

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered 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

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IRDA Regn. No.123; PAN AABCC6633K; CIN U66030TN2001PLC047977



CHOLA CREDIT LINKED GROUP PERSONAL ACCIDENT INSURANCE

CHOPAGP20102V011920

Policy Wordings

Sections

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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 Sum Insured that has been opted is

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indicated in the 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.

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.

If at any time during the currency of this policy the **Insured Person** shall sustain any bodily injury then the Company shall pay him or his legal assignee or heir(s), the percentage of **Sum Insured** as stated in the **Policy Certificate** at the rates mentioned under section V of this policy if such injury shall within 12 calendar months of its occurrence be the sole and direct cause of claim against the given benefit described in the **Policy Schedule/Certificate**.

2. DEFINITIONS

We use certain words in this **Policy** and the **Policy Schedule/Policy 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/Policy Certificate** and are shown in Bold Letters. Where the context so permits, references to the singular shall also include references to the plural 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 systems.
5. ***AYUSH Treatment*** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
6. ***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

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- 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:
- Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative
7. **Bank** means a banking Company which transacts the business of banking in India.
8. **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
9. **Claims Team** means the Claims administration team within Cholamandalam MS General Insurance Company Limited.
10. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
11. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly:** Congenital Anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly:** Congenital Anomaly which is in the visible and accessible parts of the body.
12. **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.
13. **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.
14. **Excluded Hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital.
15. **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.
16. **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.
17. **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 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

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- 18. 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) and the said Act Or complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - 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;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.
- 19. Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 20. Inception Date** means the commencement date of the coverage under this Policy as specified in the **Policy Schedule/Certificate**.
- 21. 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.
- 22. 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.
- 23. ICU Charges:** ICU (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.
- 24. 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
- 25. 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.
- 26. Limb** means a hand at or above the wrist or a foot above the metacarpophalangeal joints or metatarsophalangeal joints
- 27. Loss** means the permanent and total loss of functional use or complete and permanent severance
- 28. 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, Period and limits to which benefits under the policy would be payable.
- 29. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
- 30. Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had

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not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

- 31. Medical Practitioner/Doctor** 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. 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.
- 32. Medically necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 33. Notification of claim** means the process of intimating a claim to the insurer through any of the recognized modes of communication.
- 34. Pre-existing Disease means any condition, ailment, injury or disease:**
- 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
 - 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
- 35. Partial** means less than total
- 36. Permanent** means lasting twelve (12) calendar months and at the end of that period being beyond hope of improvement
- 37. 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.
- 38. Policy period** means the period between the inception date and earlier of
- The Expiry Date specified in the Schedule /Policy Certificate
 - The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition (4.25) below.
- 39. 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 sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Certificate.
- 40. Proposal Form** means the form in which the details of the insured person are obtained for a Chola Credit Linked Group Personal Accident Insurance. 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
- 41. Proposer** means the person who has signed in the proposal form and named in the Policy Schedule. He may or may not be insured under the policy

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42. **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.
43. **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.
44. **Sum Insured** means the amount shown in the policy Certificate which shall be our maximum liability for each Insured Person for the given benefits during the policy period.
45. **Totally disabled (permanent or partial)** means due to Injury, if the Insured Person is unable to engage in each and every occupation or employment for compensation or profit for which the Insured Person is reasonably qualified by education, training or experience. If at the time of the loss the Insured Person is unemployed, totally disabled shall mean inability to perform all of the usual and customary duties and activities of a person of like age and sex.

3. GENERAL EXCLUSIONS

This policy does not provide benefits for any death, disability, expenses or loss incurred in result of any Injury attributable directly to the following:

1. intentionally self-inflicted injury, suicide or any attempt thereof, whether sane or insane;
2. Any **Pre-existing** condition or any complication arising from the same.
3. Any kind of murder which was caused by pre-meditated and dominant intention to kill the person. Any murder caused by an act which was originally unintended to kill the person does not fall under this exclusion
4. Any loss arising out of any kind of insect bite
5. Congenital external defects or anomalies or in consequence thereof..
6. *Treatment other than Allopathy and AYUSH
7. Injury or Disease directly caused by or contributed by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel;
8. Injury or Disease directly caused by or contributed by the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment;
9. war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kings, princes, and people of whatsoever nation condition or quality.
10. Nuclear, Chemical and biological terrorism Exclusion Clause:

The Insurance under this Policy shall not extend to cover Death, disablement or injury resulting, directly arising out of, contributed to or caused by, or resulting from or in connection with any act of nuclear, chemical, biological terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement "Nuclear, chemical, biological terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.

"Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

11. The **Insured Person** 's participation in naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy with foreign or domestic;
12. loss sustained or contracted in consequence of the Insured being under the influence of alcohol or drugs unless administered on the advice of a physician;
13. any loss of which a contributing cause was the **Insured** ' s actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest;
14. any loss sustained whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying otherwise) in any duly licensed standard type of aircraft anywhere in the world;
15. any loss sustained while the Insured is participating in contests of speed using a motorized vehicle or bicycle and/or hunting and/or skiing and/or skydiving and/or gliding and/or mountaineering and/or winter sports;
16. Resulting in injury whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
17. Consequential losses of any kind or actual or alleged legal liability
18. Any Events/incidences that happened before the policy inception would not be covered. All events should fall under the policy duration.
19. While you are participating or training for any sport as a professional.
20. This Insurance does not cover any loss, damage, cost or expense directly arising out of or due to any **act of terrorism**. For the purpose of this Exclusion, an **act of terrorism** means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and / or to put the public, or any section of the public in fear.

4. GENERAL CONDITIONS

1. Observance of Terms & Conditions:

It is a condition precedent to our liability that the **Insured Person** shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Your dependent.

2. 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.

3. Nomination:

The **Insured person** is entitled at the inception of the policy and at the time of renewal to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per

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the provisions of S.39 of the Insurance Act, 1938. In case the nominee is a minor, the **Insured** can appoint a person who will receive the money secured by the policy in the event of the **Insured Person's** death during the minority of the nominee.

The details of nomination will be acknowledged by the Company in the Policy issued by the **Company**. The **Insured** is entitled to cancel or withdraw the nomination at any time and the **Company** upon request shall make the necessary endorsement in the Policy.

4. Assignment:

The policy can be assigned subject to applicable laws.

5. 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.

6. 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.

7. Change of Nominee:

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

8. Change of occupation:

Any change in the professional activity/ occupation as stated in the proposal, must be informed to us by the **Proposer/Insured** immediately. Such change will be scrutinized by us by verifying relevant documents before approval of the change. Our approval shall be signified by endorsement upon the policy and in the event of rejection. The company reserves the right to cancel the policy and shall return the premium on pro-rata for the remaining period. We also reserve the right to repudiate the claim in the event of change in the nature of professional activities / occupation if the change of occupation is not informed to us for passing necessary endorsement.

9. Transfer:

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

10. 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.

11. 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.

12. Misdescription:

*Revision/Inclusion in compliance with IRDAI Circular Ref. IRDAI/HLT/CIR/GDL/31/01/2024 dt. 31st

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This Policy shall be void and all premium paid hereon shall be forfeited to the **Company**, in the event of misrepresentation, mis-description or non-disclosure of any material fact by the **Policy Holder / Insured Person(s)**.

13. Territorial Limits:

This policy pays for any accidental bodily injury occurring anywhere in the world. Medical expenses covered under Optional Covers is restricted to treatment expenses incurred in India Only.

14. Notification:

- a. Any and all notices and declarations for the attention of the **Insurer** shall be in writing and shall be delivered to the **Insurer's** address as specified in the **Policy Schedule/Policy Certificate**.
- b. Any and all notices and declarations for the attention of any or all of the **insured Persons** shall be in writing and shall be sent to the **Policyholder's** address as specified in the **Policy Schedule**.

15. 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.

16. Claim Procedure

16.1 Notification: It shall be a condition precedent for any claim to be made by the **Insured** under this policy or for liability attaching to us hereunder that written notice of claim must be given to any loss, or as soon thereafter as reasonably possible, and in any event not later than 30 days of such occurrence or commencement.

16.2 Document Submission Procedure: Besides such immediate notice of occurrence or commencement of Loss, the **Insured** shall also furnish further particulars as may be required in the Claim Form provided by us.

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.

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.

16.3 List of 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 in addition to the documents listed in the table:

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- KYC of the nominee / legal heir in case of death claim and KYC of the Insured for other claim under the policy.
- Account details with proof for NEFT of the nominee / legal heir in case of death claim and of the insured for other claims under the policy i.e. cancelled cheque, passbook copy has to be submitted with the below listed claim documents.

Cover	Claim Documents
Accidental Death	<ol style="list-style-type: none"> 1. Copy of FIR / Police Report, wherever necessary 2. Copy of Post Mortem Report/Coroner's report (If postmortem is conducted) 3. Copy or Panchanama / Inquest report 4. Death Certificate
Permanent Disablement Claims (Including Partial, Permanent)	<ol style="list-style-type: none"> 1. Report of the attending Doctor confirming disability 2. Admit / Discharge card 3. Investigation reports such as X-rays, Lab test etc 4. FIR/ Police report, wherever necessary

The documents should be sent to:**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**16.4 Claim Settlement**

- We shall settle claims, including its rejection, within thirty days of the receipt of last 'necessary' document.
- However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, 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, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
- In case of delay in the payment, the Company shall be liable to pay penal interest at a rate which is 2% above the Bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
- There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders.

17. Limitation of Liability:

In the event of accidental Injury resulting in the death or disablement of the **Insured Person**, the total benefit payable will be limited to amount stated in the **Policy Certificate** and any interim payments made before death will be off-set/adjusted from the amount due. Our maximum liability under given Benefits however will not be more than 100% of the Sum Insured.

We shall not be liable for compensation under more than one of the following clauses for the same accident – Accidental Death or Permanent Total Disablement or Permanent Partial Disablement.

