

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

Chola MS COVID-19 Cover

POLICY SECTIONS

- Section 1 :** Persons who can be insured
- Section 2 :** Policy coverage
- Section 3 :** Definitions
- Section 4 :** Waiting Period & General Exclusions
- Section 5 :** General Conditions
- Section 6 :** Grievance Redressal Mechanism

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

We issue this insurance policy to You and/or Your Family based on the information provided by You / Proposer in the Proposal form and premium paid by You/ Proposer. This insurance is subject to the following terms and conditions. This Policy covers on Individual Sum Insured basis .The method of coverage and the Sum Insured that has been opted by you is mentioned in the Policy Schedule. The term **You/ Your / Insured Person /Insured/ Policyholder/ Proposer** in this document refers to **You and all the Insured persons** covered under this policy. The term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**.

1. PERSONS WHO CAN BE INSURED

- This Insurance is available to persons aged between 03 months and 65 years (Completed age) at the commencement date of this policy.
- The Proposer should be minimum 18 years on the Commencement date of the policy.
- Maximum entry age for Children would be 25 years (Completed Age)
- Insured can avail cover for Self and his or her family members as follows: Spouse, Dependent Children upto 2 and Parents on Individual Sum Insured Basis.
- Each covered person will have an independent Sum Insured limit within the same policy.
- Only one policy shall be allowed for one Insured person.

2. POLICY COVERAGE

2.1 BASE COVER:

If at anytime during the policy period, the Insured Person contracts and is diagnosed with Novel Corona Virus (nCoV) (COVID-19), the Company shall pay a LumpSum benefit equal to 100% of the opted Sum Insured as mentioned in the Policy Schedule and as per General Conditions of this policy.

a. Specific condition applicable to the base cover:

- i. Payment will be made only on Positive diagnosis for Novel Corona Virus (nCoV) (COVID-19)
- ii. The diagnosis of the covered condition has to be done by authorized centres as declared by the Union Health Ministry of India
- iii. This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit;

2.2 OPTIONAL COVER (on payment of additional premium)

1. DAILY CASH BENEFIT:

a. Coverage

In consideration of payment of **additional premium**, it is hereby understood and agreed that this policy will pay a daily cash benefit as mentioned in the Policy Schedule provided,

- a. The insured is hospitalized as an Inpatient for treatment of Novel Corona Virus (nCoV) (COVID-19) or
- b. In Quarantine for diagnosis or suspected of Novel Corona Virus (nCoV) (COVID-19) during the policy period

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

b. Specific condition applicable to Daily Cash Benefit:

- i. The daily benefit shall be paid for every completed 24 hours of hospitalisation or quarantine upto a maximum of 15 days.
- ii. Prescription of Quarantine has to be done by authorized centers as declared by Union Health Ministry of India.

c. Specific Exclusions applicable to Daily Cash Benefit:

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

1. Self-Quarantine by the Insured
2. Quarantine advised by any unauthorized testing center
3. Quarantine/Isolation at any unauthorized center
4. Self-Isolation during lock-down
5. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

This benefit is over and above the Base Sum Insured.

No cashless facility shall be available under this benefit.

2. LOSS OF JOB COVER:

a. Coverage:

In consideration of payment of **additional premium**, it is hereby understood and agreed that this policy will pay 50% of the chosen base Sum Insured per month, towards loss of Job of the Insured due to

- a. Diagnosis of Novel Corona Virus (nCoV) (COVID-19) of the Insured or
- b. Quarantine for confirmed diagnosis of the covered condition.

For the purpose of this cover, **Loss of Job** means involuntary termination from employment of the insured or his/her permanent dismissal or temporary suspension from employment imposed on him/her by the employer during the policy period due to any of the reason listed above.

a. Specific Conditions applicable to Loss of Job Cover:

- i. Prescription of Quarantine has to be done by authorized centers as declared by Union Health Ministry of India.
- ii. The Insured should be a salaried employee
- iii. Insured shall be a permanent employee of the organization working on a full time basis and such employment has been in force for a continuous period of 12 months.
- iv. Benefit under this section shall be paid only once after the commencement of Loss of Job till the reinstatement of employment with the same employer or new employer or upto a maximum of 3 months whichever is lower at the end of the continuous period of unemployment of 3 months;
- v. This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit;

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

b. Specific Exclusions applicable to Loss of Job Cover:

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

- i. Any Termination, dismissal or temporary suspension from employment for reasons other than the above;
- ii. Unemployment at the time of inception of the Policy or arising within the first 15 days of inception of the Policy Period .

