

Valuable Customer,

It is a privilege to have you as a policyholder of Cholamandalam MS General Insurance. Your complete satisfaction is our first priority and we look forward to serving you. In this context, please find enclosed:

- Your **Policy** : which is in the form of this booklet
- Your **Policy Schedule**: which provides salient details of your insurance cover

In the unfortunate event of you meeting with an incident, by which a claim can arise under this policy, please contact toll - free number **1-800-220848**. For any other queries please call any of our offices or our toll-free number **1800 200 5544**. This is a 24 hour national toll free number set up to ensure complete convenience round the clock. You can also call this number to obtain details of our other insurance products relevant to your needs.

At Cholamandalam MS General Insurance, we strive to ensure complete satisfaction of our policy holders. I personally invite you to contact me with any thoughts/suggestions that you may have.

With kind regards,

Your sincerely,



**S.S.Gopalrathnam**  
Managing Director

# INDEX

Introduction	1
Index	2
Coverage Parts	3
Definitions	4
General Exclusions	6
General Conditions	8
Schedule of Benefits	12
Day Care Procedure	14
Extra Health Cover	17
Address of TPA	19

## COVERAGE PARTS

The **Insurer's** agreement to extend cover to the **Insured** up to the **Limit of Indemnity** per the terms and conditions contained in this **Policy** is based upon the **Proposer's** payment of premium and the proposal, which is incorporated into the **Policy** and is the basis of it.

Certain words or expressions have the specific meaning given in Section B whenever they appear in **bold** and in Initial Capitals in this **Policy**.

### A. Coverage Parts

- 1) Upon the happening of the event under a) to e) below during the **Policy Period**, the **Insurer** will indemnify the **Proposer** up to the **Limit of Indemnity** as detailed below and as per the General Conditions:

a) **Hospitalisation Expenses**

If the **Insured** is diagnosed with an **Illness** or suffers **Accidental Bodily Injury**, which necessitates his **Hospitalisation**, the **Insurer** will reimburse the **Insured's** consequent **Hospitalisation Expenses** for:

- i Room and board
- ii **Doctors** fees
- iii Intensive Care Unit
- iv Nursing expenses
- v Surgical fees, operating theatre, anesthesia and oxygen and their administration
- vi Physical therapy
- vii Drugs and medicines consumed on the premises
- viii **Hospital** miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- ix Dressing, ordinary splints and plaster casts
- x Costs of prosthetic devices if implanted during a surgical procedure
- xi Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

b) **Post-hospitalisation Expenses**

If the **Insurer** accepts a claim under a) above and, immediately following the **Insured's** discharge, he requires further medical treatment directly related to the same condition for which the **Insured** was **Hospitalised**, the **Insurer** will reimburse the **Insured's Post-hospitalisation Expenses** for up to 90 days following his discharge.

c) **Pre-hospitalisation Expenses**

If the **Insured** is diagnosed with an **Illness** which results in his **Hospitalisation** and for which the **Insurer** accepts a claim under a) above, the **Insurer** will reimburse the **Insured's Pre-hospitalisation Expenses** for up to 60 days prior to his **Hospitalisation** as long as the 60 day period commences and ends within the **Policy Period**.

#### **Specific Conditions Applicable to a) – c) inclusive:**

- i) The **Administrator** will arrange for cash free payment to the extent of the **Insurer's** liability for **Hospitalisation Expenses** incurred at **Network Hospitals** subject to the **Insured's** satisfaction of **General Conditions D4)** and 6).
- ii) If the **Insured** for any reason chooses not to use a **Network Hospital** or opts for a higher **Hospitalisation Class** or otherwise breaches the terms of the authorisation obtained pursuant to General Condition 4) c), then the amount payable by or on behalf of the **Insurer** shall be reduced as per the **Co-payment Table** and shall be borne by the **Insured**. This clause shall not apply if due to an **Illness** or **Accidental Bodily Injury** an **Insured** requires **Emergency Hospitalisation** or change of **Hospital** so as to avoid a material risk to the **Insured's** life or health, and as a result the **Insured** is unable to obtain pre-authorisation provided that:

## DEFINITIONS

1. The **Administrator** is given notice of the **Insured's Hospitalisation** as soon as reasonably practicable, and
  2. The terms of **General Condition D4)** are complied with as soon as the material risk to the **Insured's** life or health has passed.
- d) **Day Care Expenses**  
If the **Insured** requires a **Day Care Procedure**, the **Insurer** will reimburse the **Day Care Expenses** as long as the **Day Care Procedure** performed was pre-authorised by the **Administrator**.
- e) **Local Ambulance Services**  
The **Insurer** will also pay for **Emergency** ambulance road transportation by a licensed ambulance service to the nearest **Hospital** where Emergency Health Services can be rendered. Coverage is only provided in the event of an **Emergency** up to the limits given in Schedule of Benefits.

### B Definitions

For ease of reference, the singular includes the plural and the male gender includes the female gender where appropriate to the context.

