

Customer Information Sheet

This document provides only key information about your policy. Please refer to the policy document for detail terms and conditions.													
Sl. No.	Title	Description (Please refer to applicable Policy Clause number in next column)	Policy / Clause Number										
1	Product Name	Chola Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies	Header in all pages										
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN123RP0086V03201819	Header in all pages										
3	Structure	Compensation is provided in an unfortunate event of accident while the insured (owner-driver) is travelling / driving / alighting from / into the insured vehicle resulting in death/disability within six calendar months,	Page No.1, 1. BENEFITS										
4	Interest Insured	Any resident of India who owns a Motor Vehicle as defined in Central Motor Vehicles Act and holds an effective driving license is eligible for the coverage. The name of the insured and DOB details are as per policy schedule forming part of the policy.	As per policy Schedule										
5	Motor Insured Declared Value Scope	<div>Sum Insured: Rs.15,00,000</div> <table><thead><tr><th>Details of injury</th><th>Scale of compensation</th></tr></thead><tbody><tr><td>(i) Death</td><td>100% of Sum insured</td></tr><tr><td>(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye</td><td>100% of Sum insured</td></tr><tr><td>(iii) Loss of one limb or sight of one eye</td><td>50% of Sum insured</td></tr><tr><td>(iv) Permanent total disablement from injuries other than named above</td><td>100% of Sum insured</td></tr></tbody></table>	Details of injury	Scale of compensation	(i) Death	100% of Sum insured	(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100% of Sum insured	(iii) Loss of one limb or sight of one eye	50% of Sum insured	(iv) Permanent total disablement from injuries other than named above	100% of Sum insured	Page No.1, 1. BENEFITS
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6	Policy Coverage	<div><input type="checkbox"/> Accidental Death - The Policy pays compensation to the nominee (as specified in the Policy Schedule) in an unfortunate event of death of the Insured directly and solely resulting from an Accident happening during the policy period.</div> <div><input type="checkbox"/> Loss of limbs / eyes or one limb & eye or one limb / eye : The Policy compensates in the event of insured person losing limbs/ eyes or one limb and one eye or loss of limb/ eye resulting directly and solely from the Accident happening during the policy period</div> <div><input type="checkbox"/> Permanent Total Disablement - The Policy compensates for the Permanent Total Disability of the insured, which has directly and solely resulted from the accident happening during the policy period.</div> <div>Policy period: One year / Two years / three years / five years.</div>	Page No.1, 1. BENEFITS										
7	Add-on Covers	Add-on covers that are not applicable											
8	Loss Participation	<div>1. <u>Compulsory deductible:-</u> <input type="checkbox"/> Not applicable</div> <div>2. <u>Depreciation</u> <input type="checkbox"/> Not Applicable.</div>											
9	Exclusions	<div><input type="checkbox"/> Intentional self-injury suicide or attempted suicide, physical defect or infirmity or</div> <div><input type="checkbox"/> An accident happening whilst insured person / driver is under the influence of intoxicating liquor or drugs</div> <div><input type="checkbox"/> Any accidental loss or damage and/or liability caused, sustained or incurred outside the geographical area;</div> <div><input type="checkbox"/> Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger of a motor vehicle specified in the Policy Schedule during motor racing or trial runs, speed testing, Pace making, any purpose in connection with Motor Trade.</div>	Page No.2 and 3 No.4 Exclusions										

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		<input type="checkbox"/> If at the time of claim, it is found that the Insured is not holding an effective driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989, at the time of accident <input type="checkbox"/> Any accidental loss or damage or liability directly or indirectly caused by or contributed to or by or arising from War and allied perils or nuclear weapons material or ionising radiations.	
10	Special conditions and warranties if any	<p>Warranty:-</p> <p>1. It is hereby warranted the coverage under this Policy commences only from the Risk Start time and Date as mentioned in the Policy schedule. No Liability shall attach under this Policy in respect of any Accident/Loss prior to the time and date of commencement of Period of Insurance.</p> <p>Special conditions:</p> <p>1. This cover is subject to:</p> <p>(a) The Insured is the registered owner of the vehicle insured herein;</p> <p>(b) The Insured holds an effective driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989, at the time of accident</p> <p>(c) This benefit is not provided to anyone other than the Insured named in the Policy</p> <p>2. Coverage under this policy will extend to all the vehicles owned by the Owner-driver under the same Policy. In other words, the cover under this Policy would be valid when the owner-driver drives any of the vehicles he / she owns.</p>	Page No.1, 1. BENEFITS
11	Admissibility of Claim	<p>1. Admissibility of Claim:-</p> <p>A claim under the Motor Insurance policy becomes admissible if</p> <ul style="list-style-type: none"> ✓ The loss or damage to the vehicle insured is due to accidental collision, or due to natural disasters as mentioned in Section-I. ✓ The policy of insurance is in force at the time of accident ✓ The driver at the time of accident is not under the influence of drugs/alcohol and holds a valid driving license. ✓ The insured vehicle is driven in within the specified geographical limits <p>2. Denial of claims:</p> <p>We have mentioned below few instances in consequence of which a claim may be denied under the policy.</p> <p>a) Claims arising as a result of gross negligence will be rejected. Some examples are as follows:-</p> <ul style="list-style-type: none"> • Driver/employees willful act(sec-406) <p>b) If Fraudulent means are adopted for settlement of claim.</p> <p>c) If the insured /driver / user does not hold an effective driving license at the time of the accident and is disqualified from holding or obtaining such a license.</p>	
12	Policy Servicing - Claim Intimation and Processing	<p>Policy Servicing: For queries related to policy / claim servicing, please contact us at our Toll free number 1800 208 5544 or write to us at customercare@cholams.murugappa.com.</p> <p>Claim Intimation can be given by insured : -</p> <ul style="list-style-type: none"> ✓ in writing by post to the below mentioned address or Cholamandalam MS General Insurance Company Limited, I Floor, Hari Nivas Towers, Thambu Chetty Street, Chennai – 600 001. ✓ by mail to customer.services@cholams.murugappa.com or ✓ by clicking web link @ customerportal.cholainsurance.com or ✓ contact our toll free number @1800 208 5544 	

