

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings



# Domestic Travel Insurance Policy

## Contents

---

1. Coverages
2. Definitions
3. Exclusions
4. General Conditions
5. Grievances
6. Annexure 1

**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

**Domestic Travel Insurance Policy**

CHOTIDP417V022021

Policy Wordings

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

**1. SCOPE OF COVER****1.1. Personal Accident Domestic - death and /or Total permanent Disability**

If the Insured suffers Accidental Bodily Injury during Policy Period in course of Insured journey as defined in the policy and this is the sole and direct cause of his Death or Permanent Disability within 12 months from the date of the accidental bodily injury, then the Insurer will pay the Insured the percentage of the Sum Insured specified for each and every form of condition mentioned in the table below as per the details below. The Insurer's maximum liability however will not be more than 100% of the Limit of Indemnity stated in the schedule.

Condition	Percentage of Limit of indemnity
Accidental Death	100%
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot, or hand.	100%
Complete loss of hearing of both ears & complete loss of Speech	100%
Loss of hearing – both ears	60%
Loss of speech	60%
Loss of thumb – both phalanges	25%
Loss of index finger–three phalanges or two phalanges or one phalanx	10%
Sight of one eye	50%
One hand	50%
One foot	50%

Loss wherever used herein means the permanent and total loss of functional use or complete and permanent severance.

Permanent Disability means disability lasting 12 calendar months and at the end of that period being beyond hope of improvement.

**Terms and Conditions**

1. The limits under this section are as mentioned in the Schedule of Benefits

**Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- Any loss resulting directly from, any internal or external congenital conditions;
- Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight in which the Insured travels as a fare paying passenger) or parachuting;
- any loss resulting directly from or, contributed or aggravated or prolonged by child birth or from pregnancy;

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- d) Any loss caused directly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- e) Any loss caused directly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of Injury
- f) any exclusion mentioned in the General Exclusions of this policy.

**Procedure for making a Claim under Personal Accident – death and/or Total permanent Disability**

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer the information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) Additionally, submit to examination by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary at the cost of the insurer.
- c) any document mentioned in the Claim Documentation of this policy.

**1.2. Emergency Accidental Medical Expenses reimbursement**

During the Policy period in course of Insured journey as defined in the policy if the Insured suffers Accidental Bodily Injury which requires immediate medical attention, then the Insurer will indemnify the Insured for the amount up to the Limit of Indemnity for Emergency Accidental Medical Expenses reimbursement incurred in a Hospital. The Insurer's liability to make payment is only in excess of the Deductible.

**This cover will also include following:**

**1.2.1. Medical Evacuation/Transportation:** If the Insured suffers Accidental Bodily Injury during the policy period in course of Insured journey as defined in the policy and if the Insured Person is transportable from medical point of view and in the opinion of Insurer or the attending doctor can be repatriated to the home town or the town of origin, then the Insurer will indemnify the Insured up to the Limit of Indemnity for:

- i. the transportation of the Insured (and one other person if medically or officially required) from the town where the Insured suffered the injury to the home town or the town of origin or the place of residence where necessary medical attention can be provided; the coverage for treatment will be up to the Limit of Indemnity for Medical Expenses for a maximum period of 30 days from the date of return.
- ii. necessary medical care required en route.

**1.2.2. Repatriation of Mortal Remains:** If the Insured dies as a result of any complications arising from Accidental Bodily Injury during the Policy period, then the Insurer will pay up to the Limit of Indemnity towards the cost of transporting the Insured's remains to the home town or the town of origin, or towards the costs of a burial in the town where the Insured passed away. The Limit of Indemnity under this benefit will be a sub-limit to the Limit of Indemnity under the Medical Expenses cover.

Please note: The total combined liability of the Insurer towards the Cover 2, Cover 2.1 and Cover 2.2 will be to the extent of Sum Insured of the Emergency Accident Medical Expenses cover only.

**Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any illness or other medical condition which has not been directly caused by the Accidental Injury
- b) any treatment if that is the sole reason or one of the reasons for the travel;
- c) any treatment, arising due to a Pre-existing condition.
- d) any person waitlisted for any treatment
- e) any treatment which could in the opinion of the Insurer and attending Doctor be or have been delayed until the Insured's return to destination;
- f) any Illness and the consequences of such Illnesses:

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- i) existing at the commencement of the travel.
- ii) treated in the 48 months before the commencement of the travel.
- g) for the treatment of orthopaedic, degenerative or oncologic diseases unless the medical attention is unforeseen, and is necessary to avert a clear danger to the Insured's life
- h) the removal of physical flaws or anomalies or abnormalities (cosmetic treatment);
- i) Pregnancy or check-ups during pregnancy or termination of pregnancy or childbirth and typical complaints suffered during pregnancy and their consequences (including changes in chronic conditions) unless the medical attention is unforeseen, and is necessary to avert a clear danger to the Insured's life or that of the unborn child or to relieve acute pain and suffering of either provided that the Insured is under 38 years of age and the 30th week of the pregnancy has not been completed;
- j) Any internal or external Congenital conditions
- k) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight in which the Insured travels as a fare paying passenger) or parachuting.:
- l) rehabilitation and physiotherapy or the costs of prostheses.
- m) Non medical Expenses incurred during Hospitalisation. The list of such Non medical Expenses is placed at Annexure 1
- n) any exclusion mentioned in the General Exclusions of this policy.

