

CHOLA MS TAX PLUS INSURANCE POLICY

We issue this policy based on the information provided by You in your proposal submitted. The proposal, Declaration and other documents if any given by You form the basis of this insurance policy.

In consideration of the premium paid by You, we issue this policy. This insurance is subject to the following terms and conditions.

DEFINITIONS

Accident is a sudden, unforeseen and involuntary event caused by external and visible means and Accidental Bodily Injury means physical bodily harm or injury that is

- a. visible
- b. caused by a sudden, unexpected, fortuitous, visible and external event,
- c. Which requires treatment by a Doctor?
- d. not self inflicted or intentional

Cashless facility means we may authorise upon your request for direct settlement of eligible services and its according charges between a Network Hospital and us. In such case we will directly settle all eligible amounts with the Network Hospital and you 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.

Congenital disease / condition means an external congenital anomaly which is present since birth, in the visible and accessible parts of the body, and which is abnormal with reference to form, structure or position.

Covered Person means the person who is extended the coverage under this policy and whose name is mentioned in the Policy Schedule.

Claims Team means the Claims administration team within Chola MS General Insurance Company.

Day care procedure means medical treatment, and/or *surgical procedure* which is:
- undertaken under General or Local Anaesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
- which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Day Care Expenses means the medical treatment costs(nursing, Doctors, medically necessary procedures and medical consumables) necessary and reasonable in scope for a daycare procedure pre-authorized by the insurer and done in a network hospital to the extent that such costs does not exceed the reasonable and customary charges applicable in the locality for the same day care procedure

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological, and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to Us.

Doctor or Medical Practitioner means a medical practitioner who holds a valid registration from the medical council of any state of India and is thereby entitled to

practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.

Floater means that the limit of indemnity floats over the insured and the declared dependents as per the policy schedule. Any change in the list of covered persons will be with prior intimation to the Insured.

Family means and includes Proposer, Spouse and children not exceeding three who are between ages of 3 months and 19 years. 'Children' include unmarried dependent children above 19 years and up to 26 years if evidence satisfactory to the insurer is furnished upon request to confirm that child is not employed and is primarily dependent on the proposer. Further, unmarried child who is a woman below the age of 35 years living with the proposer is also considered as dependent child for this purpose.

Hospitalisation / Hospitalised means the covered Person's admission into a Hospital for medically necessary treatment as an inpatient for a continuous period of at least 24 hours period starting from the date and time of admission and ending with the date and time of discharge.

Hospital means any institution established for *in-patient care* and *day care treatment* of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified *medical practitioner* AND must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- 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 will make these accessible to the Insurance company's authorized personnel.

Identification card means the card issued to the Insured Person by the Insurer.

In-Patient treatment means Hospitalisation for more than 24 hours for the sole purpose of receiving treatment.

Illness means a condition affecting the general wellbeing 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.

Injury means bodily injury caused solely and directly by violent, accidental, external and visible means which are not self-inflicted and occurring during the Insured Period. The definition of Injury excludes non-physical consequences (such as mental, nervous or emotional disorders, depression or anxiety) of any Accident and these are specifically agreed to be excluded for the purposes of this Policy.

Intensive Care Unit (ICU) means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of

care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards

Inception Date means the commencement date of the coverage under this Policy as specified in the Policy Schedule.

Limit of Indemnity means the amount stated in the Schedule against the name of Insured Persons including declared dependants as appearing in the policy schedule. It represents the maximum liability of the insurer on floater basis for any and all claims made during the policy period in respect of that Insured persons and his declared dependants, regardless of the number of Coverage Parts under which a claim is or claims are advanced.

Network Hospital means all such hospitals, day care centres or other providers that the insurer has tied up with, to provide services like cashless hospitalisation to policyholders. The list is available with the insurer and subject to amendment from time to time.

Out patient Medical Expenses means the reasonable charges you/your spouse covered under the policy necessarily incur on the advice of a Doctor on an outpatient basis in respect of medical treatment and essential investigations for medical treatment related to any Illness or accidental Bodily Injury.

Pre-existing Disease or Pre-existing Condition means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment, within 48 months prior to the commencement of Your first policy with any Indian Insurer.

Pre-Hospitalisation expenses means relevant medical expenses incurred sixty days prior to covered Hospitalisation.