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		<p><u>Claim Processing:</u></p> <p>After intimation of clam, the list of documents to be submitted by the insured is called for.</p> <p><u>List of documents required:</u></p> <p>Documents required to be submitted by the insured depends on the type of benefit being claimed and the same is as under:</p> <p><u>Accidental Death:</u></p> <ol style="list-style-type: none"> Copy of FIR / Police Report Copy of Post Mortem Report/Coroner's report (If post-mortem is conducted) Copy or Panchanama / Inquest report Death Certificate Copy of Registration Certificate Copy of Driving License Legal Heir certificate Any other document directly related to settlement of claim. <p><u>Loss of limbs / Permanent total Disability:</u></p> <ol style="list-style-type: none"> Report of the attending Doctor confirming disability Admit / Discharge card Investigation reports such as X-rays, Lab test etc FIR/ Police report, wherever necessary Any other document directly related to settlement of claim. <p><u>Deputation of Investigator:-</u></p> <p>Deputation of Investigator will be within 24 hours of report of claim.</p> <p>The investigator report should contain the following minimum information:</p> <ol style="list-style-type: none"> Genuineness of the accident and documents submitted Circumstances of accident Possibility of exaggeration of disability period, where applicable Certifications of police and medical documents from the concerned police/court records and hospitals, wherever possible. In case of Permanent Total disability claims, complete photograph of the insured and ID Proof is to be collected Investigator should give immediate alert for suspected fraud to HO <p>On receipt of documents and survey report the claim shall be processed and settled within 7 days from the date of survey report.</p>	

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13	Grievance Redressal and Policyholders Protection	<p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>1. Our Grievance Redressal Officer</p> <p>You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address or call our Toll Free @1800 208 5544:</p> <p>Courier/Post : Manager, Customer Care Cholamandalam MS General Insurance Company Limited, Hari Nivas Towers First Floor, #163, Thambu Chetty Street, Parry's Corner, Chennai - 600 001.</p> <p>E-Mail : customercare@cholams.murugappa.com</p> <p>You may also approach the grievance cell at any of the company's branches with the details of grievance. If You are not satisfied with the redressal of grievance through one of the above methods, You may contact the grievance officer at GRO@cholams.murugappa.com. For details of grievance officer, kindly refer the link www.cholainsurance.com.</p> <p>2. Insurance Ombudsman</p> <p>If You are still not satisfied with the redressal of grievance through above methods, You may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or General Insurance Council website https://www.cioins.co.in/ombudsman or on company website www.cholainsurance.com. Grievance may also be lodged at IRDAI Integrated Grievance Management system https://policyholder.gov.in/igms-complaint-logging.</p> <p>3. Consumer Affairs Department of IRDAI</p> <p>a. In case if the grievance is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal – Bima Bharosa Portal by registering Your complaint at igms.irda.gov.in.</p> <p>b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking here. You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500032.</p> <p>c. You can also visit the portal https://www.policyholder.gov.in for more details.</p>	
14	Obligations of Policyholder	<p><input type="checkbox"/> Insured to disclose all material information (such as Details about the Vehicle - Registration No., Make, Model, Variant, Year of manufacturing, Engine No., Chassis No., place of registration, Financier and nominee details, add-on covers required) at time of filling the proposal form.</p> <p><input type="checkbox"/> In case of any change / modification / addition to the already declared information the same should be brought to the notice of the insurer immediately</p> <p><input type="checkbox"/> Non-disclosure of material information may affect the claim settlement.</p> <p><input type="checkbox"/> NCB under this Policy is based on representation regarding NCB and absence of claim under the previous Policy. If the information be found incorrect or false in any aspect, this Policy shall be void ab initio and no benefit shall be payable by the company.</p> <p><input type="checkbox"/> This policy has been issued upon declaration by the Insured that a valid Pollution Under Control (PUC) Certificate is held on the date of commencement of the Policy. The insured undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy</p>	

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note:

- i. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.