**Procedure for making a Claim under Emergency Accidental Medical Expenses reimbursement**

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall immediately:

- a) If the Insured suffers Accidental Bodily Injury which gives rise to or may give rise to a claim:
  - I. give the Insurer notice of a claim and expeditiously give or arrange for the Insurer 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;
  - II. obtain the pre-authorization from the Insurer for any medical treatment, which pre-authorization shall specify the treatment authorised; the place at which it has been authorised, and any other condition applicable to either.
  - III. if the Accidental Bodily Injury requires an Insured's immediate Hospitalisation so as to avoid a risk to the Insured's life or health, and as a result the Insured is unable to obtain pre-authorization provided that the Insurer is given notice of the Insured's Hospitalisation as soon as reasonably practicable, and the terms under i) & ii) are complied with as soon as the risk to the Insured's life or health has passed.
- b) If the requirements of a) (ii) and/or a) (iii) have not been satisfied in all respects, then a claim shall be made to the Insurer within 30 days of the insured event and:
  - I. shall be supported by the following documentation, translated into English if necessary at no cost to the Insurer:
    - 1. original bills and vouchers bearing the name of the Insured treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
    - 2. prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of the pharmacy;
    - 3. additionally for a claim under Medical Evacuation, a Doctor's certificate indicating the condition requiring transportation and certifying the medical necessity of the transportation;
    - 4. additionally for a claim under Mortal Remains, an official death certificate and Doctor's statement giving the cause of death;
  - II. any other information or documentation that the Insurer may reasonably require;
  - III. if accepted, shall be payable within India in Indian Rupees
- c) any document mentioned in the Claim Documentation of this policy.
- d) in any case, if there is an event which would result in a claim under this policy, due notice should be given to the Insurer immediately on the Insured becoming aware of the same.

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

**1.3. Trip Cancellation**

In the event of cancellation of Trip prior to its commencement, the Insurer will reimburse non-refundable expenses on cancellation of the airline travel Tickets up to the Limit of Indemnity provided the cancellation is due to any of the following:

- a) Death or diagnosis of **Critical Illness** (as defined earlier in the Policy wordings) of the Insured or following immediate family members – Spouse, Children, Parents, Brother, Sister, Grandparent, Grandchildren, Parents-in-law.
- b) Natural calamities like earthquake, storm, flood, cyclone, hurricane or tornado, and / or fog, at or in the vicinity of the city of residence or place of origin or place of destination or any intermediate place
- c) Serious damage to the Insured's Residence arising from fire, flood, earthquake or riots.

Non-refundable expenses are defined as those charges which are not refunded by the airline to the passenger in the event of the passenger cancelling the journey ticket in the airline. Examples of non-refundable charges include (but are not limited to) taxes, cancellation charges, airport fees, fuel surcharge etc.

**Terms and Conditions**

- a) The limits under this section are as mentioned in the Schedule of Benefits
- b) The Insurer's liability to make payment is only towards reimbursement of any non-refundable portion of the fare of the cancelled air ticket.
- c) The booking should be cancelled by the Insured within 48 hours of the occurrence of any of the events, which would result in a claim under this cover.

**Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) The reason for Trip cancellation was foreseeable for the Insured with high degree of probability
- b) any exclusion mentioned in the General Exclusions of this policy.

**Procedure for making a Claim under Trip Cancellation**

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

**1.4. Flight Re-scheduling**

In the event of Delay of the flight in which the Insured has booked his/her ticket for travel, and if the Insured reschedules his/her flight & travels by another flight, and if the rescheduled ticket is in the same sector and in the same airline, then any excess fare paid by the Insured for booking the ticket in the rescheduled flight will be reimbursed by the Insurer up to the amount stated in the Schedule provided Insured's trip is delayed for more than 4 (four) hours due to a Covered Hazard. In case there is no alternate flight of the same airline in the same sector within the 12 hours following the scheduled departure, the Insurer will offer the benefit against travel by any alternative airline.

