

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**

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

Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

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

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



POLICY WORDINGS  
**CORONA RAKSHAK POLICY(GROUP), CHOLA  
CHOHLGP21550V012021**

**1. PREAMBLE**

We issue this Group insurance policy to the Proposer based on the information provided by the Proposer in the proposal form and premium paid by the Proposer. This insurance is subject to the following terms and conditions. The method of coverage and the Benefit Limits that has been opted is indicated in the Policy Schedule/Policy Certificate. The term **You/ Your / Insured/ Insured Person** in this document refers to the individual group members who will be treated as Insured beneficiary and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organisation who has signed the proposal form and in whose name the policy is issued. Also the term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**

Master policy will be issued in the name of Group Manager and Individual certificate may be issued to the beneficiaries

**2. OPERATIVE CLAUSE**

If during the policy period the Insured Person is diagnosed with COVID and hospitalized for more than seventy-two hours following Medical Advice of a duly qualified Medical Practitioner as per the norms specified by Ministry of Health and Family Welfare, Government of India, the Company shall pay the agreed sum insured towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during the Policy period shall be the Sum Insured) opted and specified in the Schedule.

**3. DEFINITIONS**

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

**3.1 Age** means age of the Insured person on last birthday as on date of commencement of the Policy.

**3.2 Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

**3.3 COVID:** For the purpose of this Policy, Corona virus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2

**3.4 Certificate of Insurance /Policy Certificate** means that portion of the Policy which sets out your personal details, type and plan of Insurance cover in force, the policy duration and Sum Insured etc. Any Annexure or Endorsement to the Schedule/Certificate shall also be part of the Certificate

**3.5 Diagnosis** means diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable.

**3.6 Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policy holder.

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- 3.7 Enrolment / Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy
- 3.8 Group** A group should consist of persons who assemble together with a commonality of purpose or engaging in a common economic activity like employees of a company. It includes non employer–employee groups like employee welfare associations, co-operative society’s, Group policies being taken by Government bodies for certain identifiable groups, credit/debit card/kisan credit card holders insured through the card issuance company, customers of a particular business, professional associations, borrowers/depositors of a bank, customers of a bank or aggregators, or members of any similar group being administered by a group administration wherein Insurance is being provided as an add-on benefit.
- 3.9 Hospital means** any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
  - ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
  - iii. has qualified medical practitioner (s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
  - v. maintains daily records of patients and shall make these accessible to the Company’s authorized personnel.
  - vi. For the purpose of this policy any other set-up designated by the government as hospital for the treatment of Covid-19 shall also be considered as hospital.
- 3.10 Hospitalisation** means admission in a hospital designated for COVID-19 treatment by Government, for a minimum period of seventy-two (72) consecutive ‘In-patient care’ hours.
- 3.11 In-Patient Care** means treatment for which the insured person has to stay in a hospital continuously for more than 72 hours for treatment of COVID.
- 3.12 Master Policy Schedule /Policy Schedule** means schedule attached to and forming part of this Policy mentioning the details of the Proposer/Group Manager, the Sum Insured, Period and limits to which benefits under the policy would be payable
- 3.13 Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- 3.14 Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.
- 3.15 Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

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**3.16 Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

**3.17 Non- Network Provider** means any hospital that is not part of the network.

**3.18 Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

**3.19 Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.

**3.20 Policy period** means period of three and half months (3 ½ months), six and half months (6 ½ months) and nine and half months (9 ½ months) i.e, 105 days, 195 days and 285 days respectively as specified in the policy schedule.

**3.21 Primary Insured** is the main member of the group who has a legal relationship with the proposer

**3.22 Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods

**3.23 Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum liability for any and all claims made under the Policy, in respect of that Insured Person during the Policy period.

**3.24 Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

**3.25 Waiting Period** means a period from the inception of this Policy during which specified disease is not covered. On completion of the period, specified disease shall be covered provided the Policy has been continuously renewed without any break.

**4. Coverage:**

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

**4.1. COVID Cover**

Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.

**Note:**

- i. Payment will be made only on Hospitalisation for a minimum continuous period of 72 hours following positive diagnosis for COVID.

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- ii. This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit.

**5. Waiting Period:**

The Company shall not be liable for any claim arising for COVID within 15 days from the first policy commencement date.

**6. EXCLUSIONS**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

**6.1 Investigation & Evaluation (Code- Excl04)**

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

6.2 Any diagnosis which is not related and not incidental to COVID is not covered in this Policy

6.3. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

6.4. Any claim with respect to COVID manifested prior to commencement date of this policy or during the waiting period.

6.5. Cover under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

**7. CLAIM PROCEDURE****7.1 Notification of claim:**

Upon the happening of the covered event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event / diagnosis of COVID.