This benefit is over and above the Base Sum Insured.

2.3 Special condition applicable to the policy:

On payment of claim under Base Cover during the policy period, the base cover will stand terminated. However the cover in respect of optional benefits, shall continue till the expiry date mentioned in the policy schedule or occurrence of a claim under optional cover.

3. DEFINITIONS

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in the Policy and where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

1. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
2. **Base Sum Insured** means the Sum Insured as specified in the Policy Schedule/Certificate against the respective base covers.
3. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
4. **Commencement Date** means the commencement date of this Policy as specified in the Policy Schedule.
5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
6. **Daily Cash Benefit** is the amount payable per day as shown in the Policy Schedule. For the purpose of this definition, day shall mean a continuous period of 24 hours commencing from date and time of admission/quarantine. Fraction of a day more than 0.5 shall be treated as one full day.
7. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

8. **Disclosure to information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
9. **Family** means , the Family that consists of the proposer and any one or more of the family members as mentioned below:
 - i. Legally wedded spouse
 - ii. Parents
 - iii. Dependent children (i.e natural or legally adopted) between the age of 3 months to 25 years.
10. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
11. **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
12. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
13. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - a. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.
14. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

15. **In Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
16. **Insured Person** means person(s) named in the Schedule of the Policy.
17. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
18. **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.
The registered Practitioner should not be the insured or close family members of the insured. For the purpose of this definition, close family members would mean and include the Insured person's Spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.
19. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
20. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
21. **Policy period** means the period between the commencement date and earlier of
 - i. The Expiry Date specified in the Schedule
 - ii. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Conditions
22. **Policy Schedule** means that portion of the Policy which sets out your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
23. **Portability** means the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
24. **Pre-existing Disease(PED) means any condition, ailment, injury or disease:**
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement or

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
25. **Proposal Form:** The form in which the details of the insured person are obtained for a Health 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
26. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
27. **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.
28. **Sum Insured** means the amount shown in the Policy Schedule which shall be our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period
29. **Waiting period** refers to the period during which we shall not be liable to make any payment for any claim for treatment. This is not applicable if caused directly due to an accident during the policy period.

4. WAITING PERIODS & GENERAL EXCLUSIONS

A. Waiting Periods:

Waiting Period: The Company shall not be liable for any claim arising for Novel Corona Virus (nCoV) (COVID-19) within 16 days from the first policy commencement date with Us.

B. General Exclusions:

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

1. Any condition for which the insured had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment within the waiting period.
2. Testing done in a centre other than the ones authorized in India
3. Any person who was tested positive for COVID-19 before commencement of the policy with us /who has had an episode of COVID-19 in the past and fully cured.
4. Diagnosis and treatment outside India.
5. Any treatment taken on OPD basis
6. If the Insured has travelled outside India within last 3 months.
7. Treatment in any hospital or any other provider network that We blacklisted as listed in our website www.cholainsurance.com. However, this exclusion will not apply in case of emergency hospitalisation, subject to verification of claim.

5. GENERAL CONDITIONS:

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

I. CONDITIONS PRECEDENT TO THE CONTRACT

1. Change of Address / Contact details

It is in the **Insured person's** interest to intimate us if there is any change in residential address and phone numbers.

2. Disclosure to information norm

The **policy** shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure of any material, particular in the proposal/enrolment form, personal statement, declaration or other connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the **Insured/Policy Holder** or any one acting on his behalf to obtain any benefit under this **Policy**.

The **Insured** is under obligation to inform the **Insurer** in writing on the changes to his health status affecting any claim.

3. Misdescription

In the event of misrepresentation, mis-description or non-disclosure of any material fact by the Insured person(s), the policy shall be void and all premium paid hereon shall be forfeited to the Company and no claim shall be payable under the policy.

4. Free Look Period

The Insured shall be allowed a period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable.

The Insured can return the policy within 15 days of its receipt if he/she is not satisfied with its coverage or terms and conditions. In such a case the policy will be cancelled from date of cancellation request received at Insurer's office provided no claim is reported and considered.

Refund of premium would be after retaining charges towards medical tests, stamp duty charges and pro-rata premium from the risk start date till date of cancellation.

II. CONDITIONS APPLICABLE DURING THE CONTRACT

5. Notification

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

6. Transfer

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

7. Nomination

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

The **Insured person** is entitled to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per the provisions of Section 39 of the Insurance Act, 1938. In case the nominee is a minor, the Insured can appoint a person who will receive the money secured by the policy in the event of the Insured's death during the minority of the nominee.

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

8. Fraud

If the **Policy holder** or **Insured Person(s)** or his dependents shall:

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

This Policy shall be null and void ab initio in relation to that Insured Person/Policy Holder. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policy holder or Insured who shall be jointly and severally liable for the same.

9. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

10. Entire Contract

The **Policy** constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the **Insurer** shall be evidenced by a duly signed and sealed **endorsement** on the **Policy**.

11. Territorial Limits

The Insurer's liability to make any payment shall be for diagnosis and treatment within India only in Indian Rupees.

12. Assignment:

The policy can be assigned subject to applicable laws.

III. CONDITIONS WHEN A CLAIM ARISES

13. Claim procedure:

a) Claims notification:

Upon diagnosis / occurrence of the Insured events opted under the policy, the insured/claimant should intimate the claim to Chola MS within 7 days by telephone through toll free number (**1800-208-5544**) or in writing by email (customercare@cholams.murugappa.com) / letter). The intimation should contain the following information:

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered 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 MS COVID-19 Cover**

CHOHLIP21012V012021

Policy Wordings

- Insured details (Name /Age/Gender)
- Contact no & E-Mail ID
- Policy Number
- Date of Diagnosis / Loss of Job (as per covers opted)
- No. of days of hospitalisation/Quarantine for Daily Cash Benefit (if opted)

b) Claims procedure:

- The insured / claimant shall provide the Insurer with details of the claim to be paid listed below under claim documentation of the policy within 30 days from the date of discharge of the defined illness/ loss of job. Failure to furnish such details 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.
- The Insurer 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 of the Insured Person's claim, and may for these purposes require the Insured Person to be examined by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary.
- The Insurer shall only make payment to the insured person or nominee whose name is mentioned in the Policy Schedule.
- The insured shall obtain and furnish to the Company copy of all bills, receipts and 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'.

c) Claims documentation :

Following documents are to be submitted for processing of the claim along with the duly filled & signed claim form by the insured / nominee in addition to the documents listed in the table:

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

Base Diagnosis Benefit	1. Diagnostic Test confirming the existence of Novel Corona Virus (nCoV) (COVID-19) from authorized centres as declared by Union Health Ministry of India
Daily Cash Benefit	1. Detailed discharge summary or Quarantine Report provided by the Hospital/Authorised Center
Loss of Job	1. Appointment Letter of the insured confirming his permanent Employment (and should not be under Probation period) 2. Past 6 Months Salary Slip 3. Certificate from the employer confirming the reason

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

	for Permanent dismissal or Temporary suspension
--	---

d) Claim Settlement:

1. We shall settle claims, including its rejection, within thirty days of the receipt of last 'necessary' document.
2. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
3. In case of delay in the payment, the Company shall be liable to pay penal interest at a rate which is 2% above the Bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
4. There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policy holders.

Chola MS customer support operates 24 /7 basis and the con tact details are as followed for any queries / grievances:

Toll Free Phone No : **1800-208-5544**

E-Mail : help@cholams.murugappa.com

Address of Chola MS Health Claims Office:

Cholamandalam MS General Insurance Company Limited

Chola MS HELP – Health Claims Department

New No.319, Old No.154, Shaw Wallace Building,

2nd Floor, Thambu Chetty Street, Parry's Corner,

Chennai - 600001

Customer Care Toll Free No: 1800-208-5544

E-Mail: help@cholams.murugappa.com

14. Delay in intimation of claim

It is essential and imperative that any loss or claim under the **policy** has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator wherever deemed necessary for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto.

Any genuine delay, beyond the **Insured's** control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Insured's end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

15. Authority to Obtain Records

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which the claim has been lodged. If required, the **Insured Person** should

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

16. Disclaimer of claim

It is also hereby further expressly agreed and declared that if we shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

IV. CONDITIONS FOR RENEWAL OF THE CONTRACT

17. Renewal of Policy

- a. We agree to renew your policy unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.
- b. This policy can be renewed subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy. We condone the delay and renew the policy with continuity benefits. However, no coverage shall be available during the grace period of 30 days.
- c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.
- d. The company reserves its rights to vary the premium from time to time subject to approval of IRDAI.
- e. In case the policy was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of renewal. Insured shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to.
- f. If the insured was covered under a group policy with us and the cover is terminated due to the insured ceasing to be a member of the group then the insured can take a fresh policy without any break in policy period or with break not exceeding 30 days grace period of such termination of cover to avail the continuity benefit which would accrue as if the Insured was covered by the original policy.
- g. When an insured Person is added to this Policy either by way of endorsement or at the time of renewal, the waiting periods will be applicable to that insured person considering such policy period as the first policy with us.
- h. Maximum Renewal age for dependent children is 25 years. On renewal after completion of 25 years, such Insured Person will have the option to migrate to any separate health insurance policy, with continuity benefits.