**Terms and Conditions**

- a) Covered Hazards are
  - I. delay of the airline caused by any severe weather condition (excluding fog) which delays the scheduled arrival or departure of the aircraft
  - II. delay due to Strike or any other action by employees of the airline scheduled to be used by the Insured for his Trip

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- III. delay caused by any sudden, unforeseen breakdown in the aircraft's equipment that caused the delay of the Insured's Trip
- b) The Insurer will be liable under this cover only if the flight in which the insured has rescheduled his trip is being operated in the same sector by the same airline. Only in case of no alternate flight of the same airline in the same sector within the 12 hours following the scheduled departure, the Insurer will offer the benefit against travel by any alternative airline.
- c) The limits under this section are as mentioned in the Schedule of Benefits
- d) The Insurer's liability to make payment is only in excess of the Deductible.

**Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) first 4 (four) hours of the trip delay.
- b) any delay due to Covered Hazard which was made public or known to Insured before the purchase of this policy
- c) This cover will not be applicable if the original flight in which the ticket was booked has been delayed due to fog
- d) any exclusion mentioned in the General Exclusions of this policy.

**Procedure for making a Claim under Flight Re-scheduling cover**

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rises to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

**1.5. Flight Delay**

In the event of Delay of the flight in which the Insured has booked his/her ticket for travel, if the airline does not provide necessary meals and lodgings free of charge, the Insurer will reimburse expenses for meals and lodgings up to the amount stated in the Schedule provided Insured's trip is delayed for more than 6 (six) hours due to a Covered Hazard.

**Terms and Conditions**

- a) Covered Hazards are
  - I. delay of the airline caused by any severe weather condition (excluding fog) which delays the scheduled arrival or departure of the aircraft
  - II. delay due to Strike or any other action by employees of the airline scheduled to be used by the Insured for his Trip
  - III. delay caused by any sudden, unforeseen breakdown in the aircraft's equipment that caused the delay of the Insured's Trip
- b) The Insurer will pay for each continuous and completed period of 6 (six) hours of Trip Delay
- c) The limits under this section are as mentioned in the Schedule of Benefits
- d) The Insurer's liability to make payment is only in excess of the Deductible.

**Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) first 6 (six) hours of the trip delay.
- b) any delay due to Covered Hazard which was made public or known to Insured before the purchase of this policy
- c) any exclusion mentioned in the General Exclusions of this policy.

**Procedure for making a Claim under Flight Delay**

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

**1.6. Trip Curtailment**

In the event of interruption of the Trip before the Insured has reached the final destination town, the Insurer will reimburse any non-refundable expenses towards cost of ticket for next available option or any incidental expenses including Boarding & Lodging for maximum one day up to the Limit of Indemnity, provided the curtailment is due to a booked aircraft being delayed for at least 24 hours due to strike, industrial action, riot, civil commotion, severe weather condition, natural disaster or hijack

**Terms and Conditions**

- a) The limits under this section are as mentioned in the Schedule of Benefits
- b) The Insurer's liability to make payment is only in excess of the Deductible.

**Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) The reason for Trip interruption was foreseeable for the Insured with high degree of probability
- b) any exclusion mentioned in the General Exclusions of this policy.

**Procedure for making a Claim under Trip Interruption**

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

**1.7. Loss of Checked Baggage**

If the Insured's checked-in accompanying baggage is permanently lost by the airline to whom it was entrusted, then the Insurer will pay up to the Limit of Indemnity towards the Market Value of the lost items less any recovery from the airline by the Insured.

**Terms and conditions:**

- a) In the event, more than one baggage is checked-in, the maximum amount payable per baggage will be 50% and per article contained in the bag will be 10% of the Limit of Indemnity.
- b) For the following articles – jewellery, watches, articles consisting of silver, gold or platinum, furs, articles trimmed with or made mostly of fur the combined maximum amount payable will be 10% of the Limit of Indemnity.
- c) In the event of loss of a pair/set, Insurer can repair or replace any part, to restore the pair or set to its value before the loss; or pay the difference between the cash value of the property before and after the loss.
- d) The limits under this section are as mentioned in the Schedule of Benefits
- e) The Insurer's liability to make payment is only in excess of the Deductible.
- f) The Insurer liability under this cover will be limited to the travel destinations specified in the main travel ticket from the airport of origin to the airport of destination during the trip. Any via destinations included in the main travel ticket will be considered for payment under this cover, only if the flight is a hopping one.
- g) The liability of the Insurer to make payment shall not arise until liability is admitted by the airline.
- h) The Insurer's payment to the Insured will be reduced by any sum for which the airline is liable to make payment.
- i) The Insurer's maximum liability will not exceed the Limit of Indemnity stated in the policy schedule



## Domestic Travel Insurance Policy

CHOTIDP21417V022021

Policy Wordings

### Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) any electronic, electrical, visual or audio visual equipment, item or aid;
- b) any kind of precious metals or articles made from any precious metals, cash, currency (Indian or foreign), precious stones or models or coins or curios, sculptures manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.;
- c) any tickets;
- d) any loss due to complete/partial damage for the Checked-in-Baggage;
- e) any partial loss of the items in the Checked-in-Baggage;
- f) any item in the Checked-in-Baggage, which is valued above Rs.1000 without appropriate proof of ownership;
- g) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities;
- h) any exclusion mentioned in the General Exclusions of this policy.

