CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.
Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550
E: customercare@cholams.murugappa.com;; website: www.cholainsurance.com
IRDA Regn. No.123; **PAN** AABCC6633K **CIN** U66030TN2001PLC047977

Chola Top up Healthline
CHOHLIP21306V022021
Prospectus

1) Suitability :

This policy provides a higher Sum Insured at a lower cost compared to a single policy with the same higher sum insured. This is also suitable for those who have a primary cover / able to absorb a high Excess. Thus it serves the purpose of a secondary protection tier.

2) Applicability:

Applicable only for individuals and families. Families are covered on a floater basis. This policy is not for groups. Persons in the age group of 18 to 65 years can take the policy for the first time. Family includes Self, Spouse, Children not exceeding three who are between ages of 3 months and 19 years. 'Children' also include unmarried dependent children above 19 years and up to 26 years if evidence satisfactory to the insurer is furnished upon request to confirm that child is not employed and is primarily dependent on the proposer. Further, unmarried child who is a woman below the age of 35 years living with the proposer is also considered as dependent child for this purpose.

3) Medical screening:

Pre-insurance medical screening will be done for those above 55 years to decide the acceptance and/or identify pre existing conditions. 50% of the cost of such medical tests will be borne by Insurer. This reimbursement is applicable only on acceptance of the proposal and approval of the policy and shall be payable only where the proposal is accepted. The reports are valid for a period of 45 days and shall be taken from establishments approved by Insurer. The required tests are

MER+CBC+FBS+CHOLESTROL+CREATININE+SGOT+ECG

MER – Medical Examination Report from Doctor;
CBC – Complete Blood Count
FBS – Fasting Blood Sugar;
SGOT – Serum Glumatic Oxaloacetic Transaminase Test
ECG – Electro Cardio Gram

4) Summary of Benefits :

- ✓ Expenses of Hospitalization: This would protect You against **in-patient** expenses for an illness covered under the policy, subject to deduction of Excess, opted in the proposal form. Period of hospitalization is minimum of 24 hours. These expenses are subject to sublimit as mentioned in the table herein.
- ✓ Boarding and Nursing expenses
- ✓ Surgeon's fees, Consultant's fees, Anesthetist fees
- ✓ Cost of blood , oxygen, diagnostic expenses, cost of pace makers etc
- ✓ Cost of medicines and drugs
- ✓ Post-hospitalisation expenses incurred till 90 days subsequent to discharge from the covered hospitalisation subject to a limit of 10% of admissible hospitalisation claim or Rs.50,000/- whichever is less.
- ✓ Pre-Hospitalisation expenses incurred up to 60 days prior to hospitalization for the disease/illness, injury sustained, subject to a limit of 5% of admissible hospitalisation claim.
- ✓ Organ donor benefits – only hospitalization expenses.
- ✓ **This policy is also available on a long term basis, ie., 24 months or 36 months, in addition to 12 months policy as follows :**
- ✓

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PLAN	I	II	III
TENURE	12 Months	24 Months	36 Months

5) Special features :

The policy comes into operation only when the per hospitalization expenses exceed the Excess amount, as per the option. The top-up is available at a very low premium compared to a single policy of the same sum insured. The various sum insured options available (including the Excess) are as follows :

Option	A	B	C	D	E	F	G
Coverage (over Excess)	***50000***	***2 lacs***	***3 lacs***	***5 lacs***	***6 lacs***	***10 lacs***	***15 lacs***
Excess	30000	1 lac	2 lacs	3 lacs	4 lacs	5 lacs	5 lacs
Total Hosp. Exp.	80000	3 lacs	5 lacs	8 lacs	10 lacs	15 lacs	20 lacs

6) Non-insurance benefits available under this insurance

24 hour help through toll-free line No.1800 200 5544
Cashless facility if the treatment is taken in any network hospital

7) Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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 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 or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

8) Specific and Permanent Exclusions

a. A specific exclusion with waiting period may be applied on a medical condition/disease depending on the medical test done based on the Proposed Insured person's medical history and declarations as part of special conditions on the Policy with due consent from the policyholder.

b. Permanent exclusions may be applied for diseases disclosed by the person to be insured at the time of underwriting with due consent of the proposer or person to be insured, where underwriting policy of the Company does not enable Us to offer the Health Insurance Coverage for the given disease disclosed.

9) Moratorium Period

After completion of eight continuous years under this policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sublimits, co-payments, deductibles as per the policy contract.

10) 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. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. 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.
v. No loading shall apply on renewals based on individual claims experience.

11) Possibility of Revision of Terms of the policy including the Premium Rates:

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

12) Withdrawal of the Product

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

13) Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed guidelines on Portability, kindly refer the link: www.cholainsurance.com

14) Enhancement of Sum Insured

Sum insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, subject to our acceptance, then the coverage for the increased sum insured shall be as if a new policy is issued for the additional sum insured. The additional Sum Insured will be available subject to 30 day, 1 year and 4 years waiting periods as per exclusions 5.a.I , 5.a.II and 5.b of the policy wordings.

