



**MIDHUN C**  
**Membership No :** A6172864A  
**Date of Birth :** 23-JUL-1994  
**Age :** 26    **Sex :** M  
**Policy No :** 2825/00106024/000/00  
**Valid From :** 17-AUG-2020  
**SKILORA INNOVATIONS PRIVATE LIMITED**



**How to claim**  
**Cashless:** During admission in a network hospital, produce this card with any valid photo ID at the hospital. For network hospitals, refer our website.

**Reimbursement**

- On admission, please register your claim at the toll free immediately & collect the reference no.
- Ensure that the claim documents are submitted within 30 days from the date of discharge
- Documents to be submitted:
  1. Duly filled & signed claim form
  2. Copy of the health card with photo ID
  3. All bills & receipts/ prescriptions in the original
  4. All lab reports/ x-rays/ scans in original
  5. Discharge summary & Implant sticker/ invoice, where ever applicable
  6. Cancelled cheque for NEFT transfer of claim payment on approval of claim

**CHOLA MS HELP**  
Toll free **1800 208 5544**

Email  
[customercare@cholams.murugappa.co](mailto:customercare@cholams.murugappa.co)

Website  
[www.cholainsurance.com](http://www.cholainsurance.com)

Address  
**Cholamandalam MS General Insurance Co Ltd**  
Dare House, II Floor, NSC Bose Road,  
Parrys, Chennai. TN - 600001.

Card is valid till the policy is in force.  
This is not a credit card