### Procedure for making a Claim under Total Loss of Checked Baggage

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall immediately:

- a) give the Insurer notice of a claim and expeditiously arrange for information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer
- b) additionally, the Insured shall obtain a Property Irregularity Report from the airline and send it to the Insurer;
- c) any document mentioned in the Claim Documentation of this policy

## 2. DEFINITIONS

To help **You** understand **Your Policy** the following words and phrases used anywhere within **Your Policy** have specific meanings, which are set out in this section.

1. **Accident means** a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition)
3. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
4. **Checked-In-Baggage** means the baggage, which is checked in and in the custody of Common Carrier and for which a receipt/token has been issued to the Insured by a Common Carrier
5. **Common Carrier** means any mode of public transport whether used for hire and reward or otherwise
6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **Congenital Anomaly** means a condition which is present since birth, which is abnormal with reference to form, structure or position.
  - a. **Internal Congenital Anomaly:** congenital anomaly which is not in the visible and accessible parts of the body
  - b. **External Congenital Anomaly:** Congenital anomaly which is in the visible and accessible parts of the body.
8. **Damages** means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured Person is not financially liable, or which is without legal recourse to the Insured Person, or any matter that may be deemed to be uninsurable under Indian Law
- 5 **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured. Deductible will apply on every admissible claim..



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

1. **Dependents** refer to family members listed below, who is financially dependent on the Primary Insured or proposer and does not have his / her independent sources of income. Spouse, dependent children and dependent parents
2. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us
3. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition
4. **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
5. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
6. **Emergency Accident Medical Expenses** means medical expenses reasonably necessary at that time to protect life or relieve pain caused by Accidental Bodily Injury and that do not exceed the usual charge for similar treatment or services in the locality where the treatment or services have been obtained for:
  - a) Out-patient treatment, provided the same is critical and cannot be deferred;
  - b) In-patient treatment in a Hospital local to the temporary residence of the Insured or the nearest suitable Hospital;
  - c) Necessary medical aids prescribed by a Doctor;
  - d) Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Doctor;
  - e) Costs of transportation by a recognised emergency services for medical attention at the nearest Hospital or from the nearest available Doctor prior to Hospitalisation;
  - f) Cost of being transferred to a special clinic if this is medically necessary and prescribed by a Doctor;
  - g) Medically proven procedures.
7. **Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing
8. **Excluded hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital.
9. **Hijack** means the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which the insured is travelling as a fare paying passenger.
10. **Hospital** means any institution established for inpatient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
  - has qualified nursing staff under its employment round the clock;
  - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - has qualified medical practitioner(s) in charge round the clock;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
11. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
12. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  - a. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
  - b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.

13. **Indian 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
14. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
15. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner
16. **Insured Journey** means any journey undertaken, during the policy period:
  - Which commences when the insured boards the aircraft, for onward journey
  - And terminates when the insured disembarks on return to his / her usual town of residence or the contracted date or 30 days from the Risk Start Date whichever is earlier.
17. **Intensive Care Unit** 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
18. **Market Value** means the value at which the property insured can be replaced with one of same kind, type, age and condition
19. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
20. **Medical Evacuation / Transportation** means the transportation of the insured from the place where the insured has suffered the emergency accidental bodily injury, to the nearest hospital where appropriate medical care is available. This is carried out if the insured person is transportable from medical point of view, in the opinion of the insurer or the attending doctor.
21. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.  
The registered Practitioner should not be the insured or close family members of the insured.
22. **Medically necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
  - a. is required for the medical management of the illness or injury suffered by Insured;
  - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - c. must have been prescribed by a medical practitioner;
  - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
23. **Newborn Baby** means baby born during the policy period and is aged upto 90 days
24. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
25. **Policy** means the policy schedule (including endorsements if any), the terms and conditions in this document, any annexure thereto (as amended from time to time) and your statements in the Proposal form.
26. **Policy period** means the period between the Risk start date and Risk end date specified in the Schedule including both days and according to Indian Standard Time (IST). The Scope of Cover applies within the limits of Indian borders only.
27. **Policy Schedule** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
28. **Pre-existing Disease means any condition, ailment, injury or disease:**
  - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the Insurer or its reinstatement or