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If the Accidental Injury sustained by the **Insured Person** causes a subsequent claim under Death or Permanent Total Disablement or Permanent Partial Disablement, the amounts payable shall be reduced by the amount of any payment already made under Permanent Total Disablement or Permanent Partial Disablement.

Any claim payable under the policy will be in Indian Rupees Only.

18. Indemnities:

All other indemnities of this policy are payable to the **Insured Person**. Indemnity, if any, in case of loss of life of the Insured Person is payable to the nominee named in the Policy. All payment made by us in good faith pursuant to this provision shall fully discharge us to the extent of the payment.

19. 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 wherever deemed necessary. 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.

20. Disclaimer to Claim:

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.

21. Renewal of Policy:

- a. We agree to renew your policy unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured/Policy Holder.
- b. 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.
- c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy
- d. The company reserves its rights to vary the premium from time to time subject to approval of the Product Management Committee of the Company.
- e. In case the policy was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of renewal. **Insured** shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to.
- f. If the **Insured** was covered under a group policy with us and the cover is terminated due to the **Insured** ceasing to be a member of the group then the **Insured** can take a fresh Individual / Family policy without any break in policy period or with break not exceeding 30 days grace period of such

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termination of cover to avail the continuity benefit which would accrue as if the **Insured** was covered by the original policy.

g. The premium for renewals shall be subject to discount when group Policy issued witnesses favorable claims ratio as under:

Incurring Claim Ratio	Discount %
Upto 20%	25%
21% to 35%	15%
36% to 50%	10%
51% to 60%	5%

h. The premium for renewals shall be subject to loading when Group Policy issued witnesses adverse claims ratio as under:

Incurring Claim Ratio	Loading %
Between 80% and 100%	30%
Between 101% and 125%	60%
Between 126% and 150%	90%
Between 151% and 175%	120%
Between 176% and 200%	150%
Over 200%	Cover to be reviewed

No Loading on premium shall be applied on Your individual claims experience basis but the group as a whole.

22. Enhancement of Sum Insured:

Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, the Sum Insured revision is subject to written application and our acceptance

23. Withdrawal of the Product:

This product may be withdrawn from the market after approval from the Product Management Committee of the Company. We will intimate the **Policy Holder / Insured person** in writing about such withdrawal atleast three months prior to the renewal date. The **Policy Holder / Insured person** will have the option to purchase another policy with similar covers if available with the company.

24. Revision of the Product:

Any revision or modification in a policy subject to the approval from the Product Management Committee of the Company shall be notified to each **Policy Holder / Insured Person** atleast three months prior to the date of such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification.

25. Cancellation of cover

This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the **Insured/Policy Holder** by giving 15 days written notice

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delivered to, or mailed to the Proposer's/ Insured's last address as shown in the records. The **policy** shall be void in case of misrepresentation, fraud or non-disclosure of material facts and all premium paid hereon shall be forfeited to the **Company** and no claim shall be payable under the policy. Upon cancellation of the policy by us on account of non cooperation, the **Insured/ Policy Holder** shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation provided no claim has been made under the policy.

The **Policy Holder/Insured** may also cancel the policy at any time in which event, the insurer shall be entitled to retain premium at Short Period Scale for the expired portion of the policy on the date of cancellation as per the table below. Any excess premium available with us shall be refunded to the **Policy Holder/Insured** provided no claim has been made under the policy.

Period on Risk (in Months)	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%
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%

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

26. Fraud:If **You** and or **Your** dependent shall:

- Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
- Do/ omit to act in manner abetting fraud against Us,

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this Policy shall be void in relation to that **Insured Person**. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the **policyholder/s** who shall be jointly and severally liable for the same.

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. Validity of Policy:

The Cover under the Chola Credit Linked Group Personal Accident Insurance for the member will terminate at the earliest of the following occurrence

- a) the expiry date mentioned in the **Policy schedule/Policy Certificate**
- b) In case of death of the Insured
- c) Any claim paid up to the Principal Sum.
- d) The date of cancellation of this Policy by either Policy holder or Insurer in accordance with the terms and conditions of the policy.

29. Automatic Termination:

The cover for the **Insured Person** shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage 6.1.1 or 6.1.2

30. 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.

5. GRIEVANCES REDRESSAL MECHANISM**Mechanism for Grievance Redressal:-**

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.

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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.
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.

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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.
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.

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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.
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 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.

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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.

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6. BENEFITS

The **Policy** provides the following Basic Covers. It is compulsory for the **proposer** to choose any one of the Basic Cover to be eligible for taking this Chola Credit Linked Group Personal Accident Insurance. Various Basic Covers applicable for this policy is as shown in the **Policy Schedule**.

The insurance applies to such Injuries sustained by the **Insured** anywhere in the world.

6.1 BASIC COVERS

6.1.1 Benefit 1

ACCIDENTAL DEATH

This form is part of the policy to which it is attached and is valid only if the form number, benefit, and appropriate premium is indicated on the **Policy Schedule/Policy Certificate** for said policy or is endorsed thereon.

