

Booking ID 5287121263	Customer ID 4518797565	Name of Insured Soma Pal
Age of Insured 42 Years	Contact No. 8249216649	Period of Insurance From 00:00:00 of 04-06-2022 to Midnight of 03-06-2023
Test Report Date 20-05-2022	Communication Address 84-E, F9JP+CM8, Baghajatin Place, Tal Pukar, Baghajatin Colony, Kolkata, West Bengal 700086, India	

Scope of Cover

Premium for the policy has been paid by Healthians

Members Covered		Age limit in years	
Self		Minimum entry age 18 Years	Maximum entry age 65 Years
Other Benefits under the Cover			
Accidental Death (AD) SI (in Rs.)		Rs 100000/-	
Permanent Total Disability (PTD) SI (in Rs.)		Rs 100000/-	

Important Exclusions:

This policy does not provide benefits for any death, disability, expenses or loss incurred in result of any Injury attributable directly to the following:

- Intentionally self-inflicted injury, suicide or any attempt thereof, whether sane or insane;
- War & Allied perils and Nuclear Fuel Combustion or ionizing radiations
- Loss sustained in consequence of insured being under the influence of alcohol or drugs
- Loss sustained due to Insured's participation in contests of speed
- Participation in naval, military or air force operations
- Loss sustained whilst engaging in Aviation other than as a passenger

Claims Procedure:

Notification: Claim notification to be given to Chola MS immediately on our toll free no. 1800-208-9100 or on email address customercare@cholams.murugappa.com on occurrence of the event and not later than 30 days

Claim Submission Procedure: Completed and duly signed claim form with the following documents to be submitted within 30 days from the occurrence of the event to Chola Claims Office, whose address is given below:

Health Claims Department,
Cholamandalam MS General Insurance Company Limited, New No.319, Old No.154, Shaw Wallace Building, 2nd Floor, Thambu Chetty Street, Parry's Corner, Chennai - 600001

Claim Documentation*:

- Copy of FIR / Police Report, wherever necessary.
- KYC of the nominee / legal heir in case of death claim and KYC of the Insured for other claim under the policy.
- Account details with proof for NEFT of the nominee / legal heir in case of death claim and of the insured for other claims under the policy i.e. cancelled cheque, passbook copy

Accidental Death	Permanent Total Disability Claims
<ul style="list-style-type: none">Copy of Post Mortem Report/Coroner's report (If postmortem is conducted)Copy or Panchanama / Inquest reportDeath Summary if death happened during treatment following injuryDeath CertificateLegal Heir Certificate if nominee was not declared or nominee expired	<ul style="list-style-type: none">Report of the attending Doctor confirming disability.Admit / Discharge cardInvestigation reports such as X-rays, Lab test etc.