15) Cancellation of cover

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

Short Period Scales			
For 1 year policies	**For 2 year policies**	**For 3 year policies**	**Refund % of premium**
0 to 1 months	0 to 2 months	0 to 3 months	**72%**
1 to 2 months	2 to 4 months	3 to 6 months	**66%**
2 to 3 months	4 to 6 months	6 to 9 months	**59%**
3 to 4 months	6 to 8 months	9 to 12 months	**52%**
4 to 5 months	8 to 10 months	12 to 15 months	**45%**
5 to 6 months	10 to 12 months	15 to 18 months	**38%**
6 to 7 months	12 to 14 months	18 to 21 months	**30%**
7 to 8 months	14 to 16 months	21 to 24 months	**22%**
8 to 9 months	16 to 18 months	24 to 27 months	**14%**
9 to 10 months	18 to 20 months	27 to 30 months	**5%**
> 10 months	> 20 months	> 30 months	**No Refund**

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.

16) Migration

The insured person will have the option to migrate the policy to other Topup health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any Topup health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed guidelines on migration, kindly refer the link: www.cholainsurance.com

17) <u>Coverage for the whole family:</u>

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This policy covers the whole family upto the SI opted, subject to the Excess deductible per hospitalization. Family would mean Proposer, spouse, dependent children as defined herein above and who are economically dependent on their parents**.** This does not cover Parents.

18) Exclusions under the policy:

No indemnity is available or payable for claims directly caused by, arising out of or connected to the following:

a. Waiting Periods

I. 30-day waiting period – Code – Excl03

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

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

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of first 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures are as below

Illnesses excluded for One year	Illnesses excluded for Two years
Cataract, Hernia / Hydrocele, Benign Prostate Hypertrophy, Hysterectomy (non-malignant), Fistula in Anus, Anal Fissure, Piles, Sinusitis, Gall Bladder Stones, Gastric or Duodenal ulcer, Tonsilitis or Adenoids, Breast lumps, Cysts, nodules or polyps, Congenital internal anomaly / conditions	Hysterectomy for Menorrhagia or Fibromyoma, knee replacement surgery (other than caused by an accident) Joint Replacement Surgery (other than caused by an accident), Arthritis, Spondylosis / Spondylitis, Renal Failure, Hypertension, Diabetes, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers

b. Pre-Existing Diseases – Code – Excl01:

a) Expenses related to the treatment of a Pre-Existing Disease(PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

c. General Exclusions

1. **Investigation & Evaluation – Code – Excl04:**
   a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
2. **Rest Cure, rehabilitation and respite care – code – Excl05:**
   a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. **Obesity/Weight Control: Code – Excl06**: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1) Surgery to be conducted is upon the advice of the Doctor
   2) The surgery/Procedure conducted should be supported by clinical protocols
   3) The member has to be 18 years of age or older and
   4) Body Mass Index (BMI);
      a) Greater than or equal to 40 or
      b) Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe sleep Apnea
         iv. Uncontrolled Type2 Diabetes
4. **Change-of-Gender treatments:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. **Code – Excl07**
5. **Cosmetic or plastic Surgery:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. **Code – Excl08**

6. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Excl12**
7. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code-Excl13**
8. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure. **Code – Excl14**
9. **Refractive Error:** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. **Code – Excl15**
10. **Unproven Treatments**: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. **Code – Excl16**
11. **Sterility and Infertility: Code – Excl17**: Expenses related to Sterility and infertility. This includes:
    (i) Any type of contraception, sterilization
    (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    (iii) Gestational Surrogacy
    (iv) Reversal of sterilization
12. **Maternity: Code – Excl18:**
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
13. Congenital illness / diseases / condition which are external.
14. Pre & Post hospitalisation expenses of the organ donor and consequential loss to such organ donor.
15. Injury / illness directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not), civil war, revolution, insurrection, mutiny, martial law.
16. Circumcision unless necessary for the treatment of an Illness not otherwise excluded in this Section, or required as a result of Accidental Bodily Injury.
17. Vaccination or inoculation unless forming a part of post-animal bite treatment
18. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs.
19. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
20. Sexually transmitted disease or illness
21. Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons / materials.
22. Non-allopathic treatments.
23. Hospital registration charges, record charges telephone charges and such other charges which are not part of the treatment and which are charged separately.
24. Domiciliary treatment and also treatments taken outside India
25. Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 1

19) <u>Premium rates :</u>

Please refer the Table below:

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ONE YEAR PREMIUMS

Plan	Coverage / Excess	No. of Members / Age	3 months to 40 years	40 years to 65 years	65 years to 70 years
Plan A	50000 / 30000	1 Member	2200	3390	4158
		2 Members	2480	3967	4927
		3 Members	2760	4544	5696
		4 Members	2983	5006	6312
		5 Members	3174	5398	6835
Plan B	2Lacs / 1Lac	1 Member	2349	3659	4447
		2 Members	2666	4304	5288
		3 Members	2983	4949	6130
		4 Members	3237	5464	6803
		5 Members	3452	5903	7375
Plan C	3Lacs / 2Lacs	1 Member	2663	4216	5109
		2 Members	3058	5000	6116
		3 Members	3454	5783	7123
		4 Members	3770	6410	7928
		5 Members	4039	6943	8613
Plan D	5Lacs / 3Lacs	1 Member	3156	5061	6094
		2 Members	3674	6056	7347
		3 Members	4193	7051	8601
		4 Members	4608	7847	9603
		5 Members	4961	8523	10456
Plan E	6Lacs / 4Lacs	1 Member	3160	4971	5909
		2 Members	3679	5944	7115
		3 Members	4199	6917	8322
		4 Members	4615	7695	9288
		5 Members	4968	8356	10108
Plan F	10Lacs / 5Lacs	1 Member	3562	5536	6474
		2 Members	4182	6649	7822
		3 Members	4802	7763	9171
		4 Members	5298	8654	10249
		5 Members	5720	9411	11166
Plan G	15Lacs / 5Lacs	1 Member	4025	6252	7265
		2 Members	4761	7545	8811
		3 Members	5496	8838	10357

		4 Members	6085	9872	11594
		5 Members	6586	10752	12646

TWO YEAR PREMIUMS

Plan	Coverage / Excess	No. of Members / Age	3 months to 40 years	40 years to 65 years	65 years to 70 years
Plan A	50000/ 30000	1 Member	4227	6507	7979
		2 Members	4763	7613	9454
		3 Members	5299	8719	10928
		4 Members	5728	9604	12108
		5 Members	6093	10357	13110
Plan B	2 Lacs / 1 Lacs	1 Member	4512	7024	8533
		2 Members	5120	8259	10146
		3 Members	5727	9495	11758
		4 Members	6214	10483	13049
		5 Members	6627	11323	14145
Plan C	3 Lacs / 2 Lacs	1 Member	5114	8090	9802
		2 Members	5872	9593	11732
		3 Members	6630	11095	13662
		4 Members	7236	12296	15206
		5 Members	7752	13318	16519
Plan D	5 Lacs / 3 Lacs	1 Member	6059	9710	11690
		2 Members	7053	11617	14093
		3 Members	8047	13524	16495
		4 Members	8842	15049	18416
		5 Members	9518	16346	20050
Plan E	6 Lacs / 4 Lacs	1 Member	6066	9539	11335
		2 Members	7062	11403	13648
		3 Members	8058	13267	15961
		4 Members	8855	14758	17812
		5 Members	9533	16026	19384
Plan F	10 Lacs / 5 Lacs	1 Member	6837	10620	12419
		2 Members	8025	12755	15003
		3 Members	9214	14889	17587
		4 Members	10165	16597	19654
		5 Members	10973	18048	21411

Plan G	15 Lacs / 5 Lacs	1 Member	7724	11994	13935
		2 Members	9134	14472	16898
		3 Members	10545	16950	19862
		4 Members	11673	18932	22232
		5 Members	12632	20617	24247

THREE YEAR PREMIUMS

Plan	Coverage / Excess	No. of Members / Age	3 months to 40 years	40 years to 65 years	65 years to 70 years
Plan A	50000/ 30000	1 Member	6059	9302	11397
		2 Members	6822	10876	13493
		3 Members	7585	12449	15590
		4 Members	8195	13708	17268
		5 Members	8713	14778	18694
Plan B	2 Lacs / 1 Lacs	1 Member	6465	10037	12184
		2 Members	7330	11795	14477
		3 Members	8194	13552	16771
		4 Members	8885	14957	18606
		5 Members	9473	16152	20166
Plan C	3 Lacs / 2 Lacs	1 Member	7321	11554	13989
		2 Members	8399	13691	16734
		3 Members	9477	15827	19479
		4 Members	10340	17536	21675
		5 Members	11073	18989	23541
Plan D	5 Lacs / 3 Lacs	1 Member	8665	13858	16675
		2 Members	10079	16570	20091
		3 Members	11492	19282	23507
		4 Members	12624	21452	26240
		5 Members	13585	23296	28564
Plan E	6 Lacs / 4 Lacs	1 Member	8676	13614	16169
		2 Members	10092	16265	19458
		3 Members	11509	18917	22748
		4 Members	12642	21038	25380
		5 Members	13605	22840	27617
Plan F	10 Lacs / 5 Lacs	1 Member	9771	15152	17710
		2 Members	11462	18188	21385
		3 Members	13152	21224	25061

		4 Members	14505	23653	28001
		5 Members	15654	25717	30500
Plan G	15 Lacs / 5 Lacs	1 Member	11033	17106	19867
		2 Members	13039	20630	24082
		3 Members	15045	24155	28296
		4 Members	16650	26974	31668
		5 Members	18014	29371	34534

Premium paid for this insurance is eligible for income tax benefits, as per law. Applicable Service Tax extra.

