

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

Toll free: 1800 208 9100, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

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	FLEXI MAX PROTECT			
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			
		<table><tr><th>Insured Name</th><th>Sum Insured (SI) (in Rs.)</th></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)	<b>Base Cover:</b> Diagnosis Benefit - Lumpsum benefit equal to 100% of Sum Insured on diagnosis of Critical Illness (CI) listed under the policy. Survival Period <b>Survival Period:</b> NIL / 30 days <b>Optional Covers (on payment of additional premium)</b>	3 Policy Coverage 3.1		
		<b>Double Protection Cover</b> - Lumpsum benefit equal to 50% of the Base Sum Insured, in the event of diagnosis of a second Critical illness as defined in the policy	3 Policy Coverage 3.2.1		
		<b>Loss of Job Cover</b> - 10% of base SI or Gross Monthly Salary of the Insured upto a maximum of 3 months, whichever is lower shall be payable as a Lumpsum benefit in the event of Loss of Job as defined in the policy due to first time diagnosis of any covered critical illness for which a claim is admissible and payable under Base Cover.	3 Policy Coverage 3.2.2		
		<b>Loss of Income for Self Employed</b> - 5% of Base SI or Rs.10 Lakhs per month, whichever is lower, upto a maximum of 3 months, in the event of Loss of income as defined in the policy due to first time diagnosis of any covered critical illness for a claim admitted under Base Cover.	3 Policy Coverage 3.2.3		
		<b>Medical Second Opinion - Add On Cover</b> – In the event of any Insured Person, being diagnosed with any Medical Condition during the Policy Year, he or she can obtain the Medical Opinion from the World’s Leading Medical Centres (WLMC) tied up with our Service Provider	7. Medical second Opinion -Add On Cover		
		<b>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</b>			
		This Policy does not provide for any loss resulting in whole or in part from, or expenses			
		<b>GENERAL EXCLUSIONS</b>			
		1. Any Critical Illness for which treatment, or advice was recommended by or received from a Medical practitioner or was diagnosed before the inception date of the policy with Us.	4 Waiting periods and General Exclusions 4.2.1		
		2. Any illness, sickness or disease other than those specified as Critical Illness under this Policy	4 Waiting periods and General Exclusions 4.2.2		
		3. Any illness, sickness or disease other than those specified as Critical Illness under this Policy	4 Waiting periods and General Exclusions 4.2.3		
		4. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner	4 Waiting periods and General Exclusions 4.2.4		
		5. Any Critical Illness directly caused due to intentional self-injury, suicide or attempted suicide, whether the person is medically sane or insane.	4 Waiting periods and General Exclusions 4.2.5		
		6. Any Critical Illness directly caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.	4 Waiting periods and General Exclusions 4.2.6		
		7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.	4 Waiting periods and General Exclusions 4.2.7		
		8. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as race jockeys or circus personnel.	4 Waiting periods and General Exclusions 4.2.8		
		9. Congenital external diseases, defects or anomalies or in consequence thereof.	4 Waiting periods and General Exclusions 4.2.9		
		10. Any Critical Illness directly caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, 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 and selfie accident.	4 Waiting periods and General Exclusions 4.2.10		
		11. Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.	4 Waiting periods and General Exclusions 4.2.11		

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Sl. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
6	<b>Exclusions (What the policy does not cover)</b>	12. Any Critical Illness directly caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness directly due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.	4 Waiting periods and General Exclusions 4.2.12
		13. Any Critical Illness directly caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	4 Waiting periods and General Exclusions 4.2.13
		14. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.	4 Waiting periods and General Exclusions 4.2.14
		15. Any Critical Illness directly caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.	4 Waiting periods and General Exclusions 4.2.15
		16. Any Critical Illness directly caused due to cosmetic or plastic surgery or any treatment to change the 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.	4 Waiting periods and General Exclusions 4.2.16
		17. Any Critical Illness directly caused due to surgical treatment of obesity that does not fulfil all the below conditions: a. Surgery to be conducted is upon the advice of the Doctor b. The Surgery / Procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI): · greater than or equal to 40 or · greater than or equal to 35 in conjunction with any of the following severe co- i. Obesity related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes despite optimal therapy	4 Waiting periods and General Exclusions 4.2.17
		18. Any Critical Illness directly caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	4 Waiting periods and General Exclusions 4.2.18
		19. In the event of the death of the Insured Person within the stipulated survival period as set out above.	4 Waiting periods and General Exclusions 4.2.19
		20. Any Critical Illness directly caused by sterility and infertility. This includes: a. Any type of contraception, sterilization b. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization	4 Waiting periods and General Exclusions 4.2.20
		<b>Specific Exclusions applicable to Double Protection Cover:</b> The benefit under Double Protection Cover will not be payable for any of the following: I. The same Critical Illness for which a claim was paid under Base Cover II. A Critical Illness which, in our opinion (as confirmed by a relevant medical specialist acceptable to us): a. Arises in connection with, b. Is a complication of, c. Results from; or d. Is a treatment for the condition for which the first claim was paid for III. A heart or vascular conditions (as defined below) if the first CI claim was also for a heart or vascular condition. IV. Paralysis of Limbs or Hemiplegia resulting from a Stroke or Cerebrovascular Accident if the claim under Base cover was for a heart or vascular condition. V. A heart or vascular condition if the claim under Base cover was for Paralysis of Limbs or Hemiplegia resulting from a Stroke or Cerebrovascular Accident. VI. Kidney failure requiring regular dialysis if the claim under Base cover was for heart or vascular condition VII. A heart or vascular condition if the claim under Base cover was for Kidney failure requiring regular dialysis Heart or Vascular condition means any of the following defined medical events: • Myocardial Infarction (First Heart Attack of specified severity) • Open Chest CABG • Stroke resulting in permanent symptoms • Primary Pulmonary Hypertension • Cardiomyopathy	3 Policy Coverage 3.2.1.c