7.2 **Procedure:** The insured person may submit the necessary documents to the Company within the prescribed time limit as specified hereunder.

| SI No | Type of Claim | Prescribed Time limit   |
|-------|---------------|---|
| 1.    | COVID Cover   | Within thirty days of date of discharge from hospital following positive diagnosis for COVID. |

**7.3 Documents to be submitted:**

The claim is to be supported with the following documents and submitted within the prescribed time limit.

| Benefits | Claims Documents Required |
|----------|---------------------------|
|----------|---------------------------|

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|                   |  |
|-------------------|--|
| 1. Covid-19 Cover | <ul style="list-style-type: none"> <li>i. Duly filled and signed Claim Form</li> <li>ii. Copy of Insured Person's passport, if available (All pages)</li> <li>iii. Photo Identity proof of the patient (if insured person does not own a passport)</li> <li>iv. Medical practitioner's prescription advising admission</li> <li>v. Discharge summary including complete medical history of the patient along with other details.</li> <li>vi. Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre for COVID.</li> <li>vii. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque</li> <li>viii. KYC (Identity proof with Address) of the primary insured, where claim liability is above Rs 1 Lakh as per AML Guidelines</li> <li>ix. Legal heir/succession certificate, wherever applicable</li> </ul> <p><b>Note:</b> All above documents to be submitted as self-attested copies. Originals not required other than Claim form.</p> |
|-------------------|--|

**Note:**

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

**7.4 Claim Settlement (provision for Penal Interest)**

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

**7.5 Payment of Claim**

All claims under the policy shall be payable in Indian currency only. On payment of 100% of sum insured the policy will be terminated.

**8. GENERAL TERMS & CONDITIONS****8.1. Disclosure of Information**

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

**8.2. Condition Precedent to Admission of Liability**

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The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

**8.3. Material Change**

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

**8.4. Records to be Maintained**

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

**8.5. Complete Discharge**

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

**8.6. Notice & Communication**

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule/Certificate
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate.

**8.7. Territorial Limit**

The company's liability to make any payment under the policy will be within India only.

**8.8. Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:

- (a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- (b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- (c) any other act fitted to deceive; and
- (d) any such act or omission as the law specially declares to be fraudulent

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The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

**8.9. Cancellation:** The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person/Policyholder, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

**8.10. Automatic termination:**

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

- Upon the demise of the covered person.
- Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule.

**8.11. Territorial Jurisdiction**

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

**8.12. Arbitration**

- If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

**8.13. Endorsements (Changes in Policy)**

This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

**8.14 Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

**8.15 Nomination**

The primary insured is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the primary insured. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the primary insured, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal



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heirs or legal representatives of the Primary insured whose discharge shall be treated as full and final discharge of its liability under the Policy.

#### 8.16 Renewal of Policy

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

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

#### 8.17 Migration

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

For Detailed guidelines on migration, kindly refer the link: [www.cholainsurance.com](http://www.cholainsurance.com)

## 9. REDRESSAL OF GRIEVANCE

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

Website : [www.cholainsurance.com](http://www.cholainsurance.com)  
Toll free : 1800 208 5544  
E-Mail : [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)  
Fax : 044 -4044 5550  
Courier : **Cholamandalam MS General Insurance Company Limited, Customer services**, Head Office,  
Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.

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

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

For details of grievance officer, kindly refer the link [www.cholainsurance.com](http://www.cholainsurance.com)

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

**Insurance Ombudsman** –If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region



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for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.<sup>1</sup>

**10. TABLE OF BENEFITS:**

|                          |   |
|--------------------------|---|
| <b>Name</b>              | Corona Rakshak Policy (Group), Chola  |
| <b>Product Type</b>      | Individual  |
| <b>Category of Cover</b> | Benefit based   |
| <b>Sum insured</b>       | Rs 50,000/- (Fifty Thousand) to 2,50,000 (Two and half Lakh) (in the multiples of fifty thousand)   |
| <b>Policy Period</b>     | Three and half months (3 ½ months), six and half months (6 ½ months) and nine and half months (9 ½ months) i.e, 105 days, 195 days and 285 days respectively  |
| <b>Eligibility</b>       | Policy can be availed by persons between the age of 18 years and 65 years.<br>Coverage of primary insured is mandatory under this policy  |
| <b>Coverage</b>          | <b><u>COVID Cover</u></b><br>Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre. |