Benefit

If at any time during the policy period, the insured shall sustain any bodily injury anywhere in the world, which shall within twelve months of its occurrence be the sole and direct cause of his/her death, then **the Company** will pay the **Sum Insured** as mentioned in the **Policy Certificate**.

In addition to Accidental Death Sum Insured, the **Company** will also pay upto 3% of **Sum Insured** or Rs. 6,000.00 (whichever is lower), towards the cost of transporting the mortal remains from the place of death to the hospital and/or residence and/or cremation and/or burial ground.

The Company will also pay in addition to Accidental Death Sum Insured, the actual costs or Rs. 5,000.00 (whichever is lower), incurred in connection with performance of religious ceremonies incurred upto the time of cremation and costs incurred for any one post cremation ceremony.

An amount of Rs. 1,000/- will be paid for Ambulance hiring charges following an accident, subject to submission of bill.

Exclusions

In addition to the General Exclusions listed in Part II of the policy, this form shall not cover and no payment shall be made with respect to:

1) loss caused directly, wholly or partly by:

a. bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;

b. medical or surgical treatment except as may be necessary solely as a result of Injury;

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6.1.2 Benefit 2**PERMANENT TOTAL DISABILITY BENEFIT (PTD)**

This form is part of the policy to which it is attached and is valid only if the form number, benefit and appropriate premium is indicated on the **Policy Schedule/Policy Certificate** for said policy or is endorsed thereon.

It is hereby understood and agreed that in the event of Accidental Injury, causing the Insured Permanently Totally Disabled and such disability has continued for a period of 12 consecutive months, The **Company** will pay the **Insured** the percentage of the **Sum Insured** specified in the table below:

Benefits	Percentage of Sum Insured
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot, or hand	100%
Complete loss of hearing of both ears & complete loss of Speech	100%
Complete loss of hearing of both ears or complete loss of speech and loss of one limb or loss of sight of one eye	100%
Comatose State	100%

The **Company's** maximum liability however should not be more than 100% of the **Sum Insured**.

Definitions

“Coma” means a profound state of unconsciousness where the patient cannot be awakened, fails to respond normally to pain or light, does not have sleep-awake cycles and cannot take voluntary actions and Comatose means a state of Coma.

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6.1.3 Benefit 3**PERMANENT PARTIAL DISABILITY (PPD):**

This form is part of the policy to which it is attached and is valid only if the form number, benefit, and appropriate premium is indicated on the **Policy Schedule/Policy Certificate** for said policy or is endorsed thereon.

It is hereby understood and agreed that in the event of Accidental Injury causing the **Insured** Permanent Partial Disability as mentioned in the Table Below within 12 months of the Accidental Injury being sustained, The **Company** will pay the **Insured** the percentage of the **Sum Insured** specified for each and every form of impairment mentioned in the table below. The **Company's** maximum liability however shall not exceed 100% of the **Sum Insured**.

Benefits	Upto Percentage of Sum Insured
i. Loss of toes – all	20%
Loss of Great toe– both phalanges	5%
Loss of Great toe – one phalanx	2%
Loss of Other than great toe, if more than one toe lost, each	2%
ii. Loss of hearing – both ears	60%
iii. Loss of hearing – one ear	30%
iv. Loss of speech	60%
v. Loss of four fingers and thumb of one hand	40%
vi. Loss of four fingers	35%
vii. Loss of thumb – both phalanges	25%
Loss of thumb- one phalanx	10%
viii. Loss of index finger –three phalanges or two phalanges or one phalanx	10%
ix. Loss of middle finger –three phalanges or two phalanges or one phalanx	6%
x. Loss or ring finger – three phalanges or two phalanges or one phalanx	5%
xi. Loss of little finger – three phalanges or two phalanges or one phalanx	4%
xii. Loss of metacarpals – first or second, third, fourth or fifth	3%
xiii. Loss of Sense of smell	10%
xiv. Loss of Sense of taste	5%
xv. Loss of Sight of one eye	50%
xvi Loss of One hand	50%
xvii. Loss of One foot	50%
xviii Any other permanent partial disablement	Percentage as assessed by the panel doctor of the Company

*Revision/Inclusion in compliance with IRDAI Circular Ref. IRDAI/HLT/CIR/GDL/31/01/2024 dt. 31st

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If the **Accidental Injury** sustained by the **Insured** causes a subsequent claim by him under Death or Permanent Total Disablement, then this part of the coverage shall not be applicable and the amounts payable under the coverage of Death or Permanent Total Disablement shall be reduced by the amount of any payment made under this coverage.

7. OPTIONAL COVERS:

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 sum insureds shown within the policy schedule.

