

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 00

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 Income Shield Insurance (Group)

CHOHLGP21416V022021

Policy Wordings

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We issue this 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 indicated in the Policy Schedule. The term **You/ Your / Insured/ Insured Person / Proposer** 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/Organization 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**.

1. DEFINITIONS

We use certain words in the **Policy** and the **Policy Schedule**, 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** 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 / Accidental mean** a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means completed years on the last birthday of the Insured Person as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period.
3. **Annual Period** refers to a continuous period of insurance of 12 months within the policy period.
4. **Bank** means a banking Company which transacts the business of banking in India.
5. **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.
6. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
7. **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.
8. **Contract / Contractual** means a work contract which is for a specific term
9. **Condition Precedent** shall mean a policy term or condition upon which the liability of the Company under the policy is conditional upon.
10. **Congenital Anomaly means a condition which is present since birth, which is abnormal with reference to form, structure or position.**
 - a. **Internal Congenital Anomaly:** congenital anomaly which is not in the visible and accessible parts of the body
 - b. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.
11. **Disclosure to information norm:** The 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.
12. **Dismissal** means an official notice of discharge from employment or service

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13. **Endorsement:** Endorsement means written evidence of change to the insurance Policy including but not limited to increase or decrease in the coverage limit, extent and nature of the cover agreed by the Company in writing
14. **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.
15. **Fixed Sum Insured** per Month means and denotes the amount opted by the Insured Person not exceeding his/her Gross Monthly Income against the Cover subject to the terms and conditions of this Policy and as stated in the Policy Schedule.
16. **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.
17. **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 the enactments specified under the Schedule of Section 56(1) of 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 in-patient 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
18. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule.
19. **Insured Event** means any event specifically mentioned as covered under this Policy and shall mean and include Loss of Monthly Income to the Insured due to Loss of Job.
20. **IRDA / Authority** – Insurance Regulatory and Development Authority
21. **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.
22. **Layoff** means the failure, refusal or inability of an employer on account of shortage of coal, power or raw materials or the accumulation of stocks or the breakdown of machinery [or natural calamity or for any other connected reason] to give employment to a workman whose name is borne on the muster rolls of his industrial establishment and who has not been retrenched.
23. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

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The registered Practitioner should not be the insured or close family members of the insured.

24. **Monthly Income:** Gross Monthly income as per the Salary slip or Certificate issued by the employer to that extent or the Form 16 Certificate for the relevant year.
25. **Nominee** means the person(s) / Financial Institution nominated by the Insured to receive the insurance benefits under this Policy in the event of Loss of income or Accidental death of the Insured. For the purpose of avoidance of doubt, it is clarified that if the Insured is a minor, his guardian shall appoint the Nominee.
26. **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
27. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
28. **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 the Insured's statement in the Proposal form.
29. **Policy period** means the period between the inception date and earlier of
 - a) the Expiry Date specified in the Schedule
 - b) the date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition IV (9) below.
30. **Policy Schedule** means that portion of the Policy which sets out the personal details of the Insured Person, 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 Policy.
31. **Proposal Form:** The form in which the details of the insured person are obtained for an Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy.
32. **Public Authority** means any governmental, quasi-governmental organization or any statutory body or duly authorized organization with the power to enforce laws, exact obedience and command, determine or judge
33. **Pre-existing Disease means** any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the Insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
34. **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
35. **Retrenchment** means the termination by the employer of the service of a workman for any reason whatsoever, otherwise than as a punishment inflicted by way of disciplinary action, but does not include:
 - a) voluntary retirement of the workman; or
 - b) retirement of the workman on reaching the age of superannuation if the contract of employment between the employer and the workman concerned contains a stipulation in that behalf; or

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termination of the service of the workman as a result of the non-renewal of the contract of employment between the employer and the workman concerned on its expiry or of such contract being terminated under a stipulation in that behalf contained therein; or]

c) termination of the service of a workman on the ground of continued ill-health

36. **Self Employed** means Sole Proprietor/ one of the Partners in a Partnership Firm/Director of the company owned by the Insured Person

37. **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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

38. **Waiting period** refers to the period during which we shall not be liable to make any payment for any claim under the policy. This is not applicable if caused directly due to an accident during the policy period

A) List of Critical Illness and their definitions

1. Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukaemia, lymphoma and sarcoma.