## Domestic Travel Insurance Policy

CHOTIDP21417V022021

### Policy Wordings

b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

- 29. 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
- 30. Proposer** means the person who has signed in the proposal form and named in the Schedule. He may or may not be insured under the policy
- 31. Reasonable and Customary Charges** 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
- 32. Residence** means the place in India where the Insured Person is living in the normal course and shall be the place, which is specified in the Policy Schedule
- 33. Subrogation (Applicable to other than health sections)** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- 34. Sum Insured** means the amount shown against each cover in force, in the policy schedule which shall be our maximum liability for each Insured Person for any and all claims made for during the policy period.
- 35. 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
- 36. Terrorism means activities against persons, organisations or property of any nature:**
- a) that involve the following or preparation for the following:
- I. use or threat of force or violence; or
  - II. commission or threat of a dangerous act; or
  - III. commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
- b) when one or both of the following applies:
- I. the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
  - II. it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.
- 37. Trip** means planned journey, which starts and ends in India to a destination(s) within India as mentioned in the policy schedule during the policy period
- 38. Unproven/Experimental treatment** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.
- 39. Valuables** means gold or silver or any precious metals or articles made from any precious metals, cash, currency (Indian or foreign), watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument
- 40. List of Critical Illness and their definitions**

#### 40.1 Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy . The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- a. All tumours which are histologically described as carcinoma in situ ,benign, pre-malignant, borderline malignant, low malignant potential,neoplasm of unknown behavior, or non-invasive,including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- b. Any non- melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond

### **Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- c. Malignant melanoma that has not caused invasion beyond the epidermis.
- d. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- e. All thyroid cancers histologically classified as T1N0M0(TNM Classification) or below
- f. Chronic lymphocytic leukaemia less than RAI stage 3
- g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
- h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- i. All Tumours in presence of HIV infection

#### **50.2 Stroke Resulting In Permanent Symptoms**

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

#### **II. The following are excluded:**

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

#### **50.3 Myocardial Infarction (First Heart Attack - of Specified Severity)**

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction will be evidenced by all of the following criteria:

- a. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b. New characteristic electrocardiogram changes
- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- I. Other acute Coronary Syndromes
- II. Any type of angina pectoris
- III. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-cardiac procedure.

#### **50.4 Open Chest CABG**

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures

#### **50.5 Kidney Failure Requiring Regular Dialysis**

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

#### **50.6 Multiple Sclerosis With Persisting Symptoms**

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.
- I. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
  - II. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
  - III. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.
- Other causes of neurological damage such as SLE and HIV are excluded

**50.7 Major Organ /Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

**50.8 Permanent Paralysis of Limbs**

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months

**50.9 Surgery to Aorta**

The actual undergoing of surgery for a disease of the aorta (meaning the thoracic and abdominal aorta but not its branches, and excluding traumatic injury of the aorta and congenital narrowing of the aorta) needing excision and surgical replacement of the diseased aorta with a graft

**50.9 Primary (Idiopathic) Pulmonary Hypertension**

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
  - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
  - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

**50.10 Parkinson's Disease**

The unequivocal diagnosis of progressive degenerative idiopathic Parkinson's disease by a consultant Neurologist. This diagnosis must be supported by all of the following conditions:

- a. The disease cannot be controlled with medication;
- b. Signs of progressive impairment; and

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- c. Inability of the insured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months

Activities of Daily Living:

- I. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- II. Dressing: the ability to put on, take-off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- III. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa
- IV. Mobility: the ability to move indoors from room to room on level surfaces;
- V. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- VI. Feeding: the ability to feed oneself once food has been prepared and made available.

**Exclusions:** Drug induced or toxic causes of Parkinsonism are excluded

**50.11 Motor Neuron Disease with Permanent Symptoms**

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

**3. GENERAL EXCLUSIONS (applicable to all covers under the policy)**

The Insurer shall not be liable for any claim under any Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any treatment if that is the sole reason or one of the reasons for the travel, or any person waitlisted for any treatment, or women who are over 6 months pregnant, or any person travelling against the advice of a medical practitioner, or any person with nervous disorders or physical deformity;
- b) treatment by anybody other than a qualified medical practitioner;
- c) any kind of Consequential loss;
- d) accidents caused out of Pre-Existing Diseases (PED) like nervous disorders, cardio vascular conditions etc
- e) War (whether declared or not), civil war, invasion, act of foreign enemy hostilities, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment of all kings, princes, and people of whatsoever nation condition or quality;; confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority or terrorism or terrorist acts.
- f) Any intentional, reckless or criminal act, provoked assault, suicide, or attempted suicide, or the use or abuse of any drugs, alcohol and the like;
- g) ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; 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;
- h) Participation in naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy whether foreign or domestic;
- i) any loss of which a contributing cause was the Insured's actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest;
- j) 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.
- k) Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional, semi-professional or amateur sportspersons.