Endorsement no. 1 - ACCIDENTAL WEEKLY INDEMNITY OR TEMPORARY TOTAL DISABLEMENT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** resulting in temporary disability which completely prevents the insured from each and every duty pertaining to his employment or occupation, **the company** will pay a weekly benefit amount to the **Insured Person** during a period of continuous Temporary Total Disability, as certified by a Medical Practitioner, provided that:

- Such Injury shall be the sole and direct cause of Temporary Total Disablement, and so long as the **Insured Person** shall be totally disabled from engaging in any employment or occupation of any description whatsoever
- Amount payable shall be 1 % of the Sum Insured subject to a maximum of Rs.----- per week for a period not exceeding 100 weeks. In case the disability period is part of a week, the amount payable shall be proportionately considered.
- The maximum amount payable per week shall not exceed the weekly income of the person at the time of claim. Weekly income shall mean weekly income of the person excluding overtime payments, bonuses and any other special compensations.
- If the **Insured person** becomes comatose due to an accident during the policy period and is certified to be comatose by a medical practitioner, such comatose period shall be treated as period of temporary total disablement for the purpose of this benefit.
- If a claim becomes admissible under this benefit and also under accidental death or permanent disabilities, for the same accident/injury, the claim payable shall be limited to highest of the Basic Benefit or Temporary Total Disablement only.
- Claim under this Benefit will be paid only at the end of the disability period or on the expiry of 100 weeks of disablement whichever occur earlier.

Definitions

"Coma" means a profound state of unconsciousness where the patient cannot be awakened, fails to respond normally to pain or light, does not have sleep-awake cycles and cannot take voluntary actions and Comatose means a state of Coma.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

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1. Report of the attending Doctor confirming disability
2. Admit / Discharge card
3. Investigation reports such as X-rays, Lab test etc
4. Police report wherever necessary
5. Leave certificate from the employer in case of salaried persons
6. Fitness certificate issued by the treating doctor

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Policy Wordings

Endorsement no. 2 - EXTENDED PERMANENT TOTAL DISABILITY BENEFIT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** to **Insured person** during policy period resulting in any of the following disabilities, within 12months of the date of accident, **the Company** shall pay the **Insured person** the percentage of the **Sum Insured** specified for each and every form of disability mentioned in the table below. **Company's** maximum liability however shall not exceed 100% of the **Sum Insured** at any point of time.

Benefits	Percentage of Sum Insured
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot, or hand	100%
Complete loss of hearing of both ears & complete loss of Speech	100%
Complete loss of hearing of both ears or complete loss of speech and loss of one limb or loss of sight of one eye 100%	100%
Comatose State	100%
Loss of hearing – both ears	70%
Loss of hearing – one ear	30%
Loss of speech	60%
Loss of Sense of smell	10%
Loss of Sense of taste	5%

Note: This benefit will not be provided if the policy already provides for Permanent total disability benefit

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Report of the attending Doctor confirming disability
2. Admit / Discharge card
3. Investigation reports such as X-rays, Lab test etc
4. FIR/ Police report, wherever necessary

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Policy Wordings

Endorsement no. 3 - *ACCIDENTAL MEDICAL EXPENSES REIMBURSEMENT BENEFIT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury**, the **Company** will reimburse the **Insured** -----% of Basic Sum Insured or actuals, whichever is less towards the cost of treatment including AYUSH treatment as defined in the policy, by a **Medical Practitioner** and use of Hospital facilities in India for medical treatment of Injury arising out of an **Accident**, for which there is a valid claim under this policy.

Exclusions

In addition to the General Exclusions listed in Part II of the policy, this form shall not cover and no payment shall be made with respect to:

- 1) Loss caused directly, wholly or partly by:
 - a. Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
 - b. Medical or surgical treatment except as may be necessary solely as a result of Injury;
- 2) Treatment of hernia resulting from any bodily injury.
- 3) Dental care or surgery except as occasioned by **Accidental Injury**.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Report of the attending Doctor confirming the line of treatment
2. Admit/Discharge Card
3. Investigation reports such as X-rays, Lab test etc
4. Policy report wherever necessary
5. Medical receipt for reimbursement of medical expenses

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Policy Wordings

Endorsement no. 4 - *ACCIDENTAL MEDICAL EXPENSES REIMBURSEMENT – INPATIENT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury**, The **Company** will reimburse the **Insured** the cost of treatment including AYUSH treatment as defined in the policy, by a **Medical Practitioner** and use of Hospital facilities in India provided the **Insured** is admitted as an inpatient for medical treatment of **Injury** arising out of an **Accident** subject to the hospitalisation commencing during the policy period and the limit as shown in the **Policy Certificate**.

Exclusions

In addition to the General Exclusions listed in Part II of the policy, this form shall not cover and no payment shall be made with respect to:

- 1) Loss caused directly, wholly or partly by:
 - a. Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
 - b. Medical or surgical treatment except as may be necessary solely as a result of Injury;
- 2) Treatment of hernia resulting from any bodily injury.
- 3) Dental care or surgery except as occasioned by **Accidental Injury**.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Report of the attending Doctor confirming the line of treatment
2. Admit/Discharge Card
3. Investigation reports such as X-rays, Lab test etc
4. Policy report wherever necessary
5. Medical receipt for reimbursement of medical expenses

Endorsement no. 5 - ACCIDENTAL MEDICAL EXPENSES REIMBURSEMENT – INPATIENT & OUTPATIENT*:

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In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury**, The **Company** will reimburse the **Insured** the cost of treatment including AYUSH treatment as defined in the policy, by a **Medical Practitioner** and use of Hospital facilities in India provided the **Insured** is admitted as an inpatient for medical treatment of Injury arising out of an **Accident** subject to the hospitalisation commencing during the policy period the limit as shown in the **Policy Certificate** for inpatient treatment.

