

CHOLA CREDIT LINK DAILY BENEFIT POLICY

UIN: CHOHLGP24168V012324

Policy Wordings

We issue this Group insurance policy to the Proposer based on the information provided by the Proposer in the proposal form and premium paid by the Proposer. This insurance is subject to the following terms and conditions. The method of coverage and the Benefit Limits that has been opted is indicated in the Policy Schedule/Policy Certificate. The term **You/ Your / Insured/ Insured Person** in this document refers to the individual group members who will be treated as Insured beneficiary and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organisation who has signed the proposal form and in whose name the policy is issued. Also the term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**.

This policy will be issued as a group policy to the policy holder and individual certificate may be issued to the beneficiaries.

The policy holder shall have the option to choose and customise the coverage, daily benefit, waiting period to be offered to the Group members.

The Coverage and Sum Insured opted by the Group Manager, as mentioned in the Policy Schedule/Certificate will be applicable to all the Individual beneficiaries.

1. PERSONS WHO CAN BE INSURED

This Insurance is available to person(s) aged between 18 years and 70 years (Completed age) at the time of entry into the policy and who has availed any type of loan from Banks/Financial Institutions or such aggregators.

2. BENEFIT

If at any time during the currency of this policy the **Insured Person** suffers Hospital Confinement for more than 24 hours, then the Company shall pay to the Insured a daily benefit subject to the terms, conditions and exclusions as agreed and contained herein or otherwise expressed herein.

In respect of listed Day Care Procedures, hospitalisation for a period less than 24 hours is also covered under the policy.

*The policy shall pay daily benefit for AYUSH line of treatment as defined herein below, provided the treatment is undergone in AYUSH Hospital/ AYUSH Day care centre as defined in the policy.

The maximum number of days upto which the Daily Benefit will be paid will be the number of days opted and mentioned in the Policy Certificate. It will be the Company's maximum liability for any and all benefits put together per policy year

3. BASE COVER

i. Daily Benefit for Normal Hospitalisation - Sickness:

During the policy period stated in the Policy Certificate, if the Insured person shall contract any illness/sickness/disease, upon advice of the qualified medical practitioner, require admission of the Insured person in any Hospital as an inpatient for the purpose of medical treatment, then the policy will pay a daily benefit as stated in the Policy Certificate for a consecutive and completed period of more than 24 hours of hospitalisation, subject to maximum number of days stated in the Policy Certificate.

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ii. Daily Benefit for Normal Hospitalisation – Accident:

During the policy period stated in the Policy Certificate, If the Insured person shall sustain any bodily injury due to an accident, upon advice of the qualified medical practitioner, require admission of the Insured Person in any Hospital as an inpatient for the purpose of medical treatment, then the policy will pay a daily benefit as stated in the Policy Certificate for a consecutive and completed period of more than 24 hours of hospitalisation, subject to a maximum number of days stated in the Policy Certificate .

iii. Daily Benefit for ICU Hospitalisation – Sickness:

During the Policy period stated in the Policy Certificate, If the Insured person shall contract any illness/sickness/disease, upon advice of the qualified medical practitioner, require admission of the Insured person in ICU for the purpose of medical treatment, then the policy will pay a daily benefit as stated in the Policy Certificate for a consecutive and completed period of more than 24 hours in ICU, subject to a maximum number of days stated in the Policy Certificate.

Whenever ICU Benefit is admissible under the Policy, we will not pay Daily Benefit for Normal Hospitalisation - Sickness for the period for which Insured Person is in Intensive Care unit (ICU).

iv. Daily Benefit for ICU Hospitalisation – Accident:

During the Policy period stated in the Policy Certificate, If the Insured person shall sustain any bodily injury due to accident, upon advice of the qualified medical practitioner, require admission of the Insured person in ICU for the purpose of medical treatment, then the policy will pay a daily benefit as stated in the Policy Certificate for a consecutive and completed period of more than 24 hours in ICU, subject to a maximum number of days stated in the Policy Certificate.

Whenever ICU Benefit is admissible under the Policy, we will not pay for Daily Benefit for Normal Hospitalisation – Accident for the period for which Insured Person is in Intensive Care unit.