The following are excluded –

- a. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to:
- b. Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- c. Any skin cancer other than invasive malignant melanoma
- d. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- e. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- f. Chronic lymphocytic leukaemia less than RAI stage 3
- g. Microcarcinoma of the bladder

2. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

- a. Transient ischemic attacks (TIA)
- b. Traumatic injury of the brain
- c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

3. First Heart Attack - of Specified Severity

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The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- a. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b. New characteristic electrocardiogram changes
- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- I. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- II. Other acute Coronary Syndromes
- III. Any type of angina pectoris

4. Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

- I. Angioplasty and/or any other intra-arterial procedures
- II. Any key-hole or laser surgery.

5. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

6. Multiple Sclerosis With Persisting Symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- I. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - II. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
 - III. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.
- Neurological damage due to SLE is excluded.

7. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- I. Other stem-cell transplants
- II. Where only islets of langerhans are transplanted

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The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft

9. Motor Neuron Disease with Permanent Symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

10. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valves(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

2. BENEFITS

This **policy** pays a Lumpsum Benefit in the event of loss of Monthly Income to the **Insured Person** due to loss of Job during the Policy Period. The Lumpsum Benefit will be 3 times of the **Fixed Sum Insured** per month payable per person / **Insured Event** as mentioned in the **Policy Schedule**, subject to a declaration by the insured that he/she was unemployed for not less than a period of fifteen (15) / thirty (30) continuous days (as per the plan selected by the insured) from the date of **Insured event**.

This policy is available in two Plans, ‘Platinum Plan’, which requires the Insured to be unemployed for a minimum period of 15 continuous days and ‘Silver Plan’ which requires the Insured to be unemployed for a minimum period of 30 continuous days to be eligible for the benefit.

SCHEDULE OF BENEFITS

Eligibility	
Minimum Entry Age	18 years (completed age)
Maximum Entry Age	Upto 65 years
Policy Tenure	One Year
Minimum Unemployment period (continuous days)	Platinum Plan – 15 days, Silver Plan – 30 days
Insured Events	One / Two Insured Events per annum
Basic Cover	Loss of Monthly Income due to Loss of Job

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Fixed Sum Insured per month	Sum Insured will be in multiples of Rs.1000/- subject to a maximum of the Gross Monthly Income	
	Minimum Fixed SI per month	Maximum Fixed SI per month
	Rs.10,000/- per person	Rs.10,00,000/- per person
Maximum liability	Lumpsum Benefit equal to 3 times of the Fixed Sum Insured per month on occurrence of per Insured Event per person	
Waiting Period	90 days (Not applicable for loss of income due to personal accident)	
Optional Covers on payment of Additional Premium		
Accident Protection	Sum Insured	
a. Death	50 times of Fixed Sum Insured per month (opted under Basic Cover) subject to a maximum of Rs.25,00,000/-	
b. Loss of eyes / hands / feet		
c. Loss of one eye / hand / foot		
d. Permanent total disablement - Disabling the insured from any employment		
Transportation of Mortal Remains	Rs.10000/- in addition to Accident Protection SI	
Cost of Cremation	Rs. 5000/- in addition to Accident Protection SI	
Maximum liability under Accident Protection Section	Our liability will be limited to the Sum Insured under Accident Protection Section	
Children Education Protection Benefit	50% of the Fixed Sum Insured per month (opted under Basic Cover) subject to a maximum of Rs.50000/-	
Parental Care Benefit	50% of the Fixed Sum Insured per month (opted under Basic Cover) subject to a maximum of Rs.50000/-	

The benefit applicable to you will depend on the Plan and Sum Insured opted by you as shown in your Policy Schedule.

3. COVERAGES**Section 3.1: Loss of Monthly Income due to Loss of Job:**

This policy will pay a lumpsum benefit per **Insured Event** per person occurring due to any of the following;

- Termination, dismissal or retrenchment of the **Insured** from employment during the policy period imposed on him/her by the employer on account of closure of the firm / body corporate / establishment wherein the **Insured** is employed, due to poor financial condition or any merger/acquisition of the firm / body corporate / establishment.
- Termination or dismissal, lay off, temporary suspension or **retrenchment** of the **Insured** from the employment during the **policy period** imposed on him/her by the firm / body corporate /

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establishment in compliance with any law relating to this employment for the time being in force or any directives by any Public Authority .

- c) Retirement of the Insured during the policy period due to any retirement scheme of compulsory nature if the firm / body corporate / establishment are closing down one division and a minimum of 20 employees are availing the retirement scheme.
- d) Termination or temporary suspension of the Insured from employment during the policy period imposed on him by the employer , in consequence of an accident sustained by the Insured while the policy is in force, subject to the insurance being in force continuously from the date of accident till the date of insured event.
- e) Termination or temporary suspension of the Insured from employment during the policy period imposed on him by the employer, due to critical illnesses listed below and as specifically defined below whose signs and symptoms first commenced while the policy is in force, after the waiting period as mentioned under section 2.3.1 of the policy, subject to the insurance being in force continuously from the date of diagnosis of critical illness till the date of insured event.

The list of Critical illness is as below

- 1. Cancer of Specified Severity
- 2. Stroke Resulting In Permanent Symptoms
- 3. Open Chest CABG
- 4. Kidney Failure Requiring Regular Dialysis
- 5. Multiple Sclerosis With Persisting Symptoms
- 6. Major Organ/Bone Marrow Transplant
- 7. Surgery to Aorta
- 8. Motor Neuron Disease with Permanent Symptoms
- 9. Open Heart Replacement or Repair of Heart Valves
- 10. First Heart Attack - of Specified Severity

3.2 Special Condition applicable to Section 3.1

The **Company** shall not be liable to pay any amount over and above the lumpsum benefit per **Insured Event** per person under basic cover as specified in the **policy schedule**.

3.3 Exclusions

3.3.1 Waiting Period

A waiting period of 90 days will apply to all claims under the policy excluding loss of Job due to Personal Accident. This

Exclusion shall not apply to an Insured in case of continuous renewal with us.

3.3.2 The policy does not cover any losses caused directly due to the following:

- 1. The **Company** shall not be liable to make any payment under this policy in the event of termination, dismissal, temporary suspension or retrenchment from employment of the **Insured Person** being attributed to any dishonesty or fraud or poor performance on the part of the **Insured Person** or his/her willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the **Insured Person** by employer.

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2. The **Company** shall not be liable to make any payment under this **Policy** in connection with or in respect of:
 - a. **Insured Person** who are Self employed
 - b. Unemployment arising within the waiting period of the **Policy**.
3. Any unemployment which does not commence during the **Policy Period**.
4. Any unemployment from a job under which no salary or any remuneration is provided to the **Insured Person**
5. Any unemployment due to death of the **Insured Person**
6. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
7. Any unemployment due to resignation, voluntary retirement if opted by the **Insured** on personal grounds.
8. Any Voluntary Superannuation or voluntary early retirement opted by the **Insured**
9. Any termination following a termination notice already served by the employee prior to the commencement of this **Policy**.
10. Any events occurring before the commencement of the cover or otherwise outside the Period of Insurance

3.3.3 Exclusions applicable to Personal Accident (Coverage 2.1.d)

This policy does not provide benefits for any loss incurred directly due to the following:

- a. **Insured** person acting against the advice of a physician
- b. Self-endangerment unless in self-defense or to save life.
- c. Intentional self Injury and / or the use or misuse of intoxicating drugs and / or alcohol
- d. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil.
- e. Commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
- f. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combat terrorists, rebels or like.
- g. Insured person's participation in any hazardous activities including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock / mountain climbing and the like whether voluntary or paid.
- h. Nuclear, Chemical, 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.

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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.

"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.

3.3.4 Exclusions applicable to Critical Illness Benefit (Coverage 2.1.e)

This policy does not provide benefits for any loss incurred directly due to the following:

- a. Any **Critical Illness** arising on account of or in connection with any **pre-existing disease**.
- b. Any sexually transmitted diseases or any condition directly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- c. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil.
- d. Commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
- e. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combat terrorists, rebels or like.
- f. Insured person's participation in any hazardous activities including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock / mountain climbing and the like whether voluntary or paid.
- g. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
- h. Radioactive contamination
- i. Intentional self Injury and / or the use or misuse of intoxicating drugs and / or alcohol

4. GENERAL CONDITIONS

4.1 Entire Contract – Changes: This policy, the Schedule, the proposal form, benefits, endorsements and any memorandum hereto, shall be read together as one contract and any words or expression to which specific meanings attached shall bear such specific meanings wherever they shall appear. No change or alteration in this policy shall be valid until approved and endorsed by the **Company's**

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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

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

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authorized officer in writing. No other person including the **Company's** Agent has any authority to change or alter this policy or to waive any of the provisions thereof. Only the **Company** has the authority to change or alter this policy or to waive any of the provisions under this policy.