- 1) **Accidental Bodily Injury** means physical bodily harm or injury that is visible and is caused by a sudden, unexpected, fortuitous, visible and external event and which requires treatment by a **Doctor**.
- 2) **Administrator** means the person or organisation named in the **Schedule** who has been appointed by the **Insurer** to provide administrative services on its behalf of and at its direction.
- 3) **Cash Free payment** means the **Administrator** may authorise upon an **Insured's** request for direct settlement of eligible services and it's according charges between a **Network Hospital** and the **Administrator**. In such cases the **Administrator** will directly settle all eligible amounts with the **Network Hospital** and the **Insured** may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the **Policy**.
- 4) **Co-payment Table** means the table attached to the **Schedule**.
- 5) **Day Care Expenses** means the medical treatment costs (nursing; **Doctors**; medically necessary procedures and medical consumables) necessary and reasonable in scope for a **Day Care Procedure** pre-authorised by the **Administrator** & done in a **network Hospital** to the extent that such cost does not exceed the reasonable and customary charges applicable in the locality for the same **Day Care Procedure**.
- 6) **Day Care Procedure** means the course of medical treatment or a surgical procedure listed in the **Schedule**, which is undertaken under general or local anaesthesia in a **Hospital** by a **Doctor** in not less than 2 hours and not more than 24 hours. This excludes all procedures or treatment taken in the Out Patients Department.
- 7) **Doctor** means a person who holds a medical degree from a recognised institution and is currently licensed or registered by the Medical Council of the respective State of India, so long as he acts within the scope of the license or registration granted to him.
- 8) **Emergency** means a serious medical condition or symptom resulting from Injury or Sickness, which arises suddenly and requires immediate care and treatment to avoid jeopardy to the life or serious damage to the health of the **Insured**. The emergency continues till the condition of the **Insured** stabilises and the continuing medical condition or symptoms are not considered an **Emergency** anymore.
- 9) **Hospitalisation** or **Hospitalised** means the **Insured's** admission for a continuous period of not less than 24 hours into a **Hospital**, which means an institution in India which:

## DEFINITIONS

- a) Is properly licensed, and in areas where licensing facilities are unavailable, the institution must be one recognised in the locality as a **Hospital** and must satisfy b) to d) below inclusive;
  - b) Is primarily engaged in providing diagnostic, medical and surgical facilities for the care and treatment of injured or sick persons on an inpatient basis, and is not an institution which is primarily a rest or convalescent facility, a place for custodial care, a facility for the aged or alcoholics or drug addicts or for the treatment of mental disorders;
  - c) Employs **Doctors** and qualified nursing staff who are permanently available on the premises to provide necessary medical care and attention to patients on a 24-hour basis;
  - d) Maintains daily medical records for each of its patients.
- 10) **Hospitalisation Class** means the type of **Hospital** room specified in the **Schedule** for which the **Insured** has opted. The categorisation types indicated denote the following:
- a) Class A: Air-conditioned Single room upwards (i.e. suite, apartment).
  - b) Class B: Air-conditioned or Non air-conditioned Single room.
  - c) Class C: Air-conditioned or Non air-conditioned Two-Bed Room.
- 11) **Hospitalisation Expenses** means the medical treatment costs as per the **Hospitalisation Class** and:
- a) For a **Network Hospital** shall mean the rates pre-agreed between the **Network Hospital** and the **Administrator** which relate to medical treatment that is necessary and reasonable in scope to treat the condition for which the **Insured** was **Hospitalised**;
  - b) For any other **Hospital** shall mean the cost of medical treatment that is necessary and reasonable in scope to treat the condition for which the **Insured** was **Hospitalised** to the extent that such cost does not exceed the reasonable and customary charges that **Hospitals** in the same locality would have charged for the same medical treatment and **Hospitalisation Class**.
- 12) **Identification** or **ID Card** means the card issued to the **Insured** by the **Administrator**.
- 13) **Illness** means a condition affecting the general well being and health of the body or an affliction of the bodily organs having a defined and recognised pattern of symptoms that first manifests itself in the **Policy Period** and which requires treatment by a **Doctor**. It does not mean any mental illness (a mental or bodily condition marked primarily by sufficient disorganisation of personality, mind, and emotions to seriously impair the normal psychological, social, or work performance of the individual) regardless of its cause or origin.
- 14) **Insured** means:
- a) The persons named in the **Schedule**.
  - b) The **Proposer's**:
    - i) Legal spouse;
    - ii) Children aged between 30 days and 19 years at the commencement of the **Policy Period** if they are unmarried, still dependant on the **Proposer** and have not established their own independent households;
    - iii) Unmarried dependant children aged between 20 and 26 years at the commencement of the **Policy Period** if in full or part time education and primarily dependant upon the **Proposer** for financial support and maintenance;
    - iv) Unmarried dependant female children aged less than 36 years at the commencement of the **Policy Period** if their principal place of residence is with the **Proposer** and if they have no cover under any other insurance policy;
    - v) Any other person who during the **Policy Period** falls within one of the foregoing categories as long as the details of such person

## GENERAL EXCLUSIONS

are notified to the **Insurer** within 3 months of the entitlement having arisen; any documentation or information sought by the **Insurer** has been provided expeditiously; the **Insurer** has agreed to the extension of cover, and any additional premium sought by the **Insurer** has been paid.