Post-Hospitalisation expenses means relevant medical expenses incurred upto ninety days subsequent to discharge from the hospital.

Proposer means the person who proposes this insurance and pays the premium mentioned in the Policy Schedule.

Policy means the proposal, the Schedule, the Policy document and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period.

Policy Period means the period between the effective date and the earlier of:

- i. The expiry date specified in the Schedule, and
- ii. The date of exhaustion of the Limit of Indemnity for particular Covered Person as regards that Covered Person and
- iii. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with the terms of this policy.

Room Charges means room rent charged by the Hospital for the inpatient treatment which includes patient boarding and nursing expenses.

Reasonable and customary expenses means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the

prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.'

Schedule means the Schedule of Benefits which is attached and which form a part of this Policy.

Sum Insured means the maximum limit of indemnity or Our maximum liability during the policy period, under this policy. This will also include Claim Free Bonus, if any, as per the terms of the policy.

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a **medical practitioner**

We / Us means Cholamandalam MS General Insurance Co. Ltd.

You / Your means the name of Proposer / Insured Person/s, as applicable in the context of respective provisions herein, shown in the schedule of the policy.

BENEFITS

Section-1 - Hospitalisation (including Daycare procedures)

If You are hospitalised on the advise of a Doctor due to any Illness or bodily Injury, at any Hospital in India during the Policy period, We will pay for the Cost of medical expenses incurred for hospitalisation. The cost payable shall be for

- a) Doctors' fee, Nursing charges,
- b) Room Charges (subject to per day limit of 1% of sum insured under Section-1),
- c) ICU charges (ICU room charges are subject to per day limit of 2% of sum insured under Section-1),
- d) Diagnostics, Medicines, Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical appliances, Prosthetic and other devices implanted internally during a Surgical Procedure,
- e) Emergency Ambulance (not exceeding Rs.3000/- per hospitalization),
- f) Hospitalisation expenses of the Organ Donor,
- g) **Pre-Hospitalisation** expenses incurred Up to Sixty days prior to the date of hospitalization (subject to a limit of 5% of hospitalisation claim payable under this policy),
- h) **Post-Hospitalisation** expenses incurred up to Ninety days from the date of discharge from the Hospital (subject to a limit of 10% of hospitalisation claim payable under this policy or Rs.50,000/- whichever is less).
- i) **Sub limits** - The benefits provided under this policy are subject to the following sub limits, for the specified treatments.
 - Cataract - 7.5% of the sum insured or Rs.20,000 whichever is less, per eye.
 - Hernia or Hydrocele - 10% of sum insured or Rs.30,000 whichever is less
 - Fistula in Anus, Anal Fissure, Piles - 10% of sum insured or Rs.30,000 whichever is less
 - Sinusitis - 10% of sum insured or Rs.30,000 whichever is less
 - Tonsillitis or Adenoids - 15% of sum insured or Rs.40,000 whichever is less
 - Knee & Joint replacement surgery - 50% co-pay is applicable for claims other than due to accidents. Claims caused by accidents are not subjected to any co-pay. However admissibility of claims is subject to policy conditions and exclusions.

The claim amount payable shall be the total cost of hospitalisation expenses as per policy terms including sub-limits. In cases where You are already having another indemnity based health insurance policy with any other insurer covering the same hospitalisation, the claim amount payable shall be pro rata to all such prevailing insurances.

If you have included more than one person under this policy, then the coverage is on floater basis. In such a case, the benefits under this insurance are available on Floater basis to the members of the family whose names are mentioned in the Policy Schedule during the policy period, subject to the overall limit of Sum Insured specified.

The total of all the amounts payable under this policy will not exceed the Sum Insured opted by You.