4. Conditions Applicable to Base Cover 3(i), 3(ii), 3(iii) and 3(iv)

- a. In the event of hospitalisation for more than 24 hours – The daily benefit will be payable for every completed period of 24 hours of hospitalisation.
- b. In the event of hospitalisation for less than 24 hours – Single day benefit will be payable. This benefit is payable only in respect of 141 Day Care Procedures listed in the policy.

5. OPTIONAL COVERS (ON PAYMENT OF ADDITIONAL PREMIUM):

Notwithstanding anything to the contrary contained in the Policy, In consideration of payment of additional premium, the policy is extended to cover the optional benefits listed below upto the limits shown within the Policy Schedule/Certificate.

a. Optional Cover 1 - Convalescence Benefit:

During the policy period stated in the Policy Certificate, if the Insured person shall contract any illness/disease/sickness or sustain any bodily injury due to accident, upon advice of the Medical Practitioner, require admission in any Hospital as an inpatient for purpose of medical treatment beyond 10 consecutive and completed days, the policy will pay a

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Lumpsum payment as mentioned against the benefit in the Policy Certificate once in a policy period, in addition to the benefit payable under Base Covers.

This Benefit shall be payable subject to an admissible claim under Base Covers.

b. Optional Cover 2 – Accompaniment Benefit for Insured person age above 60 years:

During the policy period stated in the Policy certificate, if the Insured person age above 60 years shall contract any illness/disease/sickness, upon advice of the Medical Practitioner, require admission in any Hospital as an inpatient for purpose of medical treatment, the policy will pay a Lumpsum amount equal to 5 times of the chosen daily benefit towards Daily Benefit for Normal Hospitalisation – Sickness, once in a policy period, in addition to the benefit payable under Base Covers.

This Benefit shall be payable subject to an admissible claim under Base Covers.

c. Optional Cover 3 – Child Birth Benefit:

During the policy period stated in the Policy certificate, if the Insured person, upon advice of the Medical Practitioner, require admission in any Hospital as an inpatient for purpose of Child Birth, the policy will pay a Lumpsum amount equal to 5 times of chosen daily benefit towards Daily Benefit for Normal Hospitalisation - Sickness as mentioned against the benefit in the Policy Certificate.

Special Condition applicable for Child Birth Benefit:

- This benefit is applicable only to the female Insured covered under this Policy.
- Coverage under this benefit will be subject to a waiting period of 9 months from the date of inception of this policy.
- This benefit is payable upto a maximum of two living children.
- This benefit shall not be applicable for ectopic pregnancy and termination of pregnancy for whatsoever reason.
- **Policy Exclusion no.A.18 (i) shall stand deleted.**

6. Endorsement applicable to this Policy:

Endorsement No.1 - All Day Care Procedures Benefit:

In consideration of payment of additional premium, it is hereby understood and agreed that the coverage of listed 141 day care procedures applicable to **Base Covers** shall stand modified as "All day care procedures", for any disease/illness/injury that requires less than 24 hours hospitalisation due to technological advancements.

The benefit under this section shall be available for maximum of 2 day care procedures per insured person per policy year.

Treatment normally taken on an out-patient basis is not included in the scope of cover.

This cover is subject otherwise to the terms, exceptions, conditions and limitations of the Policy.

DEFINITIONS

We use certain words in this **Policy** and the **Policy Schedule/Certificate**, which have a specific meaning and are shown under the heading of definitions in the policy. They have this meaning wherever they appear in the policy or the Policy Schedule/Certificate and are shown in Bold Letters. Where the context so permits, references to the singular shall also include references to the plural

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and references to the male gender shall also include references to the female gender and vice versa in both cases.

- 1. Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2. Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition).
- 3. Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period.
- 4. Alternative Treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian Context.
- 5. *AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
- 6. *AYUSH Day Care Centre:** AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 7. *AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative
- 8. Bank means** a banking Company which transacts the business of banking in India.
- 9. Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