- vi) **Dependant Parents** means the natural or legally adopted mother and/or father of the **Proposer**, provided that:
  - a) The Parent is below 69 years of age at initial participation under this Policy; and
  - b) Does not exceed age 70 while covered hereunder
  - c) In the case of legally adopted parents, the legal adoption must have taken place as per act.
  - d) **Dependant Parents** shall not refer to the parents of the spouse of the main **Proposer**.
- 15) **Insurer** means the **Cholamandalam MS General Insurance Company Limited**.
- 16) **Limit of Indemnity** means the amount stated in the **Schedule** against the name of each **Insured**, which represents the maximum liability of the **Insurer** for any and all claims made during the **Policy Period** in respect of that **Insured** regardless of the number of Coverage Parts under which a claim is or claims are advanced.
- 17) **Network Hospital** means the institutions named on a list maintained by and available from the **Administrator**, as the same may be amended from time to time.
- 18) **Policy** means the proposal, this policy document and the **Schedule**, which means the schedule attached as the **Insurer** may amend it from time to time.
- 19) **Policy Period** means the period between the effective date and the earlier of:
  - a) The expiry date specified in the **Schedule**, and
  - b) The exhaustion of the **Limit of Indemnity** for particular **Insured** as regards that **Insured**, and
  - c) The cancellation of this **Policy** by either **Insured** or **Insurer** in accordance with **General Condition D 8)** below.
- 20) **Pre-Existing Condition** means any Injury or Sickness and/or related conditions for which the **Insured** received medical advice or treatment, or to the best of his knowledge and belief was aware existed during the **24 months** period prior to the Effective Date of the first individual health policy with the **Insurer**.
- 21) **Pre-hospitalisation Expenses** and **Post-hospitalisation Expenses** means the medical treatment costs (**Doctor's** services; diagnostics; medically necessary procedures and medical consumables) necessary and reasonable in scope to treat the condition for which the **Insured** is to be or was **Hospitalised** to the extent that such cost does not exceed the reasonable and customary charges that **Hospitals** in the same locality would have charged for the same medical treatment.
- 22) **Proposer** means the person named in the **Schedule**.
- 23) **Schedule** means the **Schedule of Benefits** which are attached and which form a part of this **Policy**.

### C General Exclusions

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

- 1) Any **Pre-Existing Condition** or related condition for which care, treatment or advice was recommended by or received from a **Doctor** or which was first manifested prior to the commencement date of the **Insured's** first Individual Health Insurance Policy with the **Insurer**. However, this exclusion shall cease to apply to such pre-existing condition if the **Insured** has maintained an Individual Health Insurance Policy with the **Insurer** for a consecutive 3-year period and no claim, care, treatment or advice has been recommended by or received from a **Doctor** in relation to such **Pre-Existing Condition** during that 3-year period.

## GENERAL EXCLUSIONS

- 2) Any **Illness** diagnosed or diagnosable within 30 days of the effective date of the **Policy Period** if this is the first Individual Health Policy taken by the **Proposer** with the **Insurer**. If the **Insured** renews an Individual Health Policy with the **Insurer** (**Insurer's** own renewal OR renewal of other General insurance company's policy with the **insurer** without any break) and increases the **Limit of Indemnity** (other than as a result of the application of **General Condition D7**), then this exclusion shall apply in relation to the amount by which the **Limit of Indemnity** has been increased.
- 3) Cataracts, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders. This exclusion shall cease to apply if the **Insured** has maintained an Individual Health Insurance Policy with the **Insurer** for 1 full year OR renews the policy of any other General Insurance Company without any break. But if the **Insured** renews an Individual Health Insurance Policy with the **Insurer** (**Insurer's** own renewal) OR renews a policy of any other General insurance company without any break, and increases the **Limit of Indemnity** (other than as a result of the application of **General Condition D7**), then this exclusion shall apply in relation to the amount by which the **Limit of Indemnity** has been increased for a further 1-year period.
- 4) Circumcision unless necessary for the treatment of an **illness** not otherwise excluded in this Section, or required as a result of **Accidental Bodily Injury**.
- 5) Vaccination, inoculation, cosmetic treatments (including any complications arising out of or howsoever attributable to any cosmetic treatments or the replacement of an existing breast implant), aesthetic treatments, experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.
- 6) Vitamins and tonics unless forming a necessary part of the treatment for **Illness** as certified by the attending **Doctor**.
- 7) Any dental treatment or surgery of a corrective, cosmetic or aesthetic nature unless it requires **Hospitalisation**; is carried out under general anaesthesia and is necessitated by **Illness** or **Accidental Bodily Injury**.
- 8) Personal comfort and convenience items or services such as television, telephone, barber or beauty service, guest service and similar incidental services and supplies.
- 9) The treatment of obesity (including morbid obesity) and any other weight control programs, services, or supplies.
- 10) Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of a **Illness** or **Injury** and is usable outside of a **Hospital**) unless required for the treatment of **Illness** or **Accidental Bodily Injury**.
- 11) Diagnostic, X-ray or laboratory examination incidental to or inconsistent with the diagnosis and treatment of the **Illness** or **Injury** for which the **Insured** was **Hospitalised**.
- 12) The **Insured's** participation in any hazardous activities, including but not limited to scuba diving, motor-racing, parachuting, hang-gliding, rock or mountain climbing, as a member of the armed forces, the paramilitary, the security forces, the fire or ambulance services, lifeboat service, police force and the like whether part time or full time, voluntary or paid.

## GENERAL CONDITIONS

- 13) Charges incurred in connection with the provision or fitting of hearing aids, eyeglasses or contact lenses.
- 14) Any travel or transportation costs or expenses.
- 15) The use, misuse, or abuse of alcohol, substances or drugs (whether prescribed or not).
- 16) Outpatient prescribed or non-prescribed medical supplies including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products; non-prescription drugs and treatments.
- 17) War, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.
- 18) Ionising radiation or contamination by radioactivity from any nuclear waste or from combustion of nuclear fuel or otherwise; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products.
- 19) In vitro fertilisation (IVF), gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; pregnancy, childbirth and their consequences, including changes in chronic conditions as a result of pregnancy; any treatment related to infertility or sterilisation.
- 20) HIV, AIDS and all related medical conditions.
- 21) Costs incurred on all methods of treatment except Allopathic.
- 22) Any condition after the point at which it is certified by the attending **Doctor** to be of such a nature that further medical treatment may serve to stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
- 23) Congenital Internal and/or external illness/disease