## Annexure-A

The contact details of the **Insurance Ombudsman** offices are as below-

|                              |  |
|------------------------------|--|
| <b>Areas of Jurisdiction</b> | <b>Office of the Insurance Ombudsman</b> |
|------------------------------|--|

|                                 |  |
|---------------------------------|--|
| Gujarat , UT of Dadra and Nagar | Office of the Insurance Ombudsman, JeevanPrakash Building, |
|---------------------------------|--|

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|   |  |
|---|--|
| Haveli, Daman and Diu   | 6th floor,<br>TilakMarg, Relief Road,<br>Ahmedabad – 380 001.<br>Tel.: 079 -<br>25501201/02/05/06<br>Email: bimalokpal.ahmed<br>abad@ecoi.co.in  |
| Karnataka   | Office of the Insurance<br>Ombudsman,<br>JeevanSoudhaBuilding,PI<br>D No. 57-27-N-19,<br>Ground Floor, 19/19,<br>24th Main Road,JP Nagar,<br>1st Phase,<br>Bengaluru – 560 078.<br>Tel.: 080 - 26652048 /<br>26652049<br>Email: bimalokpal.bengal<br>uru@ecoi.co.in    |
| Madhya Pradesh<br>and Chhattisgarh  | Office of the Insurance<br>Ombudsman,<br>JanakVihar Complex, 2nd<br>Floor,<br>6, Malviya Nagar, Opp.<br>Airtel Office,<br>Near New Market,<br>Bhopal – 462 003.<br>Tel.: 0755 - 2769201 /<br>2769202<br>Fax: 0755 - 2769203<br>Email: bimalokpal.bhopal<br>@ecoi.co.in |
| Odisha  | Office of the Insurance<br>Ombudsman,<br>62, Forest park,<br>Bhubneshwar – 751 009.<br>Tel.: 0674 - 2596461<br>/2596455<br>Fax: 0674 - 2596429<br>Email: bimalokpal.bhuba<br>neswar@ecoi.co.in   |
| Punjab , Haryana,<br>Himachal Pradesh,<br>Jammu and<br>Kashmir, UT of<br>Chandigarh | Office of the Insurance<br>Ombudsman,<br>S.C.O. No. 101, 102 & 103,<br>2nd Floor,<br>Batra Building, Sector 17<br>- D,<br>Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 /<br>2706468<br>Fax: 0172 - 2708274  |

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|---|---|
|   | Email: bimalokpal.chandi<br>garh@ecoi.co.in   |
| Tamil Nadu, UT-<br>Pondicherry Town<br>and Karaikal (which<br>are part of UT of<br>Pondicherry) | Office of the Insurance<br>Ombudsman,<br>Fatima Akhtar Court, 4th<br>Floor, 453,<br>Anna Salai, Teynampet,<br>CHENNAI – 600 018.<br>Tel.: 044 - 24333668 /<br>24335284<br>Fax: 044 - 24333664<br>Email: bimalokpal.chenna<br>i@ecoi.co.in   |
| Delhi   | Office of the Insurance<br>Ombudsman,<br>2/2 A, Universal<br>Insurance Building,<br>Asaf Ali Road,<br>New Delhi – 110 002.<br>Tel.: 011 -<br>23232481/23213504<br>Email: bimalokpal.delhi@<br>ecoi.co.in  |
| Assam ,<br>Meghalaya,<br>Manipur, Mizoram,<br>Arunachal Pradesh,<br>Nagaland and<br>Tripura     | Office of the Insurance<br>Ombudsman,<br>JeevanNivesh, 5th Floor,<br>Nr. Panbazar over bridge,<br>S.S. Road,<br>Guwahati –<br>781001(ASSAM).<br>Tel.: 0361 - 2632204 /<br>2602205<br>Email: bimalokpal.guwah<br>ati@ecoi.co.in  |
| Andhra Pradesh,<br>Telangana and UT<br>of Yanam – a part<br>of the UT of<br>Pondicherry         | Office of the Insurance<br>Ombudsman,<br>6-2-46, 1st floor, "Moin<br>Court",<br>Lane Opp. Saleem<br>Function Palace,<br>A. C. Guards, Lakdi-Ka-<br>Pool,<br>Hyderabad - 500 004.<br>Tel.: 040 - 67504123 /<br>23312122<br>Fax: 040 - 23376599<br>Email: bimalokpal.hydera<br>bad@ecoi.co.in |

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**Registered Office: 2<sup>nd</sup> Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