In addition, The **Company** will reimburse the **Insured** the cost of treatment by a **Medical Practitioner** and use of Hospital facilities in India for medical treatment of Injury arising out of an **Accident** as an outpatient, subject to the treatment commencing during the policy period and the sub-limit and deductible of Rs.1000 / NIL as shown in the **Policy Certificate** for outpatient treatment.

Provided the total benefit payable under this benefit shall not exceed the limit shown in the **Policy Certificate** for outpatient treatment.

Definitions

Deductible – A deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

OPD treatment – OPD treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Exclusions

In addition to the Exclusions listed in Part II of the policy, this form shall not cover and no payment shall be made with respect to:

- 1) Loss caused directly, wholly or partly by:
 - a. Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
 - b. Medical or surgical treatment except as may be necessary solely as a result of Injury;
- 2) Treatment of hernia resulting from any bodily injury.
- 3) Dental care or surgery except as occasioned by Accidental Injury.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Report of the attending Doctor confirming the line of treatment
2. Admit/Discharge Card
3. Investigation reports such as X-rays, Lab test etc
4. Policy report wherever necessary
5. Medical receipt for reimbursement of medical expenses

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Endorsement no. 6 - EDUCATION GRANT COVER FOR ONE DEPENDANT CHILD:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** to Insured Person resulting in an admissible claim under Basic Cover of Accidental Death or Permanent Total Disablement, Educational Grant as mentioned in the Policy Certificate is payable. This is subject to the dependent child studying in an educational institute as a full time student, on the date of accident.

This benefit shall be payable irrespective of whether the parent(s) is covered under any other personal accident policy with us or with others.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Documents as per Death / PTD benefit
2. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution.

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Policy Wordings

Endorsement no. 7 - EDUCATION GRANT COVER FOR TWO DEPENDANT CHILDREN:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** to Insured Person resulting in an admissible claim under Basic Cover of Accidental Death or Permanent Total Disablement, Educational Grant as mentioned in the Policy Certificate is payable per child. This is subject to the dependent child studying in an educational institute as a full time student, on the date of accident.

This benefit shall be payable irrespective of whether the parent(s) is covered under any other personal accident policy with us or with others.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

3. Documents as per Death / PTD benefit
4. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution.

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Endorsement no. 8 - MODIFICATION OF RESIDENTIAL ACCOMMODATION AND VEHICLE:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** to the **Insured Person**, the **Company** shall reimburse the actual expenses incurred for modification of residential accommodation/vehicle upto a maximum of Rs.-----/- subject to the following:

- a. The expenses are reasonably incurred to modify the insured member's residential accommodation or own vehicle on account of **Insured Person** having suffered Permanent Total Disability
- b. These modifications are carried out in India
- c. These alternations are necessary as per the advice of treating/ attending **Medical Practitioner**.
- d. Benefit under this section is payable subject to the claim under Permanent Total Disability under the policy is admissible.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Documents as per PTD benefit
2. Treating doctor's certificate confirming the necessity for modification
3. Bills/Receipts incurred in modifying the vehicle/residence
4. For modification of the vehicle, necessary approval of the RTO is necessary

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Endorsement no. 9 - BROKEN BONES BENEFIT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury**, during the **Insured Period** causing the insured member to sustain **Fracture** of bones and this is certified by a **Medical Practitioner**, then the percentage of the **Sum Insured** specified against this benefit in the Schedule of benefits as mentioned in the table below shall be payable.

S. No.	Nature of fracture	%age of Sum Insured
1	Fractures of hip or pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100%
	b) All other compound fractures	50%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures.	20%
2	Fractures of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50%
	b) all other compound fractures	40%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%
3	Fractures of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding colle's-type fracture):-	
	a) Multiple fractures (at least one compound & one complete)	40%
	b) All other compound fractures	30%
	c) Multiple fractures, at least one complete	20%
4	Fractures of Lower Jaw:	
	a) Multiple fractures (at least one compound & one complete)	30%
	b) All other compound fractures	20%
	c) Multiple fractures, at least one complete	16%
	d) All other fractures	8%
5	Fractures of Shoulder Blade, Kneecap, sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
	a) All compound fractures	20%
	b) All other fractures	10%
6	Colle's type fracture to the Lower Arm:	
	a) Compound	20%
	b) Other	10%
7	Fractures of Spinal Column (all vertebrae but excluding coccyx):	
	a) Resulting in spinal cord damage	100%
	b) All compression fractures	20%
	c) All spinous, transverse process or pedicle fractures	20%
	d) All other vertebral fractures	10%
8	Fractures of Rib or Ribs, Coccyx, Toe and toes, finger or fingers:	
	a) Multiple fractures (at least one compound & one complete)	16%
	b) All other compound fractures	12%
	c) Multiple fractures, at least one complete	8%
	d) All other fractures	4%

