

**SARAL SURAKSHA BIMA, CHOLA**  
CHOPAIP21612V012021  
Prospectus

Saral Suraksha Bima is a Personal Accident Insurance policy intended to compensate for any financial loss caused by an accident which results in loss of life or injury. The base coverage will be on benefit basis

- This Insurance is available to persons aged between 03 months and 70 years (Completed age) at the commencement date of this policy.

Persons	Minimum Entry Age	Maximum Entry Age
Self , Spouse ,Parents, Parents in Law	18 Years	70 Years
Children	03 Months	25 Years

Dependent Child / Children upto 3 shall be covered from 03 months of age to 25 years subject to the definition of the ‘Family’

**Definition of Family:**

Family consists of the proposer and any one or more of the family members as mentioned below:

- Legally wedded spouse
- Parents and Parents-in-law
- Dependent children (i.e. natural or legally adopted) between 3 months of age to 25 years. If the child is above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals

**POLICY TENURE:**

- The Policy shall be issued for a term of 1 Year

**TYPES OF COVER:**

Coverage of Self/Proposer is mandatory under the Policy

- **Individual Cover**
  - Each covered person will have an independent Sum Insured
- **Family Cover**
  - The chosen Sum Insured will apply to each family member separately.

**COVERAGE AND SUM INSURED OPTIONS:**

The list of benefits with Sum Insured options available under the policy is as given below:

The Insured has to mandatorily opt for the Base cover to be eligible to take this policy

Type of Cover	Coverage	Benefit	Sum Insured (SI) option (in Rs.)
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<b>Base Cover</b> (Mandatory)	Death	Lumpsum Benefit equal to 100% of Sum Insured	Rs.2,50,000 upto Rs 1 Cr in multiples of Rs.50,000/-, 2,2.5,3,4,5 Crs.
	Permanent Total Disablement	Lumpsum Benefit equal to 100% of Sum Insured	
	Permanent Partial Disablement	Lumpsum Benefit as a % of Sum Insured as per the PPD table	
<b>Optional Cover</b> (on payment of additional premium)	Temporary Total Disablement	Lumpsum Benefit of 0.2% of base SI per week till the insured is able to return to duty Benefit limited to 100 weeks	0.2% of Base SI per week, limited to 100 weeks
	Hospitalisation expenses due to accident	Indemnification of medical expenses incurred on hospitalisation due to accident limited to 10% of Base Sum Insured	Max of 10% of Base SI
	Education Grant	Fixed benefit of 10% of the Base Sum Insured to the eligible dependent children, who is a full time student in the event of admissible claim under AD or PTD	10% of Base SI, per child.
<b>Renewal benefits</b>	Cumulative Bonus	Base Sum Insured (excluding Cumulative Bonus) increase of 5% for each claim free year, subject to maximum of 50% of Base SI	5% increase in Base SI, subject to a max of 50%

**Notes:**

- Optional covers chosen shall be applicable at policy level as per eligibility for the individuals covered under a single policy.
- The base sum insured chosen and cumulative bonus, if any, is applicable cumulatively for all the three base covers, i.e Death, Permanent total disability and Permanent Partial Disability. That is there is a single sum insured for all the three covers namely, Death, Permanent total disability and Permanent Partial Disability. For example, the Insured avails a SI of Rs.10 Lakhs under Base cover. Company's maximum liability cumulatively for all three base covers shall be Rs. 10 Lakhs.
- The benefits payable under each of the optional covers i.e Temporary Total Disablement, Hospitalisation expenses due to accident, Education Grant are independent and over and above the Base sum insured.
- Claim admissibility under the optional covers “Temporary total disablement” and “Hospitalization due to accident” is independent of claim admissibility under the base covers.