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- l) Intentionally self-inflicted injury, suicide or any attempt threat while sane or insane;
- m) Loss sustained or contracted in consequence of the insured being under the influence of alcohol or drugs unless administered on the advice of a physician;
- n) Death or bodily injury suffered whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world or in any balloon.
- o) Opportunistic infection shall include but will not be limited to pneumocystis carinii pneumonia, organism of Kaposi's Sarcoma, central nervous system lymphoma, and/other malignancies now known or which become known as causes of death in the presence of Acquired Immune Deficiency Syndrome;
- p) Death or bodily injury suffered while the insured is participating in activities of speed using a motorized vehicle or bicycle and/or hiking and/or skiing and/or skydiving and/or gliding and/or mountaineering and/or winter sports and/or rock climbing and/or parachuting, hang-gliding, bungee jumping, polo, diving, white water rafting
- q) Any loss resulting directly from or, contributed or aggravated or prolonged by childbirth or from pregnancy.

**4. GENERAL CONDITIONS (applicable to all covers under the policy)**

- 4.1** For Domestic Travel Insurance the minimum age of the Insured shall be 3 months and the maximum age shall be 70 years. Age shall be computed as on the Risk Start Date.
- 4.2** Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
- 4.3** Reasonable Precautions: The Insured shall take all reasonable precautions to prevent injury, illness and disease in order to minimize claims. Failure to do so will prejudice the Insured's claim under this policy.
- 4.4** Provision of Information: The Insured shall provide the Insurer with the details of the trip and other information as required in the proposal form - in advance.

**4.5 Claim Procedure**

- 1. If the procedure stated is complied with, the Insurer will guarantee to the service provider the costs of hospitalisation, transportation for emergency services, transportation home for Insured and any covered accompanying person if applicable, transportation of the mortal remains and local burial. All costs will be directly settled by the Insurer and the same shall constitute due discharge of the Insurer's obligations hereunder.
- 2. Reimbursement of all claims will be made by the Insurer in Indian Rupees in India only.
- 3. Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh
- 4. Upon acceptance of the offer of claim settlement by the Insured, the claim amount will be settled by the Company within 7 days from the date of acceptance of the offer by the Insured. In case of delay in the payment, the Company shall be liable to pay interest at the rates stipulated by IRDA from time to time

**4.5.1 Claim Documentation**

For any claim that may be filed by the Insured, the duly filled Claim form has to be submitted along with the documents as indicated below for the specific cover. Additionally, the original ticket / boarding pass indicating the date of travel must also be submitted with every claim, along with the completed Claim Form.

**1. Personal Accident – death and/or Total permanent Disability**

Please attach the following documents

- Police report
- Medical report in the enclosed format
- In case the accident has occurred on board the aircraft, a certificate from the Airline describing the accident
- Copies of the hospital records
- original bills and vouchers bearing the name of the Insured treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
- prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of the pharmacy;



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- Certificate from treating Doctor (in case of a Permanent Disability)
- Doctor's certificate indicating the condition requiring transportation and certifying the medical necessity of the transportation (in case of a claim under Medical Evacuation,)
- Port Mortem Report and Death certificate (in case of death due to accident)
- Legal heir certificate or proof of identity of the nominee (in case of death due to accident). Proof of identity for the nominee must be in the form of a Government-issued identification document
- any other information or documentation that the Insurer may reasonably require;
- Medical statements from relatives or spouses will not be accepted.

**2. Emergency Accidental Medical reimbursement**

Please attach the following documents

- Doctor's reports
- Original-admission / discharge card
- Original bills / receipts / with prescriptions and diagnostic / investigative reports
- copy of the ticket and boarding pass.
- Medical statements from relatives or spouses will not be accepted.
- any other information or documentation that the Insurer may reasonably require;

Please note –

Bills/vouchers/reports/discharge summary must mention the name of the person treated, the type of injury, details of the individual items of medical treatment provided and the dates of treatment.

Treatment taken on different dates for separate ailments / injuries will be treated as separate claims.

The claims form should clearly indicate the same and supporting should be provided for each one.

Deductible will apply for each claim separately.