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- 10. Claims Team** means the Claims administration team within Cholamandalam MS General Insurance Company
- 11. Commencement Date** of this Policy shall be the inception date of first Insurance policy under this Chola Credit Link Daily Benefit Policy for that Insured Person, insured with Us and without any break in period of cover thereto.
- 12. Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 13. Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- a) Internal Congenital Anomaly:** Congenital Anomaly which is not in the visible and accessible parts of the body.
- b) External Congenital Anomaly:** Congenital Anomaly which is in the visible and accessible parts of the body.
- 14. Daily Cash Benefit** is the amount payable per day as shown in the Policy Certificate. For the purpose of this definition, day shall mean a continuous period of 24 hours commencing from date and time of admission. Fraction of a day more than 0.5 shall be treated as one full day.
- 15. Day Care Centre:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
- has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 16. Day Care Treatment:** Day care treatment means medical treatment, and/or *surgical procedure* which is:
- undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
 - which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 17. Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 18. Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.
- 19. Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing
- 20. Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.
- 21. Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace

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period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases

22.Hospital means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- a. has qualified nursing staff under its employment round the clock;
- b. has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- c. has qualified medical practitioner(s) in charge round the clock;
- d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

23.Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive hours 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

24.Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

25. In Patient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

26.ICU Charges (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

27.Inception Date means the commencement date of the coverage under this Policy as specified in the Policy Certificate.

28.Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

29.Loan means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Policy Schedule / Certificate of Insurance of this policy. If the loan amount pertains to Assets, it shall mean to include Assets in India only.

30.Master Policy Schedule / Policy Schedule means schedule attached to and forming part of this Policy mentioning the details of the Proposer/Group Manager, the Sum Insured/Daily Benefit, Period and limits to which benefits under the policy would be payable.

31.Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

32.Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

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The registered practitioner should not be the insured or close family members. For the purpose of this definition, close family members would mean and include the Insured person's Spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.

33. Medically necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- a. is required for the medical management of the illness or injury suffered by the insured;
- b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- c. must have been prescribed by a medical practitioner;
- d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

34. Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

35. Pre-existing disease (PED) means any condition, ailment, injury or disease:

- a. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- b. for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

36. Policy means the policy schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.

37. Policy period means the period between the inception date and earlier of

- a. The Expiry Date specified in the Schedule
- b. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition (6) below.

38. Policy Certificate /Certificate of Insurance means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and Daily Cash Benefit etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Certificate.

39. Proposal Form means the form in which the details of the insured person are obtained for a Chola Credit Link Daily Benefit Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy.

40. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

41. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

42. Specific waiting period means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break

43. Unproven/Experimental treatment means the treatment including drug Experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

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7. Waiting Period;

1. Pre-Existing Diseases – Code – Excl01:

- a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period – Code – Excl02:

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures are as below;
 - a. Congenital Internal Anomaly
 - b. Varicose veins and Varicose Ulcers
 - c. Rheumatism and arthritis of any kind
 - d. Treatment of diseases on ears/ tonsils /adenoids /paranasal sinuses / Deviated Nasal Septum
 - e. Stones in the Urinary and Biliary systems
 - f. Gastric or Duodenal Ulcer
 - g. Any type of benign Cyst/ Nodules/ Polyps/ Tumours/ Breast Lumps
 - h. Intervertebral Disc Prolapse, and Degenerative Disc / vertebral Disorders
 - i. Cataract
 - j. Benign Prostatic Hypertrophy
 - k. Myomectomy, Hysterectomy unless because of malignancy
 - l. Dilatation and curettage (D&C)
 - m. Anal Fistula, Fissure and Piles
 - n. All types of Hernia
 - o. Hydrocele
 - p. Chronic Renal Failure
 - q. Joint replacement Surgery unless because of accident

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3. 30-day waiting period – Code – Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

8. General Exclusions:

The Company shall not be liable under this Policy for any claim in connection with or in respect of:

1. Investigation & Evaluation – Code – Excl04:

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care – code – Excl05:

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/Weight Control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) Greater than or equal to 40 or
 - b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. **Code – Excl07.**

5. Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as

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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. **Code – Excl08.**

6. **Hazardous or Adventure sports:** Expenses related to any treatment, necessitated 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. **Code – Excl09**
7. **Breach of law:** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. **Code – Excl 10.**
8. **Excluded Providers: Code-Excl11:** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses upto the stage of stabilization are payable but not the complete claim
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12.**
10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code-Excl13.**
11. 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 hospitalisation claim or day care procedure. **Code – Excl14.**
12. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. **Code – Excl15.**
13. **Unproven Treatments:** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. **Code – Excl16.**
14. **Sterility and Infertility: Code – Excl17:** Expenses related to Sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization

15. Maternity: Code – Excl18:

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- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy.
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
16. War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.
 17. Any Insured Person committing or attempting to commit a breach of law with criminal intent or intentional self-injury or attempted suicide whether sane or insane.
 18. The use, misuse or abuse of alcohol, Tobacco and related products, banned substances or narcotic drugs (whether prescribed or not).
 19. All hospitalisation caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 20. Circumcisions (unless necessitated by illness or injury and forming part of treatment).
 21. Vaccination or inoculation unless forming a part of post-animal bite treatment.
 22. Sexually transmitted disease or illness.(other than HIV)
 23. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.
 24. Any external congenital diseases, defects or anomalies
 25. Any expenses incurred towards hearing aids, eyeglasses or contact lenses.
 26. Expenses incurred for any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.
 27. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like, spouse, daughter, son, father, mother, father-in-law, mother-in-law & siblings.
 28. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription.
 29. Claims arising out of the treatment / operation undertaken to cure impotence or to improve potency.

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30. Treatment as a result of natural Perils like avalanche, earthquake, volcanic eruptions.

31. *Treatment other than Allopathy and AYUSH

9. GENERAL CONDITIONS

1. Disclosure to Information Norm:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk).

2. Condition Precedent to Admission of Liability

The terms and Conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

3. Claim Settlement (Provision for penal interest):

- i. The Company shall settle or reject a claim ,as the case may be, within 30 days from the date of receipt of last necessary document
- ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due).

4. Complete Discharge

Any payment to the policyholder, insured person or his/her nominees or his/her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977

**CHOLA CREDIT LINK DAILY BENEFIT POLICY****UIN: CHOHLGP24168V012324****Policy Wordings**

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression “fraud” means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6. Cancellation of cover

- i. The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below:

Period on Risk (in Months)	Short period Scale - Rate of Premium to be retained				
	1 Year Policy Term	2 Year Policy Term	3 Year Policy Term	4 Year Policy Term	5 Year Policy Term
1	8%	4%	3%	2%	2%
2	17%	8%	6%	4%	3%
3	25%	13%	8%	6%	5%
4	33%	17%	11%	8%	7%
5	42%	21%	14%	10%	8%
6	50%	25%	17%	13%	10%
7	58%	29%	19%	15%	12%
8	67%	33%	22%	17%	13%
9	75%	38%	25%	19%	15%
10	83%	42%	28%	21%	17%
11	92%	46%	31%	23%	18%
12	100%	50%	33%	25%	20%
13		54%	36%	27%	22%
14		58%	39%	29%	23%
15		63%	42%	31%	25%

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16		67%	44%	33%	27%
17		71%	47%	35%	28%
18		75%	50%	38%	30%
19		79%	53%	40%	32%
20		83%	56%	42%	33%
21		88%	58%	44%	35%
22		92%	61%	46%	37%
23		96%	64%	48%	38%
24		100%	67%	50%	40%
25			69%	52%	42%
26			72%	54%	43%
27			75%	56%	45%
28			78%	58%	47%
29			81%	60%	48%
30			83%	63%	50%
31			86%	65%	52%
32			89%	67%	53%
33			92%	69%	55%
34			94%	71%	57%
35			97%	73%	58%
36			100%	75%	60%
37				77%	62%
38				79%	63%
39				81%	65%
40				83%	67%
41				85%	68%
42				88%	70%
43				90%	72%
44				92%	73%
45				94%	75%
46				96%	77%
47				98%	78%
48				100%	80%
49					82%
50					83%
51					85%
52					87%
53					88%
54					90%

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55					92%
56					93%
57					95%
58					97%
59					98%
60					100%

For policies with terms ‘N’ years ‘x’ months, premium retention will be as follows;

Policy term in months : $N \times 12 + x = \text{Mth months}$

Time at which policy is cancelled : Pth Month

Premium to be retained =

Rate of premium to be retained corresponding to Pth Month

* Total premium collected

Rate of Premium to be retained corresponding to Mth Month

The rate of premium is with reference to the column of the next full year of coverage.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

7. Withdrawal of Policy:

- i. In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured person will have the option to migrate to similar health insurance product available with the company at the time of renewal with all the accrued continuity benefits, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

8. Possibility of Revision of Terms of the Policy including the Premium Rates:

The Company, with prior approval of the Product Management Committee of the Company, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

9. Nomination

The policyholder is required at the inception of the policy and at the time of renewal to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case

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there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

10. Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

11. Change of Address / Contact details

It is in the **Insured Person's** interest to intimate us if there is any change in residential address and phone numbers.