### D General Conditions

- 1) **Observance of Terms & Conditions**  
It is a condition precedent to the **Insurer's** liability that the **Insured** and each of them shall comply in all respects with the terms and conditions of this **Policy** insofar as they require anything to be done or complied with by the **Insured** or any of them.
- 2) **Due Care**  
The **Insured** and each of them shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this **Policy** and, in the event of a claim arising, to minimise its financial consequences.
- 3) **Change of Occupation**
  - a) The **Proposer** shall immediately and in any event within 14 days give the **Insurer** written notice of any change in the occupation or address of any **Insured** as stated in the **Schedule**.
  - b) If a change is not notified and the new occupation or address of an **Insured** would have resulted in the **Insurer** charging higher premium, then in the event of a claim the amount payable by the **insurer** shall be reduced by 20% of the amount that would otherwise have been payable.
- 4) **Procedure for Making a Claim**  
If the **Insured** suffers **Accidental Bodily Injury** or is diagnosed with an **Illness** which gives rise to or may give rise to a claim, or requires a **Day Care Procedure**, then it is a condition precedent to the **Insurer's** liability that the **Proposer** and/or **the Insured** shall immediately:

## GENERAL CONDITIONS

- a) give the **Administrator** notice of a claim;
- b) expeditiously give or arrange for the **Administrator** to be provided with any and all information and documentation in respect of the claim and/or the **Insurer's** liability for it that may be requested by the **Insurer** or the **Administrator**;
- c) obtain the **Administrator's** pre-authorisation for any medical treatment, which pre-authorisation shall, if the **Administrator** is satisfied as to the validity of the claim, specify:
  - i) the treatment authorised;
  - ii) the place at which it has been authorised, and
  - iii) any other conditions applicable to either.

### 5) Authority to Obtain Records

- a) The **Insured** and each of them hereby agree to and authorise the disclosure to the **Insurer** or the **Administrator** (or any other person nominated by the **Insurer**) of any and all medical records and information held by any institution or person from which the **Insured** and each of them has obtained any medical or other treatment to the extent reasonably required by either the **Insurer** or the **Administrator** in connection with any claim made under this **Policy** or the **Insurer's** liability for it.
- b) The **Insurer** and the **Administrator** agree that they will preserve the confidentiality of any documentation and information that comes into the possession of either pursuant to 5) a) above, and will only use it in connection with any claim made under this **Policy** or the **Insurer's** liability for it.

### 6) Procedure for Paying a Claim

- a) Within 30 days of the completion of any treatment claimed for at a **Non-Network Hospital**, the **Proposer** and/or the **Insured** shall provide the **Administrator** 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 the **Insurer's** liability for it sought by the **Administrator**.
- b) 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 and quantum of the **Insured's** claim, and may for these purposes require the **Insured** to be examined by a medical advisor nominated by the **Insurer** or the **Administrator** as often as and to the extent that either considers to be reasonably necessary.
- c) Where:
  - i) any treatment has been obtained or costs or expenses have been incurred beyond those pre-authorised by the **Administrator**, or
  - ii) any conditions attached to such pre-authorisation have been breached, then the **Insurer's** liability to make payment shall be limited to the amount that would have been payable had the terms of the pre-authorisation been adhered to by the **Insured**.
- d) The **Insurer** shall only make payment (unless already paid direct to the service provider) to the **Proposer**. If the **Proposer** is incapacitated or is deceased, the **Insurer** shall make payment to his heir, executor or validly appointed legal representative. Any payment made in good faith by the **Insurer** as aforesaid to someone other than the **Proposer** shall operate as a complete and final discharge of the **Insurer's** liability to make payment under this **Policy** for such claim.
- e) The **Insured** and each of them hereby acknowledge and agree that the payment of any claim by or on behalf of the **Insurer** shall not constitute on the part of the **Insurer** any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the **Insured**, it being agreed and recognised by the **Insured** and each of them that the **Insurer** is 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.

## GENERAL CONDITIONS

### 7) Claim Free Bonus

As long as the **Proposer** renews his Individual Health Insurance Policy with the **Insurer** without a break and as long as no claim has been made on the expiring Individual Health Insurance Policy, the **Insurer** will increase the **Limit of Indemnity** under each subsequent Individual Health Insurance Policy by 5% of the expiring Individual Health Insurance Policy, but:

- a) the maximum cumulative bonus shall at no time exceed 50% of the **Limit of Indemnity** of the expiring policy or such bonus earned in the ten consecutive claim free years, whichever is less;
- b) in the event of a claim, the **Limit of Indemnity** under any subsequent Individual Health Insurance Policy shall be reduced by 10% for each claim made except that the **Limit of Indemnity** shall not fall below 100% of the **Limit of Indemnity** available under the **Proposer's** first Individual Health Insurance Policy;
- c) carry forward of Cumulative Bonus from previous Insurer is allowed only if copy of the expiring policy along with Renewal notice from the previous insurer or No Claim Declaration from the proposed insured is submitted. The maximum limit for carry forward of the cumulative bonus accumulated from the previous insurer will be up to 50% of the sum insured under the expiring policy
- d) nothing in this clause or otherwise obliges the **Insurer** to renew or grant any Individual Health Insurance Policy or to give notice of renewal.