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	2) Fracture of all ribs and breast bone)	50%
9	Fractures of Cheekbone, Upper Jaw, Nasal bone:	
	a) Multiple fractures (at least one compound & one complete)	16%
	b) All other compound fractures	12%
	c) Multiple fractures, at least one complete	8%
	d) All other fractures	4%
	2) Other skull bone fractures (excluding teeth)	30%

Definitions specific to this Benefit: For the purpose of this cover:

- Pelvis means all pelvic bones, which shall be treated as one bone. The sacrum is part of the vertebral column.
- Skull means all skull and facial bones, (excluding nasal bones and teeth) which shall be treated as one bone.
- Arm excludes wrist, hand fingers and colles or similar fractures.
- Leg excludes ankle, foot, toes and potts or similar fractures.
- Osteoporosis means thinning of the bone out of proportion to age.

Specific Conditions

- No Benefit will be paid before any fracture is recognized medically and a physician has established the extent and nature of the fracture.
- The total amount payable under this Section, in respect of more than one fracture to the same Bodily Injury, will be calculated by adding the various benefits together, but shall not exceed the total Sum Insured.
- If an Accident involves broken bones/fractures and also results in claim under any of the basic covers of accidental death or permanent disabilities, then the claim payable shall not exceed the maximum amount under any one basic cover. In the event if any payments are made prior to claim under basic covers, the same shall be set-off/adjusted/ recovered against benefits payable for Death or disablement.
- This benefit shall not cover any fractures resulting from Osteoporosis or a malignant disease where this condition has been diagnosed prior to the fracture occurring.

Exclusions

In addition to the General Exclusions listed in Part II of the policy, this form shall not cover and no payment shall be made with respect to:

- Loss caused directly, wholly or partly by the **Insured Person** suffering from sickness of disease not resulting in bodily injury
- Any fracture resulting from Osteoporosis or a malignant disease where this condition has been diagnosed prior to the fracture occurring.
- While the **Insured Person** is engaging in any form of aerial flight other than as a passenger
- While the **Insured Person** is participating or training for any sport as a professional.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

- Admit / Discharge card
- Investigation reports such as X-rays, Lab test etc
- Police report wherever necessary

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4. Leave certificate from the employer in case of salaried persons
5. Fitness certificate issued by the treating doctor

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Endorsement no. 10 - HOSPITAL DAILY CASH:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury**, If the **Insured Person** is hospitalized as result of such injury, the **Company** will pay the Hospital Daily Cash benefit. This benefit shall be paid for each continuous and completed period of 24 hours of Hospitalisation in India for a maximum period of -----(to be chosen from 15 days/30 days/45) days per person and per policy period. The limits under this section are as mentioned below:

Per day limit: Rs -----(To be chosen from 500/ Rs 1000/ Rs 2000/ Rs 3000/ Rs 5000/-).

In case of stay in ICU, the chosen per day limit shall be increased by 100%.

Sum Insured applicable for this optional cover: Maximum Number of days covered under the policy multiplied by Per day limit.

This benefit is subject to the hospitalization related to **Accidental Injury** for which there is a valid claim admitted under the basic covers of Accidental Death or permanent disability (either total or partial) or Broken Bones of the policy

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Documents as per Accidental Death / Disability or Broken Bones benefit
2. Admission / Discharge Card
3. All investigation Reports
4. Final Hospital Bill

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Endorsement no. 11 - CONVALESCENCE BENEFIT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury**, the company will pay you a lump sum as mentioned in the **Policy Certificate**, if the **Insured Person** is confined to a Hospital in India as a result of such injury occurring during the policy period for a consecutive period of more than ----(to be chosen from 5 / 10 / 15) days as opted as per **Policy Certificate**, following an admissible claim under basic covers of Accidental Death or permanent disability (either total or partial) or Broken Bones of the policy.

This benefit is payable only for one occurrence per **Insured Person** during the entire policy period.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Report of the attending Doctor confirming the line of treatment
2. Admit / Discharge card
3. Investigation reports such as X-rays, Lab test etc
4. Police report wherever necessary
5. Medical receipt for reimbursement of medical expenses.

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Endorsement no. 12 - EXTERNAL AIDS AND APPLIANCES:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** to the **Insured Person** during the **Policy Period**, resulting in usage of external aids and appliances, **the Company** will reimburse the actual expenses incurred upto the maximum limit mentioned in the **Policy Certificate**. This benefit covers the following external aids and appliances and subject to a valid claim under benefits of permanent disability (either total or partial) or broken bones of the policy:

- a) Artificial Limbs
- b) Crutches
- c) Wheel-chair

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Documents as per Disability / broken bones benefit
2. Receipt towards expenses incurred on procuring – Artificial limbs, crutches or Wheel Chair.

