy	Accident Weekly Benefit		Coverage 2.6
5	covers?) (Policy Clause Number/s)	Education Benefit		Coverage 2.7
		Modification of Residential Accommodation	n and Vehicle	Coverage 2.8
		Broken Bones		Coverage 2.9
				Coverage 2.10
		The benefit applicable to the Insured under the policy will depend on the plan and Sum Insured opted and as mentioned in Schedule		
		The policy does not cover any losses caused	l directly due to the following	
		GENERAL EXCLUSIONS		
		1. intentionally self-inflicted injury, suicide	or any attempt thereof, whether sane or insane;	3.1
			ontributed by ionizing radiation or contamination by any nuclear waste from burning nuclear fuel;	3.2
		3. Injury or Disease directly caused by or co dangerous properties of any explosive nucle	ontributed by the radioactive, toxic, explosive or other ar equipment or any part of that equipment;	3.3
		rebellion, revolution, insurrection, mutiny, r	lities (whether war be declared or not), civil war, nilitary or usurped power, seizure, capture, arrests, es, and people of whatsoever nation condition or quality	3.4
		5. Nuclear, Chemical and biological terroris	m not covered	3.5
			val, military or air force operations whether in the form of gagement with the enemy with foreign or domestic;	3.6
		7. loss sustained or contracted in consequen drugs unless administered on the advice of a	ce of the Insured being under the influence of alcohol or a physician;	3.7
			as the Insured 's actual or attempted commission of, or violation or attempted violation of the law or resistance to	3.8
				3.9
	Exclusions (What the policy does not cover)		articipating in contests of speed using a motorized vehicle or skydiving and/or gliding and/or mountaineering and/or	3.1
		11. Resulting in injury whilst participating a during motor racing or trial runs	is the driver, co-driver or passenger of a motor vehicle	3.11
		12. Consequential losses of any kind or actu	al or alleged legal liability	3.12
6			policy inception is only covered. Event/incidence happen ed. Event should fall under the policy duration	3.13
		14. While you are participating or training f	or any sport as a professional.	3.14
		Exclusions applicable to Accident Medica	l Reimbursement	
			form shall not cover and no payment shall be made with	

		 Loss caused directly, wholly or partly by: Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease; Medical or surgical treatment except as may be necessary solely as a result of Injury; Treatment of hernia resulting from any bodily injury. Dental care or surgery except as occasioned by Accidental Injury Treatment other than Allopathy and AYUSH 	Coverage 2.4
		Exclusions applicable to Accident Medical Reimbursement for Accident Hospitalisation as Inpatient In addition to the General Exclusions , this form shall not cover and no payment shall be made with	
		 a) Loss caused directly, wholly or partly by: a) Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease; b) Medical or surgical treatment except as may be necessary solely as a result of Injury; c) Treatment of hernia resulting from any bodily injury. c) Dental care or surgery except as occasioned by Accidental Injury. d) Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 1 f) Treatment other than Allopathy and AYUSH 	Coverage 2.5
		Exclusions applicable to Accident Weekly Benefit	
		In addition to the General Exclusions , this form shall not cover and no payment shall be made with respect to:	
		 loss caused directly, wholly or partly by: a. bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease; b. medical or surgical treatment except as may be necessary solely as a result of Injury; 2) Treatment of hernia resulting from any bodily injury. 3) pregnancy and resulting childbirth, miscarriage or diseases of the female organs of reproduction 	Coverage 2.6
		Initial Waiting Period: Not Applicable	
dur dise cov	Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage	Specific Waiting Periods (Not applicable for claims arising due to an accident): Not Applicable	
		Pre-existing Diseases: Not Covered	
	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	
		For Cashless Service: Not Applicable For Reimbursement of Claim: Claims Notification: Written notice of claim must be given to any loss, or as soon thereafter as reasonably possible, and in any event not later than 30 days of such occurrence or commencement 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	

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		Turn Around Time (TAT) for claims settlement: 30 days from the date of receipt of last necessary document		
	Claims / Claims Procedure	TAT for Pre-authorisation of cashless facility - Not Applicable	General Conditions 4.7	
		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 5-Grievances Redressal Mechanism	
11	Grievances / Complaints	Procedure of Grievance Redressal Please write to customercare@cholams.murugappa.com to registeryour 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	Section 5-Grievances Redressal Mechanism	
12	Things to remember	Free Look Cancellation: Not Applicable Policy renewal:- 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. Automatic Termination: The cover for the Insured Person shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Accidental Death or Permanent Total Disability Migration and Portability: Not Applicable Change in Sum Insured. Not Applicable	General Conditions 4.11, 4.26	
		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	General Conditions 4.27	
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.		