**3. Total Loss of Checked-In Baggage**

Please attach the following documents

- details of individual items lost
- approximate cost and purchase date
- Copies of baggage tags along with the reference numbers for the baggages lost
- The Property Irregularity Report (obtained from the airline) also will need to be submitted.
- any other information or documentation that the Insurer may reasonably require

**4. Trip Cancellation**

Please attach the following documents

- Proof of cancellation of the tickets
  - details of the non-refundable charges arising from the cancellation
  - Copy of ticket & boarding pass (if any)
  - Proof of the reason for cancellation
- a) Hospitalization records (if the cancellation is due to illness / hospitalization of immediate family member)
- b) Death certificate ((if the cancellation is due to death of immediate family member)
- c) documentary proof establishing the relationship between the insured and the family member who was stricken with illness / death
- If the trip has been cancelled because of any of the natural calamities named earlier under the scope of cover, the following documents must be submitted
    - a) report from the meteorological Department certifying and describing the nature of the calamity, OR
    - b) copies of reports from 2 different newspapers describing the nature of the calamity
  - any other information or documentation that the Insurer may reasonably require;

**5. Trip Curtailment**

Please attach the following documents

- Proof of cancellation of the onward air tickets

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- Copies of cancellation correspondence with airline authorities certifying the cancellation, along with details of compensation received from airlines / other authorities (if any)
- Copy of ticket & boarding pass (if any)
- Proof of the reason for cancellation of the onward journey
  - certificate from the airline establishing the nature, duration and reason of delay of the flight
  - any other information or documentation that the Insurer may reasonably require

**6. Flight delay**

Please attach the following documents

- Certificate from the airline for proof of delay of the flight
- Original bills of purchases made / expenses incurred during the period of delay
- Copies of correspondence with airline authorities certifying the delay
- Copy of ticket & boarding pass
- any other information or documentation that the Insurer may reasonably require

**7. Flight Re-scheduling**

Please attach the following documents

- Certificate from the airline for proof of delay of the flight
- Copies of correspondence with airline authorities certifying the delay
- Copy of the tickets of the original and rescheduled flights
- Boarding pass of the rescheduled flight
- any other information or documentation that the Insurer may reasonably require

**Address of Chola MS Health Claims Office:**

Cholamandalam MS General Insurance Company Ltd.

**Chola MS HELP – Health Claims Department**

New No.319, Old No.154, Shaw Wallace Building,  
2nd Floor, Thambu Chetty Street, Parry's Corner,  
Chennai - 600001

Customer Care Toll Free No: 1800-208-5544

E-Mail: [help@cholams.murugappa.com](mailto:help@cholams.murugappa.com)

**4.5.2 Obligations of the Insured**

- a) All Claims must be submitted to the Insurer not later than one (1) month after the return date or Risk End date or the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.
- b) The Insured shall provide the Insurer on demand any information that is required to determine the occurrence of the Insured event or the Insurer's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip.
- c) The Insurer is authorised by the Insured to take all measures that are suitable for loss prevention and claim minimization, which includes the Insured's transportation back to destination.
- d) The Insurer shall be released from any obligations to pay the amount against any claim if any of the aforementioned obligations are breached by the Insured.

**4.5.3 Transfer and set-off of claims**

- a. If the Insured has any outstanding claims against any other parties apart from the Insurer, such claims shall be transferred in writing to the Insurer up to the amount for which the reimbursement of costs is made by the Insurer in accordance with the terms hereunder.
- b. In so far as an Insured receives compensation for costs he/she has incurred either from the parties liable for Damages or as a result of other legal circumstances, the insurer shall be entitled to set off his compensation against the insurance benefits payable if any.
- c. Claims to the insurance benefits may neither be pledged nor transferred by the insured.

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

**4.6** In the event of the Insured Person's death, the Insurer or the Insurer's representative shall have the right to carry out a post mortem/ autopsy, at the Insurer's expense.

**4.7 Observance of Terms & Conditions**

It is a condition precedent to our liability that the insured person shall comply in all respects with the terms and conditions of this Policy in so far as they require anything to be done or complied with by You or Your dependent.

**4.8 Change of Address / Contact details**

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

**4.9 Due care**

The Insured Person / persons 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

**4.10 Authority to Obtain Records**

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

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

**4.11 Transfer**

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

**4.12 Renewal of Policy**

The policy will expire on the Risk End date on the Proposal Form and Policy Schedule, or 30 days from the Risk Start Date, whichever is earlier. This Insurance is non-renewable

**4.13 Cancellation of cover**

- a) This policy may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. The policy shall be void and all premium paid hereon shall be forfeited to the Company. Upon cancellation of the policy by us for any other reasons (other than the above), the insured person shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation, subject to proposed journey has not commenced.
- b) Any time before the commencement of the proposed journey the Insured may request for cancellation of this Policy by giving notice in writing to the Insurer as long as the Insured is able to establish to the Insurer's satisfaction that the Proposed journey has not commenced.
- c) Upon cancellation, and where no claim has been reported under this policy, the Insurer shall be entitled to deduct cancellation charges of Rs. 25 from the premium. Partial refund of the premium is not allowed in this policy.

**4.14 Nomination:**

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

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

The details of nomination will be acknowledged by the Company in the Policy issued by the Company. The Policyholder is entitled to cancel or withdraw the nomination at any time and the Company upon request shall make the necessary endorsement in the Policy.