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

4.3 Change of Nominee: No change of nominee under this policy shall bind the **Company**, unless the change is formally endorsed in the **policy** by the **Company's** authorized officer.

4.4 Change of occupation / Monthly Income: Any change in the professional activity/ occupation or Income as stated in the **proposal**, must be informed to the **Company** by the **Insured Person** immediately. Such change will be scrutinized by the **Company** by verifying relevant documents before approval of the change. The **Company's** approval shall be signified by endorsement upon the policy. In the event of rejection the **Company** will cancel the coverage and shall return the premium on pro-rata basis for the remaining period subject to no claim. In the event of acceptance of the change in the Income, the **Company** shall effect the change from next renewal. The **Company** also reserves the right to repudiate any claim in the event of change in the nature of professional activities / occupation / Income not intimated to the **Company**.

4.5 Validity of cover

The Cover under the policy for the member will terminate at the earliest of the following occurrence

- a. the expiry date mentioned in the **Policy schedule**,
- b. In case of death of the **Insured**
- c. On payment of claim upto number of insured events as opted by the **Insured** and specified in the **policy schedule**.
- d. Date of cancellation of the policy either by the **Insured** or Insurer as per policy terms and conditions

4.6 Transfer

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

4.7 Renewal Conditions:

- a) We agree to renew your policy except on grounds of moral hazard, misrepresentation, fraud or non cooperation by the Insured.
- b) This **policy** can be renewed for a period of 12 months 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) **Sum Insured** can be enhanced at the time of renewal of the **Policy** subject to increase in the Gross Monthly Income. The increased **Sum Insured** will be subject to the waiting periods applicable under the policy.

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- e) The **company** reserves its right to revise the premium from time to time subject to approval of the Product Management Committee of the Company.
- f) This product may be withdrawn from the market after approval of the Product Management Committee of the Company, giving details of the product and the reason for withdrawal. We will intimate the Insured person in writing about such withdrawal at least three months prior to the renewal date. However, the cover under such policy shall continue till the expiry date shown in the Policy Schedule.
- g) 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 at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification

4.8 Cancellation:

This policy may be cancelled by us on account of misrepresentation, fraud or non-disclosure of material facts or non cooperation of the **Insured/Policy Holder** by giving fifteen (15) days written notice delivered to, or mailed to the **Proposer'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 except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

The **Insured/Policy Holder** may also cancel the policy at any time in which event, the **company** shall be entitled to retain premium at Short Period Scale for the expired portion on the date of cancellation. Any excess premium available with us after adjustment at Short Period Scale as provided herein below shall be refunded to the **Insured/ Policy Holder** except for those Insured Person(s) for whom a claim has been paid or is payable in the current policy.

Short Period Scale: 1 Yr Policy Term	
No. of Months	% of Premium to be retained
0 to 2	25%
2 to 5	50%
5 to 8	75%
8 to 11	100%
>11	100%

4.9 Notification

- I. 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 respectively specified in the **Policy Schedule**.

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- II. 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**.

4.10 Limitation of Liability

- a. The **Company's** maximum liability will be limited to the lumpsum benefit per Insured Event under Basic Cover of the policy as mentioned in the **Policy Schedule**.
- b. The **Company** shall not be liable to pay claim under Basic Cover of the policy in the event of death of the **Insured Person** happening during the unemployment period of 15 or 30 continuous days.

4.11 Territorial Limits

This policy pays for the insured contingencies occurring within India excluding Personal Accident cover. The Coverage is applicable worldwide for Personal Accident Cover.

4.12 Payment of Claims

- All Claims under this policy shall be payable in Indian currency.
- The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured or his nominee/legal heirs as the case may be.

4.13 Compliance with Policy Provisions

Failure to comply with any of the provisions contained in this policy shall invalidate all claims hereunder.

4.14 Fraud

If You and or Your dependent shall:

- I. make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
 - II. Do / omit to act in manner abetting fraud against Us,
- this **Policy** shall be null or void ab initio in relation to that **Policy Holder**. All claims or payments due shall be forfeited and all payments made shall be repaid in full by the **policyholder/s** who shall be jointly and severally liable for the same.