EXCLUSIONS (for Sec-1)

We will not pay in respect of any expenses what so ever incurred by You in connection with

1. Any Pre-Existing Condition / Disease as defined in the policy until 48 months of continuous coverage have elapsed, since inception of the first policy with any Indian Insurer.
2. Any illness contracted by You during the first 30 days from the commencement date of the policy
3. During the first year of operation of the Insurance on surgeries / procedures relating to Hernia / Hydrocele, Benign Prostate Hypertrophy, Fistula in Anus, Anal Fissure, Piles, Tonsillitis or Adenoids, Congenital internal diseases / conditions. If these illnesses are **Pre-Existing**, claims due to these illnesses will be considered as per Exclusion-1 above.
4. During the first two Years of continuous operation of Insurance cover on surgeries / procedures relating to Hysterectomy for non-Malignant lesions, Gall Bladder Stones, Gastric or Duodenal ulcer, All Benign Lumps and Tumours, knee replacement surgery (other than caused by an accident), Joint Replacement Surgery (other than caused by an accident), Spondylosis / Spondylitis and other Degenerative Disc Disorders, Chronic Kidney Disease/chronic Renal Failure, Prolapses of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, Thyroiditis and treatment of Goitre, Fibroid in Uterus and Prolapsed Uterus Deviated Nasal Septum, Dilatation And Curettage, Gout And Rheumatism, Cataract, Sinusitis, Renal calculi, Arthritis, Glaucoma, Tympanoplasty, Mastoidectomy. If these illnesses are **Pre-Existing**, claims due to these illnesses will be considered as per Exclusion-1 above.

Note:

The above Exclusions 2 and 3 shall not apply in case You have been covered for a continuous period of preceding 12 months without any break and for Condition 4 for a continuous period of preceding 24 months without any break, with any Indian insurer.

In case you opt for a higher sum insured at the time of renewal of this insurance, the above exclusions 1 to 4 shall apply for the enhanced sum insured portion for the renewed policy.

5. Congenital illness / diseases / condition which are external.

6. Pre & Post hospitalisation expenses of the organ donor and consequential loss to such organ donor.
7. Circumcision unless necessary for treatment of an illness not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic (other than medically required treatment for cancer, accidents and burns) or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. However, vaccination charges forming part of post bite treatments are covered under this policy.
8. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs.
9. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
10. Convalescence, mental disorders, general debility, run-down conditions, rest-cure, congenital external illness / conditions disorders, change of gender, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
11. 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.
12. All expenses arising out of any condition directly or indirectly caused due to or associated with Self inflicted injuries, Substance abuse, Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex).
13. Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any illness for which confinement is required at a Hospital.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or illness as certified by the attending Physician.
15. Treatment arising from or traceable to pregnancy (other than ectopic pregnancy), childbirth, miscarriage, abortion or complications of any of these including caesarean section.
16. Non-allopathic treatments.
17. Hospital registration charges, admission fees, record charges telephone charges and such other charges which are not part of the treatment and which are charged separately.
18. All drugs, treatments and medical supplies including elastic stockings, bandages, gauze, syringes, diabetic test strips, and similar products not supported by a prescription.

19. Expenses incurred on Lasik Laser or Refractive Error Correction treatment, hearing impairment correction, corrective & cosmetic dental surgery.
20. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.
21. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
22. Domiciliary treatment and also treatments taken outside India
23. Injury / illness directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not), civil war, revolution, insurrection, mutiny, martial law.
24. Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons / materials or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos or asbestos products.

BENEFITS

Section-2 (Non-hospitalisation)

If you incur any expenses falling under the below mentioned categories, other than what is covered under section I above, the same shall be paid under this section subject to the limits for Section-2, mentioned in the Policy Schedule attached.

- a. Expenses of treatment of injury / illness incurred without hospitalisation.
- b. Pre & Post natal expenses
- c. Expenses incurred in treating any of the pre existing diseases
- d. Expenses incurred for all dental treatments
- e. Treatments under Allopathy or any other system of Indian medicine (other than naturopathy) are covered.
- f. This section also covers costs of spectacles, contact lenses, hearing aids, prosthetic appliances, etc., supported by prescriptions of a Doctor / Medical Practitioner.
- g. This section also extends to cover all deductibles under a valid claim made under Section-1 of this policy which may arise due to imposition of sub-limits.

GENERAL CONDITIONS

1. You shall fulfill all your obligations as per the terms of this Policy (including the payment of premium by the due dates mentioned in the Schedule) to make us liable under this insurance. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and duly signed.
2. Every notice or communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.