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Policy Wordings

3.

Endorsement no. 13 - FAMILY TRANSPORTATION BENEFIT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** to **Insured Person** during the **Policy Period**, if there is a valid claim admitted under the basic covers of accidental death or permanent total disability of the policy and the **Insured Person** is away from his/her residence, this benefit will reimburse the actual expenses incurred by the immediate **family member** (applicable for maximum of 2 members) for transportation by the most direct route by a licensed common carrier to the location of the **Insured Person** and back upto the maximum limit as mentioned on the **policy Certificate**.

For the purpose of this extension, immediate **family member** shall mean and include the **Insured Person's** Spouse, children (including adopted and step children) and parents.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Documents as per accidental death / disability benefit
2. Original ticket issued by common carrier for travelling from the place of residence to the place of accident by the family member.

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Policy Wordings

Endorsement no. 14 - AMBULANCE CHARGES:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** to the **Insured Person** during the **policy period**, the **Company** shall pay for the expenses incurred on an Ambulance to transfer the **Insured** to the nearest hospital up to an amount mentioned in the **Policy Certificate**, subject to submission of bill.

This benefit is payable only following an admissible claim under Benefits of permanent disability (either total or partial) or broken bones of the policy.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Copy of FIR/Police Report
2. Copy of Post Mortem Report/Coroner's report
3. Copy or Panchanama / Inquest report
4. Receipt towards expenses incurred in connection with transferring the insured from the accident location to the nearest hospital.

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Policy Wordings

Endorsement no. 15 - REPATRIATION OF MORTAL REMAINS BENEFIT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of death of **Insured person** due to an accident outside the residence resulting in a admissible claim under accidental death benefit, the Company shall pay actual expenses subject to the limit as shown in the **policy Certificate** for transportation of dead body of the **Insured Person** from the place of death to the hospital and/or residence and/or cremation and/or burial ground provided the distance between the normal place of residence and the place of death is not less than 100 KMs

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Documents as per Accidental Death benefit
2. Receipt for expenses incurred in connection with transportation of Mortal Remains.

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Policy Wordings

Endorsement no. 16 - COST OF CREMATION BENEFIT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of death of **Insured person** due to an **accident** resulting in a admissible claim under accidental death benefit, the **Company** shall pay a lump sum amount as shown in the **Policy Certificate**, towards expenses incurred in connection with performance of cremation ceremony / last rites

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Documents as per Accidental Death benefit
2. Receipt for expenses incurred in connection with cremation.

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Policy Wordings

Endorsement no. 17 - BURN INJURY BENEFIT:

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of **Accidental Injury** to **Insured**, during the **Insured Period** causing the insured member to sustain 2nd or 3rd degree burns within 90 days of such accident and this is certified by a **Medical Practitioner**, then the percentage of the **Sum Insured** specified against this benefit in the **policy Certificate** as mentioned in the table below shall be payable.

Sl No	% of body area affected by 2 nd or 3 rd degree burns	%age of Sum Insured
1.	4.5%	15%
2.	9%	30%
3.	18%	50%
4.	27%	75%
5.	36%	100%

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

1. Report of the attending Doctor confirming the line of treatment
2. Admit / Discharge card
3. Investigation reports such as X-rays, Lab test etc
4. Police report wherever necessary
5. Treating doctor's certificate mentioning the % of body are affected by 2nd or 3rd degree burns due to the accident

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Policy Wordings

Endorsement no. 18 - TERRORISM COVER:

Notwithstanding any of the exclusions mentioned in the policy wordings, It is hereby understood and agreed that in consideration of payment of additional premium, the policy extends to cover claims due to Terrorism as defined under Terrorism Exclusion Clause forming part General Exclusion no.21 of the policy for all Insured benefits.

The expression/s "**terrorism and/or act of terrorism**" shall have the same meaning/s as contained in the General Exclusions forming part of the Policy.

Further it is also hereby declared and agreed that Terrorism / Any act of terrorism resulting in War and War like operations mentioned in General Exclusion No.10 of the policy also stands deleted.

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Endorsement no. 19 - LUMP SUM BENEFIT ON DIAGNOSIS OF HIV:

Notwithstanding anything to the contrary contained in the Policy, In consideration of payment of additional premium, it is hereby understood and agreed that the Company shall pay a lumpsum benefit of Rs.25000/- in the event of the Insured Person being diagnosed with HIV Infection within a period of 90 days from the date of Blood Transfusion undergone as a part of treatment for Accidental injury suffered by the Insured during the policy period.

Claim documentation applicable for this endorsement in addition to the filled and signed claim form and KYC documents is as follows:

- Report of the attending Doctor confirming the line of treatment
- Admit / Discharge card
- Investigation reports such as X-rays, Lab test etc
- Police report wherever necessary
- Prescription / Bills pertaining to transfusion of blood at the time of treatment undertaken immediately after accident.