### 8) Cancellation

- a) The **Insurer** may cancel this **Policy** by giving the **Proposer** 30 days written notice and the **Proposer** may cancel this **Policy** by giving the **Insurer** 7 days written notice, in either case without affecting the status of any claim made prior to the effective date of the cancellation.
- b) As long as no claim has been made by any of the **Insured**, the **Insurer** will refund to the **Proposer** pro-rata premium for the unexpired **Policy Period**:

Period on Risk	Premium Retained by Insurer
Up to 1 month	25%
Up to 3 months	50%
Upto 6 months	75%
6 months and over	100%

- c) Upon the **Cancellation** or non-renewal of this **Policy**, all **ID Cards** shall immediately be returned to the **Administrator** at the **Proposer's** expense and the **Proposer** and each **Insured** agrees to hold and keep harmless the **Insurer** and the **Administrator** against any and all costs, expenses, liabilities and claims (whether justified or not) arising in respect of the actual or alleged use or misuse of such **ID Cards** prior to their return.

### 9) Notification

- a) Any and all notices and declarations for the attention of the **Insurer** or **Administrator** shall be in writing and shall be delivered to the **Insurer's** or **Administrator's** address as respectively specified in the **Schedule**.
- b) Any and all notices and declarations for the attention of any or all of the **Insured** shall be in writing and shall be sent to the **Proposer's** address as specified in the **Schedule**.

### 10) Arbitration

- a) Any dispute or difference between the **Insurer** and any **Insured** or the **Proposer** 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.

## GENERAL CONDITIONS

- b) It is agreed 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 the Indian Courts.

### 11) **Fraud**

If the **Insured** or any of them shall:

- a) make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
- b) permit another to use his **ID Card** or use another's **ID Card**, then this **Policy** shall be void in relation to that **Insured**, all claims or payments due shall be forfeited and all payments made shall be repaid by that **Insured** in full by the **Insured** and/or the **Proposer** who shall be jointly and severally liable for the same.

### 12) **Subrogation**

Each **Insured**:

- a) shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the **Insurer** shall be or would become entitled or subrogated upon the **Insurer** paying for any claim under this **Policy**, whether before or after indemnification;
- b) shall not do or cause to be done anything that may cause any prejudice to the **Insurer's** right of **Subrogation**;
- c) agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the **Insurer** for the claim and the costs of recovery.

### 13) **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.

### 14) **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**.

### 15) **Contribution**

If at the time of any claim there is or, but for the existence of this **Policy**, would be any other policy of indemnity or insurance in favour of or effected by or on behalf of any **Insured** applicable to any claim, the **Insurer** will only be liable to pay its rateable proportion.

### 16) **Territorial Limits**

This **Policy** covers **Illness** or **Accidental Bodily Injury** sustained by the **Insured** during the **Policy Period** anywhere in the world (subject to trade, travel and other restrictions that may be imposed by the Government of India at any time), but the **Insurer's** liability to make any payment shall be to make payment within India and in Indian Rupees only for medical services or procedures rendered in or undertaken within India.

#### **Condoning the delay while renewing the policy (for continuity benefits only):**

"For the purpose of continuity of benefits like waiting period, NCB, PED coverage etc. as per the policy conditions the policy will be treated as continuously renewed even if the renewal premium as applicable is paid after the expiry of the previous policy period but within 15 days from the renewal date. However the cover will commence only from the date of receipt of such renewal premium. Diseases contracted or hospitalization happening during the period from expiry of the policy until receipt of renewal premium shall not be covered under the renewed policy. However the said grant of grace period is at the discretion of the company."

**Schedule**

**Basic Health Cover (Network and Non-Network Hospitals)**

<b>BENEFIT PLAN</b>		<b>A</b>	<b>B</b>	<b>C</b>
	Level of Benefits	Limits	Limits	Limits
General Limit per person per policy year	Applicable on Sections <b>1a, 1b, 1c and 1d</b>	<b>Rs 1,000,000</b>	<b>Rs 750,000</b>	<b>Rs 500,000</b>
Co-insurance per person per policy year	Applicable on eligible expenses caused by Non-Network Providers subject to being <b>pre-authorized</b>	<b>10%</b>	<b>10%</b>	<b>10%</b>
Hospitalisation Class		<b>Class A</b>	<b>Class B</b>	<b>Class B</b>
Section 1a Basic Hospitalisation Services Co-insurance	<b>100%</b> of eligible expenses up to the General Limit;	<b>Covered</b>	<b>Covered</b> 15% if Class A	<b>Covered</b> 15% if Class A
<b>Section 1c</b> Pre-Hospitalisation	<b>100%</b> of eligible expenses up to the General Limit;	<b>60 days</b> prior to Hospitalisation	<b>60 days</b> prior to Hospitalisation	<b>60 days</b> prior to Hospitalisation
<b>Section 1b</b> Post-Hospitalisation	<b>100%</b> of eligible expenses up to the General Limit;	<b>90 days</b> after Hospitalisation	<b>90 days</b> after Hospitalisation	<b>90 days</b> after Hospitalisation
<b>Section 1d</b> Day Care Services  <b>Only within Network Hospitals ;</b>	<b>100%</b> of eligible expenses up to the General Limit subject to <b>pre-authorization</b> ; Otherwise it is not covered	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>
<b>Section 1e</b> Local Ambulance Services	<b>100%</b> of eligible expenses up to the General Limit	<b>Covered upto Rs. 2,000.00</b> Per person per policy year	<b>Covered upto Rs. 2,000.00</b> Per person per policy year	<b>Covered upto Rs. 2,000.00</b> Per person per policy year
<p>b) <b>Local Ambulance Services</b>                      The <b>Insurer</b> will also pay for Emergency ambulance road transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. Coverage is only provided in the event of an Emergency. The limits under this section are shown above.</p>				