3. Claims Procedures:

- a. In case of cashless facility in net worked hospitals, it can be accessed by producing the identification card issued to You at the facility provided by the Hospital. Your cashless treatment will be pre-authorized by Our claims team subject to conditions of coverage.
- b. You have to give immediate notice with full particulars of a claim to Us however not later than 48 hours from the date of Hospitalisation. This claim intimation can be done over telephone or fax through toll free **1800-425-2200**.
- c. You have to file your claim not later than 15 days from the date of discharge from the Hospital. For post-hospitalisation claims, you have to file the same within 15 days of the 90th day after discharge from hospital.
- d. Any Doctor authorized by Us shall be allowed to examine You and your medical records available in the Hospital, in case of any alleged injury or illness requiring Hospitalization when and as often as the same may reasonably be required on Our behalf, subject to prior intimation. The cost of such visits of the Doctor and medical examination will be borne by Us.
- e. We will not be liable to make any payment under this insurance if the claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation of your current or past health status whether by You or by any other person acting on Your behalf.
- f. If You have any other insurance policy in addition to this as on the date of claim, this policy will indemnify pro-rata to such other policies of indemnity.

Claims Procedure (Section-2)

- g. Claims will be settled on submission of original bills / prescriptions / reports only.
- h. First claim can be lodged only after the expiry of 3 months from date of inception of the policy.
- i. Reimbursement only for prescription drugs along with prescription.
- j. Claims can be lodged only twice during the policy period for all the covered persons.

4. Renewal of Policy
 Renewal of policy would be granted to the insured unless on grounds of moral hazard, misrepresentation and fraud by the insured and payment of the renewal premium made prior to expiry of the policy and not later than 15 days post the expiry of the policy. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.
 If the policy is renewed for an agreed sum insured, then coverage for additional sum insured shall be as in the policy but not less than for the additional sum insured. In other words, all policy conditions shall apply to the enhanced sum insured as if the same is covered under a fresh policy.
 The company may from time to time revise the premium rates/terms and conditions of the policy review based on company's experience. At the time of renewal the prevailing premium rates / terms and conditions would apply, however such revision in premiums / terms on point of review will be with the prior approval of

the Regulator which would not be more than 50% over the rates previously charged.

In case the policy was purchased by the Insured through any bank or such institution selling insurance on our behalf, these policies can be renewed either 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 he is otherwise entitled to.

If the Insured was covered by a group policy with similar cover and if the cover is terminated due to ceasing to be a member of such group, then the Insured can take a new individual cover within the **Grace Period** without any break or with break not exceeding 15 days of such termination of cover to avail the benefits of continuity which would accrue if the Insured was covered by an Individual policy.

If, due to increase in age on renewal, you fall into the next age slab where the option is not available for the corresponding sum insured under section-2, you will have the option to either opt for the next premium slab or go for a regular indemnity policy from US with renewal benefits.

5. Portability:

On renewal with any other Indian insurer's Individual / Family floater indemnity health insurance policy with similar type of cover with same Sum insured and daily limits, Continuation of benefits would be ensured for the following.

a. Claim free Bonus : Subject to general condition 7) below

b. 30 days Waiting Period : A waiting period of 30 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 / Family floater insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital, and establishes to our satisfaction that You were unaware of and had not taken any advice or medication for such illness or treatment.

c. If the policy is renewed for enhanced sum insured, then coverage for additional sum insured shall be as if a new policy has been issued for the additional sum insured. In other words, all policy conditions shall apply to the enhanced sum insured as if the same is covered under a fresh policy.

d. First and Second year Exclusions: If an insured chooses to renew his policy with us, first and second year exclusions would be waived if the insured had spent one and two years respectively with any Indian insurer under a Family floater policy with similar benefits and terms, provided the Insured Person was insured continuously and without interruption. In case of difference in coverage between old policy and this policy, the coverage for additional sum insured shall be as if a new policy has been issued for the additional sum insured. In other words, all policy conditions shall apply to the enhanced limits as if the same is covered under a fresh policy.

e. Pre-existing Conditions: If an insured chooses to renew his policy with us, pre-existing conditions would be covered if the insured had spent 48 months with any Indian insurer under a Family floater policy with similar benefits and terms, provided the Insured Person was insured continuously and without interruption. In case of difference in coverage between old policy and this policy, then coverage for additional sum insured shall be as if a new policy has been issued for the

additional sum insured. In other words, all policy conditions shall apply to the enhanced limits as if the same is covered under a fresh policy