**Cumulative Bonus:** The cumulative bonus is applicable only in respect of base covers of Death, PTD and PPD. Addition or reduction of cumulative bonus will be done only if claim made under base covers

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- i. The CB shall be added and available individually to the insured persons under the policy, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- ii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iii. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn

### Sum Insured eligibility criteria

The Sum Insured eligibility would be guided as per the following tables:

Members	Sum Insured eligibility	SI Illustration		
Earning Members	10 times the annual income	Member covered	Earning/Non-Earning	Sum Insured
<b>Non-Earning Members :</b>		Self	Earning- Annual Income –Rs. 10 Lakhs	Rs 10 Lakhs *10 times= Rs 1 Cr. Insured can opt SI upto a maximum of Rs 1 Cr.
Spouse	50% of Self SI	Spouse	Non-Earning	Rs 50 Lakhs(= Rs 1 Cr*50%)
Parents/Parents in Law	25% of Self SI	Child-1	Non-Earning	Rs 10 Lakhs (=Rs 1 Cr*10%)
Children	10% of Self SI	Parent-1	Non-Earning	Rs 25 Lakhs (= Rs 1 Cr*25%)

Credit Score range	Financial condition	Assessment criteria		Illustration
Greater than or equal to 750	Good	Income as mentioned in the credit score shall be considered for arriving at the eligible Sum Insured. No additional financial documents to be called for.		‘x’ has an annual income of Rs. 25 Lakhs. Policy may be issued for SI upto Rs. 2.5 Cr (25L * 10 times)
Less than 750	Average	To call for additional financial documents.	a) Income declared in proposal matches with the income in the credit score statement and the other financial documents	‘x’ has an annual income of Rs. 2 Lakhs. Policy may be issued for SI upto Rs. 2.5 Cr (25L * 10 times)
			b) If the income declared in proposal does not match with the income in the credit score statement and other the financial documents	Policy may be issued with SI as per income eligibility basis the financial documents submitted. For example, Income as per proposal : Rs 25 Lakhs, as per Credit score and Financial documents : Rs 20 Lakhs, Then eligible max SI = 10 times Rs 20 lakhs= Rs 2 Cr .

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				Policy may be issued upto Rs 2 Cr.
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The financial condition of the prospect may be assessed by referring to his/her credit score

Income proof documents to be submitted along with Proposal for Sum Insured Rs.10 Lakhs and above

- Income tax return / Form 16 / Salary slips / Bank statement showing salary credits.
- Audited profit and loss statement for the business.
- Credit Score statement for all earning members

**Note** - As sum insured options are specified, the sum insured offered should not exceed the financial viability. For example, if annual income of client is INR 13,00,000, financial eligibility for offering this policy is INR 1,30,00,000 then cover upto INR 1,00,00,000 should be offered instead of 1,50,00,00,000.

**PREMIUM PAYMENT OPTIONS**

1. The Proposer has the option to pay the premium as per following modes:
  - Annual,
  - Half-yearly,
  - Quarterly,
  - Monthly
2. AML norms as per IRDA guidelines currently in force shall be insisted upon.
3. Taxes as applicable are to be charged on the premium payable

**Exclusions:****General Exclusions**

The Company shall not be liable to make any payments under this policy in respect of:

(i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

(ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person

a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;

b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.

c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.

[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]

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d. arising or resulting from the Insured Person committing any breach of law with criminal intent.

(iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

(iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.

B. Nuclear weapons material

C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

D. Nuclear, chemical and biological terrorism

(v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

**Exclusions specific to Optional Cover of "Hospitalisation Expenses due to Accident"**

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

**i. Investigation & Evaluation (Code- Excl04)**

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)

iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.

iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.

v. Treatment taken outside the geographical limits of India.

vi. All expenses listed in Annexure-B (List I) of the Policy wordings

**Claim Procedure****1. Notification of claim:**

i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.

ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.

iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

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**Note:** The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.