## SCHEDULE OF BENEFITS

### of Benefits

D	E	F	G	H	I
Limits	Limits	Limits	Limits	Limits	Limits
<b>Rs 400,000</b>	<b>Rs 300,000</b>	<b>Rs 200,000</b>	<b>Rs 150,000</b>	Rs 100,000	<b>Rs 50,000</b>
<b>10%</b>	<b>10%</b>	<b>10%</b>	<b>10%</b>	10%	<b>10%</b>
<b>Class B</b>	<b>Class B</b>	<b>Class B</b>	<b>Class B</b>	Class C	<b>Class C</b>
<b>Covered</b> 15% if Class A	<b>Covered</b> 15% if Class A	<b>Covered</b> 15% if Class A	<b>Covered</b> 15% if Class A	Covered 15% if Class B 25% if Class A	<b>Covered</b> 15% if Class B 25% if Class A
<b>60 days</b> prior to Hospitalisation	<b>60 days</b> prior to Hospitalisation	<b>60 days</b> prior to Hospitalisation	<b>60 days</b> prior to Hospitalisation	60 days prior to Hospitalisation	<b>60 days</b> prior to Hospitalisation
<b>90 days</b> after Hospitalisation	<b>90 days</b> after Hospitalisation	<b>90 days</b> after Hospitalisation	<b>90 days</b> after Hospitalisation	90 days after Hospitalisation	<b>90 days</b> after Hospitalisation
<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>	<b>Covered</b>
<b>Covered</b> <b>upto Rs.</b> <b>2,000.00</b> Per person per policy year	<b>Covered</b> <b>upto Rs.</b> <b>1,000.00</b> Per person per policy year	<b>Covered</b> <b>upto Rs.</b> <b>1,000.00</b> Per person per policy year	<b>Covered</b> <b>upto Rs.</b> <b>1,000.00</b> Per person per policy year	<b>Covered</b> upto Rs. 1,000.00 Per person per policy year	<b>Covered</b> <b>upto Rs.</b> <b>1,000.00</b> Per person per policy year
<p><b>Important :</b> Benefits of Sections 1d are subject to <b>pre-authorisation</b>;                      The Insurer grants <b>Cash Free Access for authorised Network Hospitals</b>.  <b>Without pre-authorisation</b> the Insurer grants <b>reimbursement for Network Hospitals</b>.  <b>Non-Network Hospitals</b> are reimbursable subject to a co-insurance stated above.</p>					

**DAY CARE PROCEDURES**

**Operations on the ears**

**Microsurgical operations on the middle ear**

*Stapedotomy*  
*Stapedectomy*  
*Revision of a stapedectomy*  
*Other operations on the auditory ossicles*  
*Myringoplasty (Type I tympanoplasty)*  
*Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)*  
*Revision of a tympanoplasty*  
*Other microsurgical operations on the middle ear*

**Other operations on the middle and internal ear**

*Paracentesis (myringotomy)*  
*Removal of a tympanic drain*  
*Incision of the mastoid process and middle ear*  
*Mastoidectomy*  
*Reconstruction of the middle ear*  
*Other excisions of the middle and inner ear*  
*Fenestration of the inner ear*  
*Revision of a fenestration of the inner ear*  
*Incision (opening) and destruction (elimination) of the inner ear*  
*Other operations on the middle and inner ear*

**Operations on the nose and the nasal sinuses**

*Excision and destruction of diseased tissue of the nose*  
*Operations on the turbinates (nasal concha)*  
*Other operations on the nose*  
*Nasal sinus aspiration*

**Operations on the eyes**

*Incision of tear glands*  
*Other operations on the tear ducts*  
*Incision of diseased eyelids*  
*Excision and destruction of diseased tissue of the eyelid*  
*Operations on the canthus and epicanthus*  
*Corrective surgery for entropion and ectropion*  
*Corrective surgery for blepharoptosis*  
*Removal of a foreign body from the conjunctiva*  
*Removal of a foreign body from the cornea*  
*Incision of the cornea*  
*Operations for pterygium*  
*Other operations on the cornea*  
*Removal of a foreign body from the lens of the eye*  
*Removal of a foreign body from the posterior chamber of the eye*  
*Removal of a foreign body from the orbit and eyeball*  
*Operation of cataract*

**Operations on the skin and subcutaneous tissues**

*Incision of a pilonidal sinus*  
*Other incisions of the skin and subcutaneous tissues*  
*Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues*  
*Local excision of diseased tissue of the skin and subcutaneous tissues*  
*Other excisions of the skin and subcutaneous tissues*  
*Simple restoration of surface continuity of the skin and subcutaneous tissues*  
*Free skin transplantation, donor site*  
*Free skin transplantation, recipient site*  
*Revision of skin plasty*  
*Other restoration and reconstruction of the skin and subcutaneous tissues*  
*Chemosurgery to the skin*  
*Destruction of diseased tissue in the skin and subcutaneous tissues*

**Operations on the mouth and face**

**Operations of the tongue**

*Incision, excision and destruction of diseased tissue of the tongue*  
*Partial glossectomy*  
*Glossectomy*  
*Reconstruction of the tongue*  
*Other operations on the tongue*

**Operations on the salivary glands and salivary ducts**

*Incision and lancing of a salivary gland and a salivary duct*  
*Excision of diseased tissue of a salivary gland and a salivary duct*  
*Resection of a salivary gland*  
*Reconstruction of a salivary gland and a salivary duct*  
*Other operations on the salivary glands and salivary ducts*

**Other operations on the mouth and face**

*External incision and drainage in the region of the mouth, jaw and face*  
*Incision of the hard and soft palate*  
*Excision and destruction of diseased hard and soft palate*  
*Incision, excision and destruction in the mouth*  
*Plastic surgery to the floor of the mouth*  
*Palatoplasty*  
*Other operations in the mouth*