18. Product Revision:

Any revision or modification in the policy, subject to the approval from the Insurance Regulatory and Development Authority of India 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.

19. Withdrawal of the Product :

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 MS COVID-19 Cover

CHOHLIP21012V012021

Policy Wordings

This product may be withdrawn from the market by informing Insurance Regulatory and Development Authority of India giving details of the product and the reasons for withdrawal. We will intimate the Insured person in writing about such withdrawal atleast three months prior to the renewal date. The Insured person will have the option to purchase another policy with similar covers if available with the company. This will be subject to portability conditions laid down by IRDA.

20. Sum Insured Enhancement:

Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

If you decide to increase the sum insured or opt for an optional cover or opt out of the optional cover at the time of renewal, the same shall be subject to written application and our acceptance.

21. Portability

On renewal from any other Indian insurer's Individual health insurance policy with similar type of cover with same Sum insured, Continuation of benefits would be ensured for the following.

a. **16 days Waiting Period:** A waiting period of 16 days would be considered to have been served if You were insured continuously and without interruption for at least 1 year under another Indian insurer's individual health insurance policy.

22. Migration

The Insured person will have the option to migrate the Policy to other health insurance products/plans offered by the Company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, as per Guidelines on migration, the proposed Insured person will get all the accrued continuity benefits in waiting periods as per below:

The waiting periods specified in Section 4 shall be reduced by the number of consecutive preceding years of coverage by the Insured Person under the previous health insurance Policy.

For detailed guidelines on Migration, kindly refer the link www.cholainsurance.com

23. Cancellation of cover

This **policy** may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the Insured/Policy Holder by giving 15 days written notice delivered to, or mailed to the Insured persons'/policy holder's last address as shown in the records. In the event of such cancellation on the grounds of misrepresentation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy.

In the event of cancellation on the grounds of non cooperation, the **company** shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation subject to no claim under the policy.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered 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 MS COVID-19 Cover**

CHOHLIP21012V012021

Policy Wordings

The **Insured Person/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** subject to no claim under the Policy.

Period on Risk (in Months)	Rate of Premium to be retained
1	8%
2	17%
3	25%
4	33%
5	42%
6	50%
7	58%
8	67%
9	75%
10	83%
11	92%
12	100%

23. Arbitration

a. Any dispute or difference between the **Insurer** and the **Insured Person** or the Policy Holder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language and the venue will be in Chennai.

b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.

c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

24. Automatic Termination

This **policy** shall terminate for the Insured immediately on the earlier of the following events irrespective of the expiry date mentioned in the **policy schedule**

- Upon the demise of the covered person, in which case the **Company** will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule.

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

As an esteemed customer of our **Company**, the **Insured** can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the **insurance policy** issued. The contact details of our office are given below for Your reference.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered 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 MS COVID-19 Cover**

CHOHLIP21012V012021

Policy Wordings

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

Cholamandalam MS General Insurance Company Limited**Customer services**

Address : H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.

Toll free : 1800 208 5544

SMS : “CHOLA” to 56677* (premium SMS charges apply)

E-MAIL : customercare@cholams.murugappa.comWEBSITE : www.cholainsurance.com

If You have not received any reply from us within 3 days from the date of the lodgement of complaint or if You are not satisfied with the reply of the Company, you can contact the IRDA Grievance Call Centre at the toll free no. 155255 or email at complaints@irda.gov.in for registering the grievance or the nearest Insurance Ombudsman, whose addresses are mentioned below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2 nd 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, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2 nd 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.:

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered 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 MS COVID-19 Cover**

CHOHLIP21012V012021

Policy Wordings

	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, 2 nd 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, 4 th 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, 5 th 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, 1 st 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. Floor, 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, 2 nd 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, 4 th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITEDRegistered 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 MS COVID-19 Cover**

CHOHLIP21012V012021

Policy Wordings

	033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Office of the Insurance Ombudsman, 6 th 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, 3 rd 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, 4 th 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, 1 st Floor, 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, 3 rd 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