**2. Documents to be submitted:**

Benefits	Claim documents required
Basic documents required for All claims	<ul style="list-style-type: none"> <li>i. Duly completed claim form</li> <li>ii. Photo Identity Proof of the insured person</li> <li>iii. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station</li> <li>iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital</li> <li>v. Any other relevant document required by the Company for assessment of the claim</li> </ul>
Death Benefit	<ul style="list-style-type: none"> <li>i. Death certificate;</li> <li>ii. Post Mortem Report (if conducted);</li> <li>iii. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased</li> </ul>
Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD)	<ul style="list-style-type: none"> <li>i. Original treating Medical Practitioner’s certificate describing the disablement</li> <li>ii. Original Discharge summary from the Hospital</li> <li>iii. Disability certificate issued by treating Medical Practitioner</li> <li>iv. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable</li> </ul>
Temporary Total Disablement (TTD)	<ul style="list-style-type: none"> <li>i. Original treating Medical Practitioner’s certificate confirming the disability</li> <li>ii. Original Discharge summary from the Hospital</li> <li>iii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable</li> </ul>
Hospitalisation Expenses due to Accident	<ul style="list-style-type: none"> <li>i. Discharge Summary from The Hospital</li> <li>ii. Medical &amp; Investigation reports</li> <li>iii. Prescriptions, and consultation papers of the treatment</li> <li>iv. Any other medical, investigation reports, as applicable</li> </ul>
Education Grant:	<ul style="list-style-type: none"> <li>i. Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.</li> <li>ii. Photo Identity Proof of Child</li> <li>iii. Age proof of Child</li> <li>iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution</li> </ul>

**3. Claim Settlement**



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

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

**4. Payment of Claim**

All claims under the policy shall be payable in Indian currency only

**Change of occupation:**

Any change in the professional activity/ occupation as stated in the proposal, must be informed to us by the **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.

**Territorial Limits:**

The coverage is worldwide except for the optional cover “Hospitalization expenses due to accident”.

The coverage of optional cover “Hospitalization expenses due to accident”, is limited to medical treatment taken in India only

**Disclosure of Information**

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

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

**Free Look Period**

Every policyholder of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of

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policy document, whether received electronically or otherwise, to review the terms and conditions of such policy and to return the same if not acceptable.

Free Look Period shall not be applicable on renewals or at the time of porting/migrating the policy.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of premium paid less any expenses incurred by the company on medical examination of the insured person and the stamp duty charges, where the risk has not commenced or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period, expenses if any incurred by the Company on medical examination of the policyholder and stamp duty charges

**Cancellation of cover**

i. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

<b>Premium Retained</b>	
<b>Month</b>	<b>1 Yr Policy Term</b>
1	0%
2	17%
3	25%
4	33%
5	42%
6	50%
7	58%
8	67%
9	75%
10	83%
11	92%
12	100%

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

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



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**Renewal of Policy:**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- iv. No loading shall apply on renewals based on individual claims experience.
- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

**Renewal Benefits (Cumulative Bonus)**

Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

**Notes:**

- i. The cumulative bonus is applicable only in respect of base covers. Addition or reduction of cumulative bonus will be done only if claim made under base covers
- ii. The CB shall be added and available individually to the insured persons under the policy, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iv. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn

**Premium Payment in Instalments**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy):

- i. Grace Period of 15 days for Monthly and 30 days for Quarterly and Half-yearly would be given to pay the instalment premium due for the policy.
- ii. The policy will be in force during such grace period and any claim arising during the grace period will be payable subject to policy terms and conditions.
- iii. No interest will be charged If the instalment premium is not paid on due date.
- iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

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vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

**Multiple policies (Applicable to covers which offer fixed benefits)**

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the insurer shall make the claim payments independent of payments received under other similar policies.

**Multiple policies (Applicable for Section - Hospitalisation Expenses due to Accident)**

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be treated as the Primary Insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the Primary Insured shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only have indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

**Possibility of revision of the premium rates:**

The company, with prior approval of the Product Management Committee of the Company, may revise or modify the premium rates.

**Premium (Excl. GST)**

**BASE COVERS**

Base Cover	Death (A)	Permanent Total Disablement (B)	Permanent Partial Disablement (C)	Base Cover (A)+(B)+(C)
Premium per mille (Rs.)	0.6667	0.1667	0.1333	0.9667

**OPTIONAL COVERS**

**Temporary Total Disablement**

**(Premium to be calculated on Base Sum Insured)**

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<b>Premium per mille (Rs.)</b>	0.0975
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**Hospitalisation due to Accident:**

(Premium to be calculated on Base Sum Insured)

<b>Personal Accident Base Sum Insured</b>	<b>Premium (Rs.)</b>
250000	27.00
Above 250000 up to 500000	44.00
Above 500000 up to 1000000	66.00
Above 1000000 up to 2500000	93.00
Above 2500000 up to 5000000	104.00
Above 5000000 up to 50000000	211.00