**Operations on the tonsils and adenoids**

*Transoral incision and drainage of a pharyngeal abscess*  
*Tonsillectomy without adenoidectomy*  
*Tonsillectomy with adenoidectomy*  
*Excision and destruction of a lingual tonsil*  
*Other operations on the tonsils and adenoids*

**Traumatological surgery and orthopaedics**

*Incision on bone, septic and aseptic*  
*Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis\**  
*Suture and other operations on tendons and tendon sheath*  
*Reduction of dislocation under GA*  
*Arthroscopic knee aspiration*

**Operations on the breast**

*Incision of the breast*  
*Operations on the nipple*

**Operations on the digestive tract**

*Incision and excision of tissue in the perianal region*  
*Surgical treatment of anal fistulas*  
*Surgical treatment of haemorrhoids*  
*Division of the anal sphincter (sphincterotomy)*  
*Other operations on the anus*  
*Ultrasound guided aspirations*  
*Sclerotherapy etc.*

**Operations on the female sexual organs**

*Incision of the ovary*  
*Insufflation of the Fallopian tubes*  
*Other operations on the Fallopian tube*  
*Dilatation of the cervical canal*  
*Conisation of the uterine cervix*  
*Other operations on the uterine cervix*  
*Incision of the uterus (hysterotomy)*  
*Therapeutic curettage*

## DAY CARE PROCEDURES

*Culdotomy*

*Incision of the vagina*

*Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas*

*Incision of the vulva*

*Operations on Bartholin's glands (cyst)*

### **Operations on the urinary system**

*Cystoscopic removal of stones*

### **Operations on the male sexual organs**

#### **Operations on the prostate and seminal vesicles**

*Incision of the prostate*

*Transurethral excision and destruction of prostate tissue*

*Transurethral and percutaneous destruction of prostate tissue*

*Open surgical excision and destruction of prostate tissue*

*Radical prostatovesiculectomy*

*Other excision and destruction of prostate tissue*

*Operations on the seminal vesicles*

*Incision and excision of periprostatic tissue*

*Other operations on the prostate*

#### **Operations on the scrotum and tunica vaginalis testis**

*Incision of the scrotum and tunica vaginalis testis*

*Operation on a testicular hydrocele*

*Excision and destruction of diseased scrotal tissue*

*Plastic reconstruction of the scrotum and tunica vaginalis testis*

*Other operations on the scrotum and tunica vaginalis testis*

#### **Operations on the testes**

*Incision of the testes*

*Excision and destruction of diseased tissue of the testes*

*Unilateral orchidectomy*

*Bilateral orchidectomy*

*Orchidopexy*

*Abdominal exploration in cryptorchidism*

*Surgical repositioning of an abdominal testis*

*Reconstruction of the testis*

*Implantation, exchange and removal of a testicular prosthesis*

*Other operations on the testis*

#### **Operations on the spermatic cord, epididymis und ductus deferens**

*Surgical treatment of a varicocele and a hydrocele of the spermatic cord*

*Excision in the area of the epididymis*

*Epididymectomy*

*Reconstruction of the spermatic cord*

*Reconstruction of the ductus deferens and epididymis*

*Other operations on the spermatic cord, epididymis and ductus deferens*

#### **Operations on the penis**

*Operations on the foreskin*

*Local excision and destruction of diseased tissue of the penis*

*Amputation of the penis*

*Plastic reconstruction of the penis*

*Other operations on the penis*

### **Other Operations**

*Lithotripsy*

*Coronary angiography*

*Radiotherapy for Malignancies*

*Cancer Chemotherapy*

*Haemodialysis*

## EXTRA HEALTH COVER

### EXTRA HEALTH COVER (OPTIONAL & INCLUDED ONLY IF REFLECTED IN THE SCHEDULE)

#### a) **General Health and Eye Examination**

The **Insurer** will pay for General Health and eye examinations listed below for **General Health & Eye Examinations** if it is pre-authorised by the **Administrator** and carried out in a **Network Hospital**. No coverage is provided if not pre-authorised and coverage is subject to a limit per person per policy year as stated in **Schedule (Extra Health Cover)**. Where there is no **Network Hospital** available coverage is provided only if pre-authorised by the **Administrator**. If the benefit per person per policy year has not been claimed the benefit limit per person per policy year shall be accumulated for a maximum claims three years for each insured.

#### Health Check Up

1	Radiology	Examination: Chest X-Ray
2	Blood	CBC, BL Group ESR
3	Urine	Routine
4	Stool	Routine
5	Diabetes	Blood Sugar (fasting/after breakfast)
6	Liver	SGPT, SGOT Total Protein, Bilirubin, Albumin, A/g Ratio
7	Renal/Kidney	Serum Creatine, Calcium, Uric Acid, BUN
8	Cardiac	ECG, Stress Test
9	Lipid	Serum Cholesterol, Serum Triglycerides, HDL, HDL Cholesterol Ratio,
10	Phospholipids	Phospholipids
11	Lung	Spirometry
12	Abdomen	USG
13	Cancer	PAP(Females)/PSA

#### Eye Check Up

1	Optometry
2	Slit Lamp Examination
3	Direct Fundus Examination
4	Indirect Fundus Examination
5	Colour Vision Testing
6	Prescription of Glasses if necessary

#### b) **Hospital Daily Allowance**

The **Insurer** will also pay for the hospital daily allowance benefit per day of Hospitalisation in India for a limited period per person and policy period. The limits under this section are shown above.

Benefits under b) are subject to the hospitalisation claim being admitted by the Company under Coverage Parts A1a).