20) How to buy?

Call the helpline no. 1800 200 5544 or Contact nearest office at the addresses mentioned herein or contact any of our Agents. This can also be bought through online and voice channel.

21) Claim Procedure

If You happen to suffer Accidental Bodily Injury or is diagnosed with an Illness which gives rise to or may give rise to a claim, then it is a condition precedent to our liability that You shall immediately:

1. Give us notice of the claim at the earliest irrespective of notice provided to any other insurer for the same illness in case you are holding multiple insurance policies ;
2. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claim and/or our liability for it that may be requested by the us
3. In case of Cashless admission in Network Hospital, pre-authorisation has to be obtained 72 hours prior to the date of planned admission and within 48 hours of an emergency admission
4. In case of admission in Non Network Hospital, claim intimation has to be given to us in writing or mail or phone within seven days from the date of hospitalization/injury/death.

I. Procedure for Cashless claims:

Obtain our pre-authorisation for any medical treatment in any of our network hospitals. Insured can view or download the updated Hospital Network from the Company's website www.cholainsurance.com. In case of planned admission, pre-authorisation has to be obtained 72 hours prior to the date of admission and within 48 hours of an emergency admission. Pre-authorisation request shall, if we are satisfied as to the validity of the claim, specify:

1. the treatment authorised;
2. the place at which it has been authorised, and
3. Any other conditions applicable to either.

II. Procedure for submission of Reimbursement Claims

1. Upon Hospitalisation, the insured Person or his/her dependents shall provide us with fully particularised details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our In-House Claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.
2. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.

3. The Insured shall obtain and furnish to the Company all copy of bills, receipts and any other documentation upon which a claim is based. `Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. The expenses towards doctors' fees for any additional medical examination required by us, at the time of claim shall be borne by us.
4. We shall only make payment (unless already paid direct to the service provider/hospital) to You or your Nominee.
5. You acknowledge and agree that the payment of any claim by or on behalf of us shall not constitute on the part of us any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by You, it being agreed and recognised by You that we are not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution (including a Network Hospital) whether pre-authorised or not.
6. Following documents are to be submitted for processing of the claim:
   - Claim Form duly filled and signed by patient/You.
   - Original Discharge summary in the hospital letter head with the seal and sign of the doctor with complete details of diagnosis, treatment given, treatment advised etc
   - Original Main bill from the hospital with cost wise break up.
   - Original payment receipt (Receipt should have Serial No)
   - Original investigation reports (such as X Ray, Lab Reports, Scan reports etc) – These are required for supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required.
   - All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital.
   - Implant stickers or invoice where ever applicable
   - In case of Road traffic accident (RTA), copy of FIR and/or Medico legal Certificate (MLC) would be required.
   - Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

III. 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
- 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)

IV. TPA

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

The documents 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
Shaw Wallace Building, Old No.154, New No.319, 2nd Floor
Thambu chetty Street, Parrys corner, Chennai 600 001
Customer Care Toll Free No: 1800-208-5544

V. Complete Discharge

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

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 5544
E-Mail	:	customercare@cholams.murugappa.com
Fax	:	44 -4044 5550
Courier	:	**Cholamandalam MS General Insurance Company Limited, Customer services,** Head Office **Dare House** 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GRO@cholams.murugappa.com

For details of grievance officer, kindly refer the link www.cholainsurance.com

If any Grievances / issues on Health insurance related claims pertaining to Senior Citizens, Insured can register the complaint / grievance in 'Senior Citizen Channel' which shall be processed on Fast Track Basis by dedicated personnel.

If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management system https://igms.irda.gov.in/

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email.: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email.: bimalokpal.chandigarh@ecoi.co.in
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	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
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Fax.011-23230858, Email.: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman,JeevanNidhi – II Bldg, Gr. Fllor, Bhawani Singh Marg, Jaipur – 302005.

	Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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	Office of the Insurance Ombudsman, 6th Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, 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,	Office of the Insurance Ombudsman, Bhagwansahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514250/2514251/2514253. Email.: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 1st Fllor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: bimalokpal.pune@ecoi.co.in

Section 41. Of Insurance Act, 1938

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.
Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550
E: customercare@cholams.murugappa.com;; website: www.cholainsurance.com
IRDA Regn. No.123; **PAN** AABCC6633K **CIN** U66030TN2001PLC047977

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.