4.15 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.

4.16 Multiple Policies

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

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4.17 Assignment

The policy can be assigned subject to applicable laws.

4.18 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.

4.19 Claims Procedure

1. **Claim Intimation:** On the happening of any loss, the Insured shall forthwith give notice thereof to the Company in writing to any of the offices of the Insurance Company or intimate to CRM- Toll free No.1800-208- 9100 and in any event not later than 30 days of occurrence.

2. **Document Submission:** 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 the Company.

Completed Claim Form with written evidence of loss of Income in the form of claim documents mentioned in the policy must be furnished to the Company at the earliest, but not later than thirty (30) days after the date of intimation. Failure to furnish evidence within such time as required shall not invalidate or reduce the claim if the Insured Person is able to satisfy the Company that it was not reasonably possible to do so within such time. In any event, no proof furnished beyond three (3) months from the date of loss shall be accepted.

The **Insured** shall obtain and furnish to the Company all documents pertaining to employment including salary slips, termination or retrenchment letter 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’.

The Company or the Company’s 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 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 the Company.

Proof of identity and residence of the beneficiary shall be submitted in case claims exceeds Rs 1 Lakh

3. Claim Settlement (Provision for penal interest):

- The Company shall settle or reject a claim ,as the case may be, within 30 days from the date of receipt of last necessary document

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- In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)
- There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policyholders

3. Delay in intimation of claim

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

4. Documents required

Claim documents are to be sent to the issuing office address as shown in the **Policy Schedule**. Following documents are to be submitted along with completed claim form for processing the claim:

Basic Documents required for claims under Loss of Monthly Income Section:

1. Completed claim form
2. Evidence in support of loss of income
3. Undertaking from the insured about the no. Of days continuous unemployment period
4. Last 3 months salary slip
5. Certificate from the employer of the Insured person confirming the termination, dismissal, temporary suspension or retrenchment from employment, furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment with the reasons for the same and a confirmation of non-payment of salary. In case of temporary suspension, the period of suspension should also be mentioned in such certificate.
6. FIR/MLC Copy in case of Personal Accident in case of termination/temporary suspension was in consequence of an accident.
7. Doctor Certificate certifying the diagnosis of critical illness in case of termination or temporary suspension was in consequence of critical illness

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Documents required for claims under Accident Protection Benefit

Death Claim (Basic Documents):

1. Duly completed Claim form by the nominee
2. Copy of FIR / Police Report
3. Copy of Post Mortem Report/Coroner's report (if postmortem is conducted)
4. Copy or Panchanama / Inquest report
5. Death Certificate
6. Employment proof
 - Latest salary slip (i.e. for the month the deceased died) or settlement letter copy
 - Attendance register for one month preceding from the date of death/accident

Permanent Total/Partial Disablement Claims (Basic Documents):

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

Note: The above are only basic documents and the company can ask any further documents depending on the nature of claim.

In addition to the above documents, the following documents pertaining to the loan availed are required to be submitted:

- 1) Loan sanction letter
- 2) Loan repayment statement for the last one year
- 3) Statement of outstanding EMI

Documents required under Children Educational Protection Benefit:

- 1) Birth certificate of the child
- 2) Student Identity card copy
- 3) School fee challan

Documents required under Parental Care Benefit:

- 1) Authorised identity proof of the parent
- 2) Live certificate in respect of the parent
- 3) Copy of the ration card, Aadhaar Card, Voter Card, Birth Certificate
- 4) Any other valid proof in support of legal parents of the insured.

The document should be sent to or such other address as may be notified to the Insured

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

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Chennai - 600001

Customer Care Toll Free No: 1800-208-9100

E-Mail: customercare@cholams.murugappa.com**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.comCourier : 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 turn around time for resolution and complaint registration details.
- In case you are not happy with the resolution provided or delay of greater than 7 working days, you may follow the below escalation matrix.

Escalation Matrix

- In case you are dissatisfied with the response or have not received a response, you may escalate the same to our Nodal Officer – Nodalescalation@cholams.murugappa.com (Quoting the previous Service request number)
- In case you are still unhappy with the response or have not received a response within 7 working days, you may escalate the same to our Chief Grievance Officer - GRO@cholams.murugappa.com (Quoting the previous Service request number)
- If after having followed the above steps and your issue still remain unresolved, you may approach the Insurance Ombudsman for Redressal. Login to <https://www.cioins.co.in/Ombudsman> to get details on Insurance Ombudsman Offices.