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		<b>Specific Exclusions applicable to Loss of Job Cover:</b> a. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal or temporary suspension from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer. b. The Company shall not be liable to make any payment under this cover in connection with or in respect of: i. Self employed persons; ii. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer; iii. Any voluntary unemployment iv. Unemployment at the time of inception of the Policy or arising within the first 90 days of inception of the Policy Period. v. Unemployment due to downsizing, cost cutting closure. vi. Retrenchment and Lay offs c. Any unemployment from a job under which no salary or any remuneration is provided to the Insured d. Any suspension from employment on account of any pending enquiry being conducted by the employer/Public Authority e. Any unemployment due to resignation, retirement whether voluntary or otherwise f. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.	3 Policy Coverage 3.2.2.d
		<b>Specific Exclusions applicable to Loss of Income for Self-Employed:</b> a. The Company shall not be liable to make any payment under this Section in the event of Loss of Income from Insured's business/profession being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the Government Authorities or laws for the time being in force or any disciplinary action against the Insured by the Government Authorities. b. The Company shall not be liable to make any payment under this Policy in connection with or in respect of: i Any voluntary evasion of Business/Profession ii Loss of Income at the time of inception of the Policy or arising within the first 90 days of inception of the Policy Period. iii Consequential loss of any kind due to Insured's inability to perform his/her Business or Professional activity. c. Second instance of loss of income during the Policy Period.	3 Policy Coverage 3.2.3.d
7	Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage	<b>Initial Waiting Period:</b> 90 days from the date of commencement of the Policy for Base Diagnosis Cover / Loss of Job / Loss of Income for Self Employed  <b>Specific disease waiting period :</b> Not applicable  <b>Pre-existing disease waiting period :</b> Not Covered	Section 4.1, Section 3.2.2(d.b.iv.), Section 3.2.3 (d.b.ii)
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:  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	
		<b>• For Cashless Service:</b> Not Applicable <b>• For Reimbursement of Claim:</b> <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 ( <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a> ) / letter). <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	

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9	Claims / Claims Procedure	<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 blacklisted</b> or from where no claims will be accepted by Insurer - Not Applicable</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>	5 General Conditions 5.22.i, 5.22.ii
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 <a href="mailto:customercare@cholams.murugappa.com">customercare@cholams.murugappa.com</a>	6 Grievances
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 register your 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>	6 Grievances
		<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>	5 General Conditions 5.7
		<p><b>Policy renewal:</b> 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><b>Automatic Termination:</b> This policy shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule.</p> <p>a. Upon the demise of the Insured person.</p> <p>b. Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule under Base cover. However the cover in respect of optional covers other than Double Protection Cover shall continue till the expiry date mentioned in the Policy Schedule or occurrence of a claim under optional cover upto 100% Sum Insured, whichever is earlier</p>	5 General Conditions 5.18, 5.24

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12	Things to remember	<p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased) only at the time of renewal, subject to reported claim status and health condition of the insured. The Sum Insured revision is subject to the conditions mentioned below and our acceptance of the Sum Insured enhancement request</p> <p>a. Written application, b. Submission of proof of Annual Income</p> <p>c. Medical Examination or other medical tests for persons above 45 years of age and our acceptance.</p> <p>The coverage for the increased sum insured, if any shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to applicable waiting periods under the policy.</p> <p>Enhancement of Sum Insured will not be considered for:</p> <p>i. Any Insured Person over 65 years of age.</p> <p>ii. Any Insured Person who had undergone more than one Hospitalisation in the preceding two years.</p> <p>iii. Any Insured Person suffering from one or more of the following Illnesses / Conditions:</p> <p>a. Any chronic Illness</p> <p>b. Any recurring Illness</p> <p>c. Any Critical Illness</p>	5 General Conditions 5.19
		<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>	5 General Conditions 5.8
13	Your Obligations	<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>	