12. Consideration:

This policy is issued subject to payment of premium in advance. No payment shall be valid unless made under our official receipt. The cover shall not be available prior to the date and time of receipt of premium.

13. Due Care

The Insured Person / persons shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this Policy and, in the event of a claim arising, to minimise its financial consequences.

14. Change of Nominee

No change of nominee under this policy shall bind us, unless the change is formally endorsed thereon by our authorized officer.

15. Renewal of Policy:

- i. This policy may be renewed subject to mutual consent and mutually agreed terms and conditions.
- ii. The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person
- iii. 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.
- iv. The claims if any occurring during the grace period shall not be payable under the renewed policy
- v. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

16. Claim Procedure

- a. Give us notice of the claim within 7 days of the happening of the event irrespective of notice provided to any other insurer for the same illness in case you are holding multiple insurance policies
- b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by us

17. Document Submission Procedure:

Completed Claim Form with written evidence of loss in the form of claim documents mentioned in the policy must be furnished to us within thirty (30) days after the date of such loss. Failure to furnish evidence within such time as required shall not invalidate or reduce the claim if you are able to satisfy us that it was not reasonably possible to do so within such time.

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The Insured Person shall obtain and furnish to us all copy of bills, receipts and any other documentation upon which a claim is based. Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed necessary.

We or our authorized representatives, shall be entitled to make such Enquiry or verification with any person or persons, establishment, institution, hospital, authority, agency as it deems necessary and the Insured Person or anyone claiming under this Policy shall co-operate, facilitate and assist in such manner as may be necessary for such enquiry or verification by us.

18. List of claim documents to be submitted

Following documents are to be submitted for processing of the claim along with the duly filled & signed claim form by the insured / nominee along with the below listed documents:

1. Duly filled and signed Claim form
2. Detailed discharge summary specifying the DOA, DOD, ailment & treatment details (The insured may collect back originals after the same has been verified by the company).
3. FIR / MLC copy in case of RTA's cases.
4. Original cancelled cheque of the insured bank account and copy of the pass book / bank statement, if the name is not mentioned in the cheque)
5. Copy of the final hospital bill specifying the number of days of hospitalization
6. KYC documents wherever applicable

Note: There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders

Chola MS customer support operates 24 /7 basis and the contact details are as followed for any queries / grievances:

Toll Free Phone No : **1800-208-9100**

E-Mail : customercare@cholams.murugappa.com

Address of Chola MS Health Claims Office:

Cholamandalam MS General Insurance Company Limited

Chola MS HELP – Health Claims Department

New No.2, Old No. 234, Parry House,

3rd Floor, N. S. C. Bose Road

Chennai - 600001

Customer Care Toll Free No: 1800-208-9100

E-Mail: customercare@cholams.murugappa.com

19. Transfer

Transferring of interest in this Policy to anyone else is not allowed

20. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

21. Entire Contract

The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

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22. Territorial Limits

The Insurer's liability to make any payment towards illness or accidental injury shall be to make payment within India and in Indian Rupees only for medical services or procedures rendered in or undertaken within India.

23. Assignment:

The policy can be assigned subject to applicable laws.

24. Delay in intimation of claim

It is essential and imperative that any loss or claim under the policy has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto. Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

25. Disclaimer

It is also hereby further expressly agreed and declared that if we shall disclaim liability to You for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

26. Automatic Termination:

This policy shall terminate immediately with reference to any Insured Person on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule.

- a) the expiry date mentioned in the **Policy Schedule/Policy Certificate**,
- b) In case of death of the Insured
- c) The date of cancellation of this Policy by either Policy holder or Insured or Insurer in accordance with the terms and conditions of the policy.
- d) Upon exhaustion of daily benefit amount chosen in the Policy schedule/Policy certificate
- e) Upon exhaustion of number of days chosen in the policy schedule/Policy certificate

27. Claims in respect of Multiple Policies:

On occurrence of the insured event, the Insured Person or his Nominee can claim from all Insurers under all policies.