## EXTRA HEALTH COVER

Extra Health Cover (Network and Non-Network Benefits)

<b>BENEFIT PLAN</b>	Level of Benefits	<b>Section a</b> General Health and Eye Examination <b>Only within Network;</b>	<b>Section b</b> Hospital Daily Allowance <b>Additional insurance</b>
		<b>100%</b> of eligible expenses up to the limits subject to <b>pre-athorisation</b> ; Otherwise it is not covered	Daily benefit max. covered days per person per policy year Additional to Overall Limit
A	Limits	<b>Rs 1,000</b> per person per policy year <b>Max. accumulation</b> up to Rs 3,000	<b>Rs. 1,000</b> <b>28 days</b>
B	Limits	<b>Rs 850</b> per person per policy year <b>Max. accumulation</b> up to Rs 2,550	<b>Rs. 850</b> <b>28 days</b>
C	Limits	<b>Rs 750</b> per person per policy year <b>Max. accumulation</b> up to Rs 2,250	<b>Rs. 750</b> <b>21 days</b>
D	Limits	<b>Rs 500</b> per person per policy year <b>Max. accumulation</b> up to Rs 1,500	<b>Rs. 500</b> <b>14 days</b>
E	Limits	<b>Rs 350</b> per person per policy year <b>Max. accumulation</b> up to Rs 1,050	<b>Rs. 250</b> <b>7 days</b>
F	Limits	<b>Rs 200</b> per person per policy year <b>Max. accumulation</b> up to Rs 600	<b>Rs. 150</b> <b>7 days</b>
G	Limits	<b>Rs 175</b> per person per policy year <b>Max. accumulation</b> up to Rs 525	<b>Rs. 75</b> <b>7 days</b>
H	Limits	<b>Rs 150</b> per person per policy year <b>Max. accumulation</b> up to Rs 450	<b>Not available</b>
I	Limits	<b>Rs 100</b> per person per policy year <b>Max. accumulation</b> up to Rs 300	<b>Not available</b>

**Address of CHOLA MS HELP for notification of claims****Cholamandalam MS General Insurance Company Ltd.**

(A joint venture between Murugappa Group &amp; Mitsui Sumitomo Insurance Group)

**“ Sucons Sivagami Square ” , 2nd Floor, 147, G.N. Chetty Road,****T.Nagar, Chennai-600 017, India****Toll Free Fax No : 1800 200 5544****E.mail: help@cholams.murugappa.com****www.cholainsurance.com****REGIONAL OFFICES OF CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD.**

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S.NO	REGION	ADDRESS	CONTACT NO	FAX NO
1	Chennai	147/1, Sucons Sivakami complex, G.N. Chetty Road, T. Nagar, Chennai - 600 017	Ph: 044-42605812/13	Fax: 044-42605814
2	Ahmedabad	2nd Floor, Optionz building, Opp hotel nest, Off CG Road Navrangpura , Ahmedabad 380 009	079-40068049	079-40068040
3	Bangalore	9/1, Ulsoor Road, Bangalore - 560 042	080-41133601/602/606/607	080-41133494
4	Baroda	No : 5 & 6 II Floor, Corner Square Bldg, Near INOX th Multiplex, Next to West Side, Race Course - North,Baroda - 390007	Tel:0265-2386874/897	Fax:2386 873
5	Chandigarh	S.C.O.2463 & 2464; II Floor, Sector 22-C, Chandigarh-160034.	0172-5086088	fax0172-5075088
6	Cochin	II Floor, Acel Estate, Iyyatil Junction,Chittoor Road,Kochi	0484-4084000	fax0484-4084100
7	Coimbatore	Kalaikathir Building, 2nd Floor, NO 963, Avinashi Road, Coimbatore - 641037	0422-4517026	Fax: 0422-4517006
8	Delhi	9th Floor, Kanchenjunga Building, Barakhamba Road, Connaught place, New Delhi - 110 001	011-41512392	011-41512394
9	Goa	203, II floor, Dempo Trade Centre, Patto, Pangin Goa - 403001	0832 - 2500911.	0832 - 2500911.
10	Hyderabad	Vintage Boulevard, 5th Floor, Door. No 6-3-1093, Raj Bhavan Road, Somajiguda, Hyderabad - 500 082.	040- 66730010	040- 66730010
11	Indore	5th Floor, 501-502,Industry House,A.B.Road,Indore-452001.	0731-4275818	0731- 4068238
12	Kolkatta	Chhbildas Towers, 3rd floor, 6A, Middleton Street, Kolkatta - 700 071.	033-22837276/22834081	033-22838622
13	Lucknow	4 Marygold, II flr, Shanajaf Road, Saprumarg, Hazratganj, Lucknow - 226001.	0522- 4008441/	0522-4008440
14	Madurai	1st Floor, 2 & 3, Dindugal National High Road, NH - 7, Bye Pass Road, Madurai - 625 016.	0452-4500426/427	0452-4500071
15	Mumbai	Office No.204-205, II Floor, Sanjay Appa Chambers, Plot No.82, New Chakala Link Road, Andheri East, Mumabi - 400 093.	022-40896000	022-408966033
16	Nagpur	Plot no . 17, I floor, PRAYAG ENCLAVE, Shankar Nagar, Nagpur - 440 010	0712-6450660	0712-2544365
17	Pune	21/4, B,Seth House, II Floor, Bund Garden Road, Pune-411001	020- 66216666	020-66030021
18	Vizag	D.No:10 - 1 - 12, Krishna Kamal Enclave, II Floor,Assilmetta, Visakhapatnam - 530 003.	0891-6644450/00	0891-6644411