

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 Company	PRAVASI BHARATIYA BIMA YOJANA			
2	Policy Number	<<Policy Number>>			
3	Type of Insurance Policy	Both Indemnity and 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 border="1"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (in \$)</th> </tr> </thead> <tbody> <tr> <td><<Insured 1>></td> <td>\$</td> </tr> </tbody> </table>	Insured Name	Sum Insured (in \$)	<<Insured 1>>
Insured Name	Sum Insured (in \$)				
<<Insured 1>>	\$				
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	Personal Accident Expenses - If the insured person shall sustain any bodily injury resulting solely and directly from accident caused by external, violent and visible means, then in the event of the following events of the Insured leading to loss of employment while abroad, the Company shall pay the benefit mentioned in the Policy schedule to the insured, insured's nominee or insured's legal representative(s) a) Accidental Death b) Permanent Total Disability	3 Scope of cover 3.1		
		Family cover expenses - Indemnification of hospitalization expenses for Spouse or 2 dependent children upto the cover limit as mentioned in the policy schedule in the event of death or permanent disability of the insured	3 Scope of cover 3.2		
		Repatriation (Medically unfit condition / Remains) - In the event of accidental death of the insured person or a medically unfit body condition or state, whilst abroad, actual expenses incurred for repatriation of the dead body of the Insured to India shall be reimbursed to the nominee of the Insured.	3 Scope of cover 3.3		
		Airfare for the attendant - In the event of the death of the Insured, the cost towards single one way economy class airfare, from and to India, of one attendant, shall be reimbursed. The claim for reimbursement of the attendant fare shall be filed within 90 days of completion of journey.	3 Scope of cover 3.4		
		Employment Contingency Expenses - Reimbursement of the expenses towards single, one way economy class airfare for the Insured in the event of any of the employment contingencies listed in the Policy wordings	3 Scope of cover 3.5		
		Medical Hospitalisation Expenses - Reimbursement of medical expenses as are reasonably and necessarily incurred by the Insured upto the cover limit mentioned in the policy schedule.	3 Scope of cover 3.6		
		Maternity Benefit - Reimbursement of Maternity expenses upto the cover limit as mentioned in the Policy schedule provided the treatment is taken in a Hospital/ Nursing home as an In-patient in India or the country of employment	3 Scope of cover 3.7		
		Legal Expenses - Reimbursement upto a maximum amount as mentioned in the policy schedule towards any legal expenses incurred by the Insured in any litigation relating to his employment provided the necessity of filing such legal case is certified by the appropriate Ministry of that country.	3 Scope of cover 3.8		
		The policy does not cover any losses caused directly due to the following GENERAL EXCLUSIONS (applicable to all covers under the policy)			
		The Insurer shall not be liable for any claim under any Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following			
		a) pertaining to events occurring outside the Period of insurance the policy	4. General Exclusions a		
		b) if the Insured is traveling against the advice of the physician	4. General Exclusions b		
		c) if the Insured has received any prognosis for a medical condition	4. General Exclusions c		
		d) if the Insured is taking part in any naval, military or air force operation	4. General Exclusions d		
		e) emanating from an Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).	4. General Exclusions e		
		f) due to Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.	4. General Exclusions f		
		g) due to expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS	4. General Exclusions g		
		h) arising out of Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials	4. General Exclusions h		
		i) Any act of terrorism	4. General Exclusions i		
		j) due to repatriation charges / deportation expenses necessitated by termination of contract of the insured if such expenses are to be borne by the employer as per employment contract	4. General Exclusions j		
		k) Any repatriation charges / transportation expenses necessitated by termination of contract of the insured and consequent deportation on account of misconduct, commission of any criminal offence, etc	4. General Exclusions k		

<p>l) Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure I of the policy wording</p>	<p>4. General Exclusions 1</p>
<p>Specific Exclusions applicable to Personal Accident expenses: The Company shall not be liable under this Section of the Policy for:</p>	
<p>a) Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period would exceed the sum insured under the Policy</p>	
<p>b) Payment of compensation in respect of death or disablement of the insured person i. from intentional self-injury, suicide or attempted suicide, ii. whilst under the influence of intoxicating liquor or drugs, iii. whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world, iv. directly or indirectly caused by venereal diseases, Aids or insanity, v. arising or resulting from the insured person committing any breach of law with criminal intent.</p>	
<p>c) Payment of compensation in respect of Death, Injury or Disablement of the insured person due to or arising out of or traceable to : War, Invasion, Act of foreign enemy, Hostilities (whether war be declared or not), threat of war or civil strife in the country of employment and/ or in the neighbouring country / region, Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints and Detainments by kings, princes and people of whatever nation, condition or nature</p>	
<p>d) Payment of Compensation in respect of death of, or bodily injury or any disease or illness to the insured person: i. directly or indirectly caused by or contributed to by or arising from ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. ii. directly or indirectly caused by or contributed to by or arising from nuclear weapon material. iii. The total and irrecoverable loss of: A. The sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot. B. Total and irrecoverable loss of use of a hand or a foot without physical separation.</p>	
<p>e) Pregnancy Exclusion Clause : The insurance under this Policy shall not extend or cover death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof</p>	
<p>Specific Exclusions applicable to Family cover Expenses: The Company shall not be liable to make any payment under this Section of the policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of :-</p>	
<p>a. During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable.</p>	
<p>b. Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not)</p>	
<p>c. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, Vaccination or inoculation or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.</p>	
<p>d. Cost of spectacles and contact lenses, hearing aids.</p>	
<p>e. External Medical Equipment of any kind used at home as post hospitalization care including cost of instrument used in treatment of sleep apnea syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial asthmatic condition</p>	
<p>f. Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment.</p>	
<p>g. Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.</p>	
<p>h. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLB-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS.</p>	
<p>i. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.</p>	