28. 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.

GRIEVANCE REDRESSAL MECHANISM

Mechanism for Grievance Redressal:-

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd 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; website: www.cholainsurance.com

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In case of any grievance the insured person may contact the company through

Website : www.cholainsurance.com

Toll free : 1800 208 9100

E-Mail : customercare@cholams.murugappa.com

Courier : Manager, Customer Care, Chola MS General Insurance Company Limited

Hari Nivas Towers First Floor, #163, Thambu Chetty Street, Parry's Corner, Chennai – 600001

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 turnaround 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.

Office Details	Jurisdiction of Office
AHMEDABAD - Shri Kuldeep Singh, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU – Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 I 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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BHOPAL- Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI -600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI- Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

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HYDERABAD- Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA- Shri P.K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

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MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 I 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA- Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune- 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

CHOLA CREDIT LINK DAILY BENEFIT POLICY

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List of Day Care Procedures

Operations on the ears

Sl no Microsurgical operations on the middle ear

- 1 Stapedotomy
- 2 Stapedectomy
- 3 Revision of a Stapedectomy
- 4 Other operations on the auditory ossicles
- 5 Myringoplasty (Type I tympanoplasty)
- 6 Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
- 7 Revision of a tympanoplasty
- 8 Other microsurgical operations on the middle ear

Other operations on the middle and internal ear

- 9 Paracentesis (myringotomy)
- 10 Removal of a tympanic drain
- 11 Incision of the mastoid process and middle ear
- 12 Mastoidectomy
- 13 Reconstruction of the middle ear
- 14 Other excisions of the middle and inner ear
- 15 Fenestration of the inner ear
- 16 Revision of a fenestration of the inner ear
- 17 Incision (opening) and destruction (elimination) of the inner ear
- 18 Other operations on the middle and inner ear

Operations on the nose and the nasal sinuses

- 19 Excision and destruction of diseased tissue of the nose
- 20 Operations on the turbinates (nasal concha)
- 21 Other operations on the nose
- 22 Nasal sinus aspiration

Operations on the eyes

- 23 Incision of tear glands
- 24 Other operations on the tear ducts
- 25 Incision of diseased eyelids
- 26 Excision and destruction of diseased tissue of the eyelid
- 27 Operations on the canthus and epicanthus
- 28 Corrective surgery for entropion and ectropion
- 29 Corrective surgery for blepharoptosis
- 30 Removal of a foreign body from the conjunctiva
- 31 Removal of a foreign body from the cornea
- 32 Incision of the cornea
- 33 Operations for pterygium
- 34 Other operations on the cornea
- 35 Removal of a foreign body from the lens of the eye
- 36 Removal of a foreign body from the posterior chamber of the eye
- 37 Removal of a foreign body from the orbit and eyeball
- 38 Operation of cataract

Operations on the skin and subcutaneous tissues

- 39 Incision of a pilonidal sinus
- 40 Other incisions of the skin and subcutaneous tissues

CHOLA CREDIT LINK DAILY BENEFIT POLICY

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Policy Wordings

- 41 Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin
- 42 Removal of subcutaneous tissues
- 43 Local excision of diseased tissue of the skin and subcutaneous tissues
- 44 Other excisions of the skin and subcutaneous tissues
- 45 Simple restoration of surface continuity of the skin and subcutaneous tissues
- 46 Free skin transplantation, donor site
- 47 Free skin transplantation, recipient site
- 48 Revision of skin plasty
- 49 Other restoration and reconstruction of the skin and subcutaneous tissues
- 50 Chemosurgery to the skin
- 51 Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the mouth and face

Operations to the tongue

- 52 Incision, excision and destruction of diseased tissue of the tongue
- 53 Partial glossectomy
- 54 Glossectomy
- 55 Reconstruction of the tongue
- 56 Other operations on the tongue

Operations on the salivary glands and salivary ducts

- 57 Incision and lancing of a salivary gland and a salivary duct
- 58 Excision of diseased tissue of a salivary gland and a salivary duct
- 59 Resection of a salivary gland
- 60 Reconstruction of a salivary gland and a salivary duct
- 61 Other operations on the salivary glands and salivary ducts

Other operations on the mouth and face

- 62 External incision and drainage in the region of the mouth, jaw and face
- 63 Incision of the hard and soft palate
- 64 Excision and destruction of diseased hard and soft palate
- 65 Incision, excision and destruction in the mouth
- 66 Plastic surgery to the floor of the mouth
- 67 Palatoplasty
- 68 Other operations in the mouth

Operations on the tonsils and adenoids

- 69 Transoral incision and drainage of a pharyngeal abscess
- 70 Tonsillectomy without adenoidectomy
- 71 Tonsillectomy with adenoidectomy
- 72 Excision and destruction of a lingual tonsil
- 73 Other operations on the tonsils and adenoids

Traumatological surgery and orthopaedics

- 74 Incision on bone, septic and aseptic
- 75 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
- 76 Suture and other operations on tendons and tendon sheath
- 77 Reduction of dislocation under GA
- 78 Arthroscopic knee aspiration

Operations on the breast

- 79 Incision of the breast
- 80 Operations on the nipple

Operations on the digestive tract

CHOLA CREDIT LINK DAILY BENEFIT POLICY

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Policy Wordings

- 81 Incision and excision of tissue in the perianal region
- 82 Surgical treatment of anal fistulas
- 83 Surgical treatment of haemorrhoids
- 84 Division of the anal sphincter (sphincterotomy)
- 85 Other operations on the anus
- 86 Ultrasound guided aspirations
- 87 Sclerotherapy etc.

Operations on the female sexual organs

- 88 Incision of the ovary
- 89 Insufflation of the Fallopian tubes
- 90 Other operations on the Fallopian tube
- 91 Dilatation of the cervical canal
- 92 Conisation of the uterine cervix
- 93 Other operations on the uterine cervix
- 94 Incision of the uterus (hysterotomy)
- 95 Therapeutic curettage
- 96 Culdotomy
- 97 Incision of the vagina
- 98 Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 99 Incision of the vulva
- 100 Operations on Bartholin's glands (cyst)

Operations on the male sexual organs

Operations on the prostate and seminal vesicles

- 101 Incision of the prostate
- 102 Transurethral excision and destruction of prostate tissue
- 103 Transurethral and percutaneous destruction of prostate tissue
- 104 Open surgical excision and destruction of prostate tissue
- 105 Radical prostatovesiculectomy
- 106 Other excision and destruction of prostate tissue
- 107 Operations on the seminal vesicles
- 108 Incision and excision of periprostatic tissue
- 109 Other operations on the prostate

Operations on the scrotum and tunica vaginalis testis

- 110 Incision of the scrotum and tunica vaginalis testis
- 111 Operation on a testicular Hydrocele
- 112 Excision and destruction of diseased scrotal tissue
- 113 Plastic reconstruction of the scrotum and tunica vaginalis testis
- 114 Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

- 115 Incision of the testes
- 116 Excision and destruction of diseased tissue of the testes
- 117 Unilateral orchidectomy
- 118 Bilateral orchidectomy
- 119 Orchidopexy
- 120 Abdominal exploration in cryptorchidism
- 121 Surgical repositioning of an abdominal testis
- 122 Reconstruction of the testis
- 123 Implantation, exchange and removal of a testicular prosthesis

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CHOLA CREDIT LINK DAILY BENEFIT POLICY

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Policy Wordings

- 124 Other operations on the testis
- Operations on the spermatic cord, epididymis und ductus deferens**
- 125 Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 126 Excision in the area of the epididymis
- 127 Epididymectomy
- 128 Reconstruction of the spermatic cord
- 129 Reconstruction of the ductus deferens and epididymis
- 130 Other operations on the spermatic cord, epididymis and ductus deferens
- Operations on the penis**
- 131 Operations on the foreskin
- 132 Local excision and destruction of diseased tissue of the penis
- 133 Amputation of the penis
- 134 Plastic reconstruction of the penis
- 135 Other operations on the penis
- Operations on the urinary system**
- 136 Cystoscopical removal of stones
- Other Operations**
- 137 Lithotripsy
- 138 Coronary angiography
- 139 Haemodialysis
- 140 Cancer Chemotherapy
- 141 Radiotherapy for Cancer