**4.15 Notification**

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

**4.16 Arbitration**

- a. Any dispute or difference between the Insurer and the Insured Person or the Policyholder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language and the venue will be in Chennai.
- b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
- c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

**4.17 Fraud**

If You and or Your dependent 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
- c. Do/ omit to act in manner abetting fraud against Us,

this Policy shall be null and void ab inito in relation to that Insured Person. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policyholder/s who shall be jointly and severally liable for the same.

**4.18 Subrogation (Applicable for other than health sections)**

The Policyholder:

- 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.

This clause is not applicable for benefit sections of the policy.

**4.19 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.

**4.20 Entire Contract**

## **Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

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.

### **4.21 Misdescription**

This Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact by the insured person(s).

### **4.22 Mis-statement of Age**

This policy covers individuals in the age band of 3 months to 70 years travelling by air. In case the insured or proposer has mis-stated the age then no claim is entertained under the policy. In such an event no refund of premium will be made

### **4.23 Territorial Limits**

The insurance cover applies to all regions, states and Union Territories within the political boundaries of the Republic of India

### **4.24 Delay in intimation of claim**

It is essential and imperative that any loss or claim under the policy has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto. Any genuine delay, beyond Your control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Your end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

### **4.25 Disclaimer**

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

### **4.26 Risk Start Date**

The Insurance policy will commence from the departure date from the town of origin (except Trip Cancellation) as declared on the proposal form and printed on the policy schedule provided full premium is paid.

### **4.27 Risk End Date**

The Insurance policy will terminate on the date when the Insured disembarks on return to the usual town of residence, or the contracted Risk End Date, or 30 (thirty) calendar days from the Risk Start Date, whichever is earlier

### **4.28 Payment Conditions**

- a) The Insurer shall make payment to the Insured, but if incapacitated or deceased the Insurer shall make payment to the nominee of the Insured as mentioned in the policy schedule.
- b) The Insured hereby acknowledges and agrees 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, service or other service obtained by the Insured, it being agreed and recognized 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 medical treatment or service (medical or otherwise) rendered by any institution or service provider whether pre-authorized or not.
- c) Any payment made by the Insurer under this Insurance policy shall be within India and in Indian Rupees only.
- d) Additionally in relation to any claim under Personal Accident except Accidental Death:

**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



**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

- i. the Insurer shall not be liable to make any payment until such time as any course of medical treatment prescribed by a Doctor has been implemented and demonstrated to be ineffective;
- ii. if the Insured was suffering from any disability prior to the date of his claim, then the Insurer's liability to make payment shall be reduced by the extent of that pre-existing disability as advised by the Insurer's medical advisors, which the Insured agrees shall be as determined by the Insurer's medical advisors.
- iii. 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
- iv. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- v. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- vi. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

**4.29 Two Policy period**

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/ due date of premium of this health policy, if not received earlier.

**5. GRIEVANCES**

**Mechanism for Grievance Redressal**

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)

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

**CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED**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

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

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

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

<b>Areas of Jurisdiction</b>	<b>Office of the Insurance Ombudsman</b>
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2 <sup>nd</sup> floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 <sup>th</sup> Main Road, JP Nagar, 1 <sup>st</sup> Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2 <sup>nd</sup> Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email.: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>
Odisha	Office of the Insurance Ombudsman, 62, Foresh Park, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2 <sup>nd</sup> Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274, Email.: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 <sup>th</sup> Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email.: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Fax.011-23230858, Email.: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>
Assam, Meghalaya, Manipur, Mizoram,	Office of the Insurance Ombudsman,



**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

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

Arunachal Pradesh, Nagaland and Tripura	JeevanNivesh, 5 <sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2 <sup>nd</sup> Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4 <sup>th</sup> Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	Office of the Insurance Ombudsman, 6 <sup>th</sup> Floor, Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3 <sup>rd</sup> Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>
State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanooj, Mainpuri,	Office of the Insurance Ombudsman, Bhagwansahai Palace, 4 <sup>th</sup> floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-

**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

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur,	2514250/2514251/2514253. <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>	Email.:
Bihar, Jharkhand	Office of the Insurance Ombudsman, 1 <sup>st</sup> Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>	
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3 <sup>rd</sup> floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a>	

**ANNEXURE 1** (attached to and forming part of policy wordings)**List of Non-Medical Expenses excluded in this Policy****LIST I – ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY**

Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICES CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES

**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

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES – SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDER LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERYKIT, ORTHOKIT, RECOVERY KIT, ETC)
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

**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

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

<b>LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES</b>	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAUODE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSE
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES
<b>LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES</b>	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD, CHARGES
7	GAUSE SOFT

**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

**Domestic Travel Insurance Policy**

CHOTIDP21417V022021

Policy Wordings

8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE
<b>LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT</b>	
1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS
7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES – DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOLT SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG