

<b>CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED</b>							
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IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977							
<b>CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY</b>							
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 Policy	<b>Chola Surrogate and Oocyte Donor Protector</b>					
2	Policy Number	<<Policy Number>>					
3	Type of Insurance Policy	Indemnity					
4	Sum Insured (Basis) (Along with Amount)	Individual Sum Insured - Where each member has a separate sum insured under the policy	Not Applicable				
		<table border="1"> <tr> <th>Insured Name</th> <th>Sum Insured (in Rs.)</th> </tr> <tr> <td>&lt;&lt;Insured 1&gt;&gt;</td> <td>Rs.</td> </tr> </table>	Insured Name	Sum Insured (in Rs.)	<<Insured 1>>	Rs.	
Insured Name	Sum Insured (in Rs.)						
<<Insured 1>>	Rs.						
5	Policy Coverage (What the Policy covers?) (Policy Clause Number/s)	<p>Inpatient Hospitalisation expenses - Expenses incurred on hospitalisation for minimum period of 24 hours towards the complications arising out of pregnancy including Medical Termination of pregnancy and Post-partum delivery complications with respect to Surrogate Mother and complications arising due to Oocyte retrieval with respect to Oocyte donor.</p> <p>Expenses incurred on road Ambulance subject to a maximum of Rs 2,000/- per hospitalization</p>	5 Coverage				
		The policy does not cover any losses caused directly due to the following					
		<b>GENERAL EXCLUSIONS</b>					
		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	6 Exclusions 6.1				
		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.	6 Exclusions 6.2				
		3. 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 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 Exclusions 6.3				
		4. 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	6 Exclusions 6.4				
		5. 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	6 Exclusions 6.5				
		6. 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	6 Exclusions 6.6				
		7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12	6 Exclusions 6.7				
		8. 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	6 Exclusions 6.8				

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**Exclusions (What the policy does not cover)**

9. 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	6 Exclusions 6.9
10. 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	6 Exclusions 6.10
11. Any illness, sickness or disease other than complications arising out of pregnancy and post-partum delivery for the surrogate mother or complications arising out of oocyte retrieval for the oocyte donor.	6 Exclusions 6.11
12. Medical Expenses incurred towards: a. Normal delivery or caesarean section of the Surrogate Mother b. The New Born Baby through Surrogacy to the Surrogate Mother c. Complication of Pregnancy to the Surrogate Mother, which is for other than 'Altruistic Surrogacy' and / or for the second Surrogacy and / or if the Surrogate Mother donates her own gametes d. Miscarriage (including miscarriage due to accident) except in case of life threatening medical condition to the surrogate mother, during the policy period of the Surrogate Mother e. Complications arising due to oocyte retrieval, if the insured is donating for the second time f. Treatment of any pre-existing condition/disease of the Insured including its complications g. Day Care Treatments / Procedures administered to the Insured h. Treatment taken on OPD basis by the Insured i. Pre and Post Hospitalisation of the Insured	6 Exclusions 6.12
13. Complications of pregnancy resulting from: i. the Surrogacy procedure conducted in a Clinic which is not registered as per the provisions of The Surrogacy (Regulation) Act, 2021 ii. Surrogacy which is for commercial purposes or for commercialisation of surrogacy or surrogacy procedures iii. Surrogacy which is for producing children for sale, prostitution or any other form of exploitation	6 Exclusions 6.13
14. Any claim arising due to non-compliance of the provisions stated in the respective Surrogacy law, The Surrogacy (Regulation) Act, 2021, The Surrogacy (Regulation) Rules, 2022, the Assisted Reproductive Technology Law, The Assisted Reproductive Technology (Regulation) Act, 2021, The Assisted Reproductive Technology (Regulation) Rules, 2022 and any subsequent additions / modifications to the Law / Act / Rules.	6 Exclusions 6.14
15. 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.	6 Exclusions 6.15
16. Intentional self-injury or attempted suicide whether sane or insane.	6 Exclusions 6.16
17. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.	6 Exclusions 6.17
18. Any travel or transportation costs or expenses excluding ambulance charges.	6 Exclusions 6.18
19. Vaccination or inoculation of any kind	6 Exclusions 6.19
20. 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 an Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury	6 Exclusions 6.20
21. Any internal and external Congenital Anomaly, diseases or defects.	6 Exclusions 6.21
22. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.	6 Exclusions 6.22

		23. Treatment rendered by a Registered Medical Practitioner which is outside his discipline or the discipline for which he is licensed;	6 Exclusions 6.23
		24. 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, 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.	6 Exclusions 6.24
		25. Treatment other than Allopathy	6 Exclusions 6.25
		26. Voluntary Termination of Pregnancy	6 Exclusions 6.26
		27. Non-medical Expenses incurred during Hospitalisation. The list of such Non-medical Expenses is placed at Annexure 1– List 1 – Items for which coverage is not available in the policy'.	6 Exclusions 6.27
7	<b>Waiting Period Time Period during which specified diseases/treatments are not covered. IT is counted from the beginning of the policy coverage</b>	<b>a. Initial Waiting Period:</b> Not applicable	
		<b>b. Specified waiting period:</b> Not applicable	
		<b>c. Pre-Existing Diseases :</b> Not covered	
8	<b>Financial limits of coverage</b>	In case of a claim, this policy requires you to share the following costs:	
	<b>i. Sublimit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</b>	a) Expenses exceeding the following Sub-limits:	5 Coverage
		a. Room Rent, Boarding, Nursing expenses as provided by the Hospital/Nursing Home upto 1% of Sum Insured subject to maximum of Rs 5,000/- per day	
		b. Intensive Care Unit (ICU) expenses upto 2% of Sum Insured subject to maximum of Rs 10,000/- per day	
		c. Surgeon, Anesthetist, Medical Practitioner, Consultants ,Specialist Fees upto 30% of Sum Insured per claim, whether paid directly to the treating doctor /surgeon or to the hospital	
		d. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.	
	<b>ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</b>	Not Applicable	
	<b>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)</b>	Not Applicable	

	iv. Any other limit (as applicable)	Proportionate Deduction: In case of admission to a room exceeding the limits as mentioned in the point no. (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges	5 Coverage
9	Claims / Claims Procedure	<p>• <b>For Cashless Service:</b> Insured can view or download the updated Hospital Network from the Company's website <a href="http://www.cholainsurance.com">www.cholainsurance.com</a></p> <p>• <b>For Reimbursement of Claim:</b> Advance claim intimation of at least 48 hours is required for planned hospitalisation and intimation within 24 hours for emergency hospitalisation. This would help us to pre-process your claim for a smooth experience. Claim Documents as listed in the Policy Terms have to be submitted at the earliest possible opportunity not exceeding 30 days from date of discharge.</p> <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 for initial approval - 60 minutes</p> <p>TAT for cashless final bill authorisation / enhancements - 180 minutes</p> <p><b>Network Hospital details:</b> Download the updated Network Hospitals from <a href="http://www.cholainsurance.com">www.cholainsurance.com</a> or Chola MS App</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 excluded or from where no claims will be accepted by Insurer -</b> Refer to our website <a href="http://www.cholainsurance.com">www.cholainsurance.com</a> or Chola MS app for latest list of excluded hospitals, as we will not consider / pay any claim from these hospitals. However, in case of life-threatening situations or following an accident, expenses incurred for the treatment up to the stage of stabilization are payable but not the complete claim.</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:customer@cholams.murugappa.com">customer@cholams.murugappa.com</a> or call us at 1800-208-9100</p>	7 General conditions 21
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:customer@cholams.murugappa.com">customer@cholams.murugappa.com</a>	8-Grievances Redressal Mechanism
11	Grievances / Complaints	<p>Procedure of Grievance Redressal</p> <p>.Please write to <a href="mailto:customer@cholams.murugappa.com">customer@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 <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 - <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>	8-Grievances Redressal Mechanism
		<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:customer@cholams.murugappa.com">customer@cholams.murugappa.com</a> for cancellation of the policy during free look period</p> <p><b>Policy renewal:</b> Not applicable</p>	7 General conditions 12

12	<b>Things to remember</b>	<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> <ul style="list-style-type: none"> <li>• Upon the demise of the Surrogate Mother or Oocyte Donor, in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.</li> <li>• Upon exhaustion of the Sum Insured.</li> </ul> <p><b>Migration and Portability:</b> Not applicable</p> <p><b>Change in Sum Insured:</b> Not applicable</p> <p><b>Moratorium Period:</b> Not applicable</p>	7 General conditions 24
13	<b>Your Obligations</b>	<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>	