6. Authority to Obtain Records

- a) You will disclose to Us (or any other person nominated by Us) of any and all medical records and information held by any institution or person from which You have obtained any medical or other treatment to the extent reasonably required by Us in connection with any claim made under this Policy or Our liability for it.
- b) We will preserve the confidentiality of any documentation and information that comes into the possession of either pursuant to 6a) above, and will only use it in connection with any claim made under this Policy or Our liability for it.
- c) You shall expeditiously provide Us with or arrange to be provided with or any and all information or Documentation in respect of the Illness, the claim or Our liability hereunder that may be requested, and You shall submit Yourself for the examination by Our medical advisors as often as may be considered necessary by Us. The expenses towards doctors' fees for such medical examination at the time of claim shall be borne by Us.

7. Claim Free Bonus applicable for Section-1 only: (CFB)

As long as You renew this policy with Us without a break and as long as no claim has been made on the expiring policy, We will increase the Limit of Indemnity under each subsequent policy by 5% of the expiring policy's Sum Insured (excluding bonus), but:

- i. The maximum claim free bonus shall at no time exceed 50% of the basic Sum Insured of the expiring policy or such bonus earned in the ten consecutive claim free years, whichever is less;
- ii. In the event of a claim, the percentage of the claim free bonus under the subsequent policy shall be reduced by 10% except that the Limit of Indemnity shall not fall below 100% of the Sum insured for which the policy is renewed with Us;

8. Cancellation: We may cancel this policy during its tenure on grounds of misrepresentation, fraud, non disclosure of material fact or Your non cooperation while making a claim, by sending 30 days notice to You by registered letter at Your last known address. In such event, We will refund to You a pro-rata premium for unexpired period of Insurance provided You made no claim. You may cancel this Policy any time. In such case, We will refund the Premium at Our following short period rates provided no claim was made by You up to the date of cancellation.

SHORT PERIOD SCALE RATES

Policy running for	Refund % of Premium
0 to 1 months	72%
1 to 2 months	66%
2 to 3 months	59%
3 to 4 months	52%
4 to 5 months	45%
5 to 6 months	38%

6 to 7 months	30%
7 to 8 months	22%
8 to 9 months	14%
9 to 10 months	5%
> 10 months	0%

9. **Automatic Termination:** This policy shall terminate 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 We will refund premium calculated on pro-rata basis for the unexpired period subject to there being no claim under the policy.
- ✓ Upon exhaustion of the sum insured. However this will not affect the renewal for the subsequent period.

10. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions, be referred for Arbitration in accordance with the provisions of the Arbitration and Conciliation Act, 1996. No difference or dispute shall be referable to arbitration if We have disputed or not accepted Your claim under this Policy.

It shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

If We deny any claim to You and You have not initiated any proceeding in a Court of Law within 3 years from date of Our denial, then You have deemed to have abandoned the claim

11. All claims under this policy shall be payable in Indian currency. All medical / surgical treatments under this policy shall have to be taken in India.

12. If you take treatment in a hospital which is not empanelled by us for the purpose of our cashless claims facility, such claims will be settled on reimbursement basis.

13. You are eligible for income tax relief as per the statutory provisions in respect of the premium paid by any mode other than cash.

14. 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.

15. Entire Contract

The Policy constitutes the complete contract of insurance. Insurer may alter the terms and conditions of this Policy if duly approved by IRDA. Any alteration that may be made by the Insurer as requested by the Insured shall be evidenced by a duly signed and sealed endorsement on the Policy.

16. Notices

Any notice, direction or instruction given under this Policy by You shall be in writing and delivered by hand, post or facsimile to

Cholamandalam MS General Insurance Cp. Ltd.,
Dare House, II Floor,
No.2, N.S.C. Bose Road,
Chennai - 600 001.

Notice or communication addressed to you, if any, will be sent by Us to your last known address as per the records available with Us.

Notice and instructions will be deemed to be served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

17. Customer Service

If You require any clarification or assistance You may contact Our offices at the address specified, during normal business hours.

18. Grievances

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

**Cholamandalam MS General Insurance Company Limited
Customer Services Division,**

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

Toll free: 1800 200 5544

E-MAIL: customercare@cholams.murugappa.com

WEBSITE: www.cholainsurance.com

In case You are not satisfied with Our decision / resolution, You may approach the Insurance Ombudsman, within whose jurisdiction Our branch or office is located. The details are as per the table below:-

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park,	Orissa

	BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Over bridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759	Kerala , UT of (a) Lakshadweep , (b) Mahe - a part of UT of Pondicherry

	Fax : 0484-2359336 Email iokochi@asianetindia.com	
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4 th Floor, KOLKATA-700 001. Tel : 033-22134866 Fax : 033-22134868 Email lombkol@vsnl.net	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annex, S.V. Road, Santacruz (W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made

- only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer;
- within a period of one year from the date of rejection by the insurer;
- if it is not simultaneously under any litigation.

IMPORTANT:

The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

LIST OF DAYCARE PROCEDURES

Operations on the ears

Sl no	<u>Microsurgical operations on the middle ear</u>
1	Stapedotomy
2	Stapedectomy
3	Revision of a Stapedectomy
4	Other operations on the auditory ossicles
5	Myringoplasty (Type I tympanoplasty)

- 6 Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
- 7 Revision of a tympanoplasty
- 8 Other microsurgical operations on the middle ear

Other operations on the middle and internal ear

- 9 Paracentesis (myringotomy)
- 10 Removal of a tympanic drain
- 11 Incision of the mastoid process and middle ear
- 12 Mastoidectomy
- 13 Reconstruction of the middle ear
- 14 Other excisions of the middle and inner ear
- 15 Fenestration of the inner ear
- 16 Revision of a fenestration of the inner ear
- 17 Incision (opening) and destruction (elimination) of the inner ear
- 18 Other operations on the middle and inner ear

Operations on the nose and the nasal sinuses

- 19 Excision and destruction of diseased tissue of the nose
- 20 Operations on the turbinate (nasal concha)
- 21 Other operations on the nose
- 22 Nasal sinus aspiration

Operations on the eyes

- 23 Incision of tear glands
- 24 Other operations on the tear ducts
- 25 Incision of diseased eyelids
- 26 Excision and destruction of diseased tissue of the eyelid
- 27 Operations on the canthus and epicanthus
- 28 Corrective surgery for entropion and ectropion
- 29 Corrective surgery for blepharoptosis
- 30 Removal of a foreign body from the conjunctiva
- 31 Removal of a foreign body from the cornea
- 32 Incision of the cornea
- 33 Operations for pterygium
- 34 Other operations on the cornea
- 35 Removal of a foreign body from the lens of the eye
- 36 Removal of a foreign body from the posterior chamber of the eye
- 37 Removal of a foreign body from the orbit and eyeball
- 38 Operation of cataract

Operations on the skin and subcutaneous tissues

- 39 Incision of a pilonidal sinus
- 40 Other incisions of the skin and subcutaneous tissues
- 41 Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin
- 42 Removal of subcutaneous tissues
- 43 Local excision of diseased tissue of the skin and subcutaneous tissues
- 44 Other excisions of the skin and subcutaneous tissues
- 45 Simple restoration of surface continuity of the skin and subcutaneous tissues
- 46 Free skin transplantation, donor site
- 47 Free skin transplantation, recipient site
- 48 Revision of skin plasty

- 49 *Other restoration and reconstruction of the skin and subcutaneous tissues*
- 50 *Chemosurgery to the skin*
- 51 *Destruction of diseased tissue in the skin and subcutaneous tissues*

Operations on the mouth and face

Operations to the tongue

- 52 *Incision, excision and destruction of diseased tissue of the tongue*
- 53 *Partial glossectomy*
- 54 *Glossectomy*
- 55 *Reconstruction of the tongue*
- 56 *Other operations on the tongue*

Operations on the salivary glands and salivary ducts

- 57 *Incision and lancing of a salivary gland and a salivary duct*
- 58 *Excision of diseased tissue of a salivary gland and a salivary duct*
- 59 *Resection of a salivary gland*
- 60 *Reconstruction of a salivary gland and a salivary duct*
- 61 *Other operations on the salivary glands and salivary ducts*

Other operations on the mouth and face

- 62 *External incision and drainage in the region of the mouth, jaw and face*
- 63 *Incision of the hard and soft palate*
- 64 *Excision and destruction of diseased hard and soft palate*
- 65 *Incision, excision and destruction in the mouth*
- 66 *Plastic surgery to the floor of the mouth*
- 67 *Palatoplasty*
- 68 *Other operations in the mouth*

Operations on the tonsils and adenoids

- 69 *Transoral incision and drainage of a pharyngeal abscess*
- 70 *Tonsillectomy without adenoidectomy*
- 71 *Tonsillectomy with adenoidectomy*
- 72 *Excision and destruction of a lingual tonsil*
- 73 *Other operations on the tonsils and adenoids*

Traumatological surgery and orthopaedics

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

Operations on the breast

- 79 *Incision of the breast*
- 80 *Operations on the nipple*

Operations on the digestive tract

- 81 *Incision and excision of tissue in the perianal region*
- 82 *Surgical treatment of anal fistulas*
- 83 *Surgical treatment of haemorrhoids*
- 84 *Division of the anal sphincter (sphincterotomy)*
- 85 *Other operations on the anus*
- 86 *Ultrasound guided aspirations*
- 87 *Sclerotherapy etc.*

Operations on the female sexual organs

- 88 *Incision of the ovary*
- 89 *Insufflation of the Fallopian tubes*
- 90 *Other operations on the Fallopian tube*
- 91 *Dilatation of the cervical canal*
- 92 *Conisation of the uterine cervix*
- 93 *Other operations on the uterine cervix*
- 94 *Incision of the uterus (hysterotomy)*
- 95 *Therapeutic curettage*
- 96 *Culdotomy*
- 97 *Incision of the vagina*
Local excision and destruction of diseased tissue of the vagina and the pouch of
- 98 *Douglas*
- 99 *Incision of the vulva*
- 100 *Operations on Bartholin's glands (cyst)*

Operations on the male sexual organs

Operations on the prostate and seminal vesicles

- 101 *Incision of the prostate*
- 102 *Transurethral excision and destruction of prostate tissue*
- 103 *Transurethral and percutaneous destruction of prostate tissue*
- 104 *Open surgical excision and destruction of prostate tissue*
- 105 *Radical prostatovesiculectomy*
- 106 *Other excision and destruction of prostate tissue*
- 107 *Operations on the seminal vesicles*
- 108 *Incision and excision of periprostatic tissue*
- 109 *Other operations on the prostate*

Operations on the scrotum and tunica vaginalis testis

- 110 *Incision of the scrotum and tunica vaginalis testis*
- 111 *Operation on a testicular hydrocele*
- 112 *Excision and destruction of diseased scrotal tissue*
- 113 *Plastic reconstruction of the scrotum and tunica vaginalis testis*
- 114 *Other operations on the scrotum and tunica vaginalis testis*

Operations on the testes

- 115 *Incision of the testes*
- 116 *Excision and destruction of diseased tissue of the testes*
- 117 *Unilateral orchidectomy*
- 118 *Bilateral orchidectomy*
- 119 *Orchidopexy*
- 120 *Abdominal exploration in cryptorchidism*
- 121 *Surgical repositioning of an abdominal testis*
- 122 *Reconstruction of the testis*
- 123 *Implantation, exchange and removal of a testicular prosthesis*
- 124 *Other operations on the testis*

Operations on the spermatic cord, epididymis und ductus deferens

- 125 *Surgical treatment of a varicocele and a hydrocele of the spermatic cord*
- 126 *Excision in the area of the epididymis*
- 127 *Epididymectomy*
- 128 *Reconstruction of the spermatic cord*

- 129 *Reconstruction of the ductus deferens and epididymis*
- 130 *Other operations on the spermatic cord, epididymis and ductus deferens*

Operations on the penis

- 131 *Operations on the foreskin*
- 132 *Local excision and destruction of diseased tissue of the penis*
- 133 *Amputation of the penis*
- 134 *Plastic reconstruction of the penis*
- 135 *Other operations on the penis*

Operations on the urinary system

- 136 *Cystoscopical removal of stones*

Other Operations

- 137 *Lithotripsy*
- 138 *Coronary angiography*
- 139 *Haemodialysis*
- 140 *Cancer Chemotherapy*
- 141 *Radiotherapy for Cancer*