3 Scope of Cover 3.1

3 Scope of Cover 3.2

6	Exclusions (What the policy does not cover)	j. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.	3 Scope of Cover 3.5
		k. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.	
		l. Voluntary medical termination of pregnancy.	
		m. Treatment other than Allopathy and AYUSH	
		Specific Exclusions applicable to Employment Contingency Expenses: The Company shall not be liable to make any payment under this Section of the Policy if the repatriation of the insured person is on account of	
		a. violation of any law, fraud, or any breach of employment conditions.	
		b. such repatriation becomes necessary due to any amendment or change in the existing laws of the country of employment, or proclamation by Government Order that all workers of foreign origin are being deported,	
		c. the employment is obtained through fake or forged documents, work permit or improper entry visa.	
		d. the entry into the country has been made without completing legal formalities for whatsoever reason.	
		e. Any amount relating to medical expenses	
		f. the entry into the country has been refused on medical grounds	
		g. no attempt being made by the insured person to contact his employer on arrival if the insured person is not received at such time.	
		Specific Exclusions applicable to Medical Hospitalisation Expenses: The Company shall not be liable to make any payment under this Section of the Policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of :-	
		a. During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable.	
		b. Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not)	
c. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, Vaccination or inoculation or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness			
d. Cost of spectacles and contact lenses, hearing aids.			
e. External Medical Equipment of any kind used at home as post hospitalization care including cost of instrument used in treatment of sleep apnea syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial asthmatic condition.			
f. Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment.			
g. Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.			
h. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS.			
i. Charges incurred at Hospital or Nursing Home primarily for diagnostic, x-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.			
j. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.			
k. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.			
l. Voluntary medical termination of pregnancy.			
Specific Exclusions applicable to Maternity Expenses Benefit : The Company shall not be liable to make any payment under this Section of the Policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of :-			
a. During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis and related disorders are not payable			
			3 Scope of Cover 3.6

		<p>b. Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not)</p> <p>c. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, Vaccination or inoculation or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.</p> <p>d. Cost of spectacles and contact lenses, hearing aids.</p> <p>e. External Medical Equipment of any kind used at home as post hospitalization care including cost of instrument used in treatment of sleep apnea syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial asthmatic condition.</p> <p>f. Any dental treatment or surgery which is a corrective, cosmetic or aesthetic procedure, including wear and tear, unless arising from disease or injury and which requires hospitalization for treatment</p> <p>g. Convalescence, general debility, Run-down condition or rest cure, congenital external disease or defects of anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs / alcohol.</p> <p>h. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency syndrome or any Syndrome or any condition of a similar kind commonly referred to as AIDS</p> <p>i. Charges incurred at Hospital or Nursing Home primarily for diagnostic, x-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.</p> <p>j. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.</p> <p>k. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons / materials.</p> <p>l. Voluntary medical termination of pregnancy.</p> <p>Specific Exclusions applicable to Legal Expenses : The Company shall not be liable to make any payment under this Section of the Policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of :-</p> <p>a. The Company shall not be liable to make any payment under this Section of the policy in connection with or in respect of any of the expenses incurred by the Insured in connection with or in respect of :</p> <p>i. Any claim of the personal liability of the Insured towards his / her family, relations and traveling companions, whether personal or official</p> <p>ii. Any claim resulting from any transmission of any kind of illness /disease by the Insured</p> <p>iii. Any claim arising out of the professional activities involving the Insured</p>	3 Scope of Cover 3.7
		<p>Initial Waiting Period: Not Applicable</p> <p>Specific Waiting Periods (Not applicable for claims arising due to an accident): Not Applicable</p> <p>Pre-existing Diseases: Not Covered</p> <p>Maternity Waiting period (Applicable only to Maternity Expenses benefit): 9 months from the date of policy commencement</p>	3 Scope of cover 3.7
7	<p>Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage</p>		
	<p>Financial limits of coverage</p>	The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	
	<p>i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following sub-limits:	
		Not Applicable	
	<p>ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</p>	Not Applicable	
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	<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	
	<p>iv. Any other limit (as applicable)</p>	Not Applicable	
9	<p>Claims / Claims Procedure</p>	<p>• For Cashless Service: Not Applicable Turn Around Time (TAT) for claims settlement: 10 days TAT for Pre-authorisation of cashless facility - Not Applicable TAT for Pre-authorisation of cashless facility for initial approval - 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 blacklisted - Not Applicable 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>	5 General Conditions 5.1
10	<p>Policy Servicing</p>	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	6 Grievances
11	<p>Grievances / Complaints</p>	<p>Procedure of Grievance Redressal • Please write to customercare@cholams.murugappa.com to register your 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>	6 Grievances
12	<p>Things to remember</p>	<p>Free Look Cancellation: Insured will have a free look period of 15 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 customercare@cholams.murugappa.com for cancellation of the policy during free look period</p> <p>Policy renewal: The policy will be renewed so long as the Insurer receives the premium unless on grounds of fraud, moral hazard, misrepresentation or non-cooperation by the Insured, provided the policy is not withdrawn.</p> <p>Migration and Portability: Not Applicable Change in Sum Insured: Not Applicable Moratorium Period: Not Applicable</p>	5. General Conditions 5.8 5. General Conditions 5.9
13	<p>Your Obligations</p>	<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. 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.</p>	