**Education Grant (per dependent child) - (Premium to be calculated on Base Sum Insured)**

<b>Premium per mille (Rs.)</b>	0.1017
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**Discounts and Loadings:**

**Discount for direct business: 15%**

**Family size discount**

<b>Size of the Family</b>	<b>Discount (%) on Premium</b>
1	0%
2	5.00%
3-5	7.50%
> 5	10.00%

**Loading for payment of premium in instalments:**

<b>Instalment Frequency</b>	<b>Percentage Loading on premium</b>
Monthly	4.00%
Quarterly	3.00%
Semi-Annually	2.00%

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**Illustrations**

**Illustration 1:**

<b>Family members</b>	Self, Spouse, Parent 1, Parent 2, Child 1, Child 2
<b>Covers opted</b>	Base Cover + Education Grant
<b>Channel</b>	Agency
<b>Earning members(s)</b>	Self, Spouse

Insured member	Base Sum Insured (Rs.)	Office Premium for Base Cover(Rs.)	Office Premium for Education Grant(Rs.)
Self	50,00,000	4,833.50	1,017.00
Spouse	25,00,000	2,416.75	508.50
Parent 1	12,50,000	1,208.38	-
Parent 2	12,50,000	1,208.38	-
Child 1	5,00,000	483.35	-
Child 2	5,00,000	483.35	-
<b>Total</b>		10,633.70	1,525.50

<b>Total Office Premium before any discount/loading(Rs.)</b>	= 10633.7 + 1525.5 = 12159.2
<b>Discount-in-lieu of intermediation</b>	0%
<b>Premium payment</b>	Yearly (No Loading)
<b>Family Size</b>	6 (Discount of 10%)
<b>Final Office Premium(Rs.)</b>	= 12159.2 * (1-0.1) = 10,943.28

**Illustration 2**

<b>Family members</b>	Self, Spouse, Parent 1, Child 1, Child 2
<b>Covers opted</b>	Base Cover + TTD + Hospitalisation expenses due to Accident + Education Grant
<b>Channel</b>	Direct
<b>Earning members(s)</b>	Self

Insured member	Base Sum Insured	Office Premium for Base Cover	Office Premium for TTD	Office Premium for Hospitalisation	Office Premium for Education Grant
Self	2,00,00,000	19,334.00	1,950.00	211.00	4,068.00
Spouse	1,00,00,000	9,667.00	-	211.00	-
Parent 1	50,00,000	4,833.50	-	211.00	-

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Child 1	20,00,000	1,933.40	-	93.00	-
Child 2	20,00,000	1,933.40	-	93.00	-
<b>Total</b>		37,701.30	1,950.00	819.00	4,068.00

<b>Total Office Premium before any discount/loading- Rs.</b>	= 37701.3 + 1950 + 819 + 4068 = 44538.3
<b>Discount-in-lieu of intermediation</b>	15%
<b>Family Size Discount</b>	5 (Discount of 7.5%)
<b>Total office premium after discounts – Rs.</b>	=44,583.3*(1-.15-.075)=34,517.18
<b>Premium payment instalment frequency</b>	Quarterly (Loading of 3%)
<b>Final Office Premium post discounts and loading (Rs.)</b>	=34,517.18*(1+.03)=35,552.70

### **GRIEVANCES REDRESSAL MECHANISM**

#### **Mechanism for Grievance Redressal:-**

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

Website : [www.cholainsurance.com](http://www.cholainsurance.com)

Toll free : 1800 208 9100

E-Mail : [customercare@cholams.murugappa.com](mailto: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](mailto:customercare@cholams.murugappa.com) to register your complaint.
- In Case of Senior Citizen please write to [seniorcitizensupport@cholams.murugappa.com](mailto: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](mailto: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](mailto: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.

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

Registered Office: 2<sup>nd</sup> Floor, “DARE House”, 2, N.S.C. Bose Road, Chennai – 600 001.

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

E: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [www.cholainsurance.com](http://www.cholainsurance.com)

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



**SARAL SURAKSHA BIMA, CHOLA**

CHOPAIP21612V012021

Prospectus

**Section 41 of Insurance Act, 1938**

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Section 41 of Insurance Act, 1938 – Prohibition of Rebates: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees..

*Insurance is the subject matter of the solicitation.*