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

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



POLICY WORDINGS  
**CORONA RAKSHAK POLICY(GROUP), CHOLA**  
**CHOHLGP21550V012021**

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| Rajasthan   | Office of the Insurance Ombudsman,<br>JeevanNidhi – II Bldg., Gr. Floor,<br>Bhawani Singh Marg,<br>Jaipur - 302 005.<br>Tel.: 0141 - 2740363<br>Email: Bimalokpal.jaipur@ecoi.co.in  | Amethi,<br>Kaushambi,<br>Balrampur, Basti,<br>Ambedkarnagar,<br>Sultanpur,<br>Maharajgang,<br>Santkabirnagar,<br>Azamgarh,<br>Kushinagar,<br>Gorkhpur, Deoria,<br>Mau, Ghazipur,<br>Chandauli, Ballia,<br>Sidharathnagar.   |   |
| Kerala , UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry  | Office of the Insurance Ombudsman,<br>2nd Floor, Pulinat Bldg.,<br>Opp. Cochin Shipyard, M. G. Road,<br>Ernakulam-682015.<br>Tel.: 0484 - 2358759/2359338<br>Fax: 0484-2359336<br>Email: bimalokpal.ernakulam@ecoi.co.in                 | Goa,<br>Mumbai<br>Metropolitan<br>Region<br>excluding Navi<br>Mumbai & Thane  | Office of the Insurance Ombudsman,<br>3rd Floor,<br>JeevanSevaAnnexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel.: 022 - 26106552 / 26106960<br>Fax: 022 - 26106052<br>Email: bimalokpal.mumbai@ecoi.co.in                   |
| West Bengal, UT of Andaman and Nicobar Islands, Sikkim  | Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe,<br>4th Floor,<br>4, C.R. Avenue,<br>KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124340<br>Fax : 033 - 22124341<br>Email: bimalokpal.kolkata@ecoi.co.in                  | State of Uttaranchal and the following Districts of Uttar Pradesh:<br>Agra, Aligarh,<br>Bagpat, Bareilly,<br>Bijnor, Budaun,<br>Bulandshehar,<br>Etah, Kanooj,<br>Mainpuri,<br>Mathura, Meerut,<br>Moradabad,<br>Muzaffarnagar,<br>Oraiyya, Pilibhit,<br>Etawah,<br>Farrukhabad,<br>Firozbad,<br>Gautambodhanagar,<br>Ghaziabad,<br>Hardoi,<br>Shahjahanpur,<br>Hapur, Shamli,<br>Rampur, Kashganj,<br>Sambhal, Amroha,<br>Hathras, | Office of the Insurance Ombudsman,<br>BhagwanSahai Palace<br>4th Floor, Main Road,<br>Naya Bans, Sector 15,<br>Distt: GautamBuddh<br>Nagar,<br>U.P.-201301.<br>Tel.: 0120-2514250 / 2514252 / 2514253<br>Email: bimalokpal.noida@ecoi.co.in |
| Districts of Uttar Pradesh :<br>Laitpur, Jhansi,<br>Mahoba,<br>Hamirpur, Banda,<br>Chitrakoot,<br>Allahabad,<br>Mirzapur,<br>Sonbhabdra,<br>Fatehpur,<br>Pratapgarh,<br>Jaunpur,Varanasi,<br>Gazipur, Jalaun,<br>Kanpur, Lucknow,<br>Unnao, Sitapur,<br>Lakhimpur,<br>Bahraich,<br>Barabanki,<br>Raebareli, Sravasti,<br>Gonda, Faizabad, | Office of the Insurance Ombudsman,<br>6th Floor, JeevanBhawan,<br>Phase-II,<br>Nawal Kishore Road,<br>Hazratganj,<br>Lucknow - 226 001.<br>Tel.: 0522 - 2231330 / 2231331<br>Fax: 0522 - 2231310<br>Email: bimalokpal.lucknow@ecoi.co.in |   |   |

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**CHOHLGP21550V012021**

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| Kanshiramnagar,<br>Saharanpur.   |   |
| Bihar,<br>Jharkhand.   | Office of the Insurance<br>Ombudsman,<br>1st Floor, Kalpana Arcade<br>Building,,<br>Bazar Samiti Road,<br>Bahadurpur,<br>Patna 800 006.<br>Tel.: 0612-2680952<br>Email: bimalokpal.patna<br>@ecoi.co.in                         |
| Maharashtra,<br>Area of Navi<br>Mumbai and Thane<br>excluding Mumbai<br>Metropolitan<br>Region | Office of the Insurance<br>Ombudsman,<br>JeevanDarshan Bldg., 3rd<br>Floor,<br>C.T.S. No.s. 195 to 198,<br>N.C. Kelkar Road,<br>Narayan Peth,<br>Pune – 411 030.<br>Tel.: 020-41312555<br>Email: bimalokpal.pune@<br>ecoi.co.in |

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