Office Details	Jurisdiction of Office
AHMEDABAD - Shri Kuldip 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.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 00

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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.
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).

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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.
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.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered Office: 2nd Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 006

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<p>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</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>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</p>	<p>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.</p>
<p>MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>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</p>	<p>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.</p>

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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.

6 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 covers listed below upto the **Sum Insureds** mentioned against the covers shown within the **Policy Schedule**.

6.1 Accident Protection:

1. If at any time during the currency of this **Policy**, the **Insured Person** shall sustain any bodily injury resulting solely and directly from **Accident** caused by external, violent and visible means anywhere in the world, then the **Company** shall pay to the **Insured** or his nominee or legal personal representative(s) as the case may be, the sum or sums hereinafter set forth, that is to say:

a) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the death of the **Insured**, the Sum Insured stated in the **Policy Schedule** hereto.

b) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the following Permanent Total Disabilities of the **Insured Person**, We will pay the **Insured Person** the percentage of the **Sum Insured** as shown in the table below:

Disability	% of Sum Insured
Loss of Sight of both eyes	100%
Loss of use of or actual loss by physical separation of two entire hands	100%
Loss of use of or actual loss by physical separation of two entire feet	100%
Loss of use of or actual loss by physical separation of one limb and Loss of sight of one eye	100%
Loss of Sight of one eye	50%

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Loss of use of or actual loss by physical separation of One hand	50%
Loss of use of or actual loss by physical separation of One foot	50%
Any other form of disablement which permanently, totally and absolutely disable the Insured Person from engaging in any employment or occupation of any description	100%

NOTE: For the purpose of clause (b) above, ‘physical separation’ of a hand or feet means separation of hands at or above the wrist and or of the foot at or above the ankle

- This **Policy** will also pay Rs. 10,000/- in addition to Accident Protection Sum Insured, 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.
- This Policy will also pay Rs. 5,000/- in addition to Accident Protection Sum Insured, incurred in connection with performance of religious ceremonies incurred upto the time of cremation and costs incurred for any one post cremation ceremony.

6.1.a. Conditions applicable to Accident Protection

The cover under optional benefit 6.1 i.e Accident Protection, for the specific Insured Person shall terminate in the event of a claim becoming admissible upto 100% of Sum Insured under this section towards Accidental Death Benefit.

6.1.b. Exclusions

This policy does not provide benefits for any death, disability, expense 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. 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;
3. 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;
4. 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,
5. 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;
6. 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;
7. 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;

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8. 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;
9. 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;
10. Resulting in injury whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs
11. Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting from any Illness to any Insured Person.
12. Any Events/incidences that happened before the policy inception would not be covered. All events should fall under the policy duration.
13. While you are participating or training for any sport as a professional
14. **Pregnancy Exclusion Clause** : The Insurance under this **Policy** shall not extend to cover death or disablement resulting directly caused the contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
15. As a result of, or which is contributed to by, the **Insured person** suffering from any pre-existing condition or pre-existing physical infirmity.

6.2 Children Education Protection Benefit

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of admissible claim under Basic Cover i.e. Loss of Monthly Income, the policy shall provide Dependant Child Education Benefit and the liability of the **Company** will be equal to 50% of the Fixed Sum Insured Per Month (opted under Basic Cover) subject to a maximum of Rs.50000/-, as mentioned in **the Policy Schedule** once per **Insured Event**.

This is subject to the dependent child studying in an educational institute as a full time student, on the date of occurrence of the **Insured Event**.

For the purpose of this benefit, Dependent Child means an unmarried legally dependent child between the age of 5 years and upto and including the age of twenty five (25) years.

6.3 Parental Care Benefit

In consideration of payment of additional premium, it is hereby understood and agreed that in the event of admissible claim under the Basic Cover i.e. Loss of Monthly Income, the policy shall provide Parental Care Benefit and the liability of the **Company** will be equal to 50% of the Fixed Sum Insured Per Month (opted under Basic Cover) subject to a maximum of Rs.50000/-, as mentioned in **the Policy Schedule** once per **Insured Event**.

For the purpose of this benefit, Dependent Parents shall mean and include the legal parents of the **Insured**.