

**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 9100, 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

**GROUP DOMESTIC TRAVEL INSURANCE**

CHOTGDP23004V012223

Policy Wordings

Covers	Claim Documents
Mobility Aids Allowance	<ul style="list-style-type: none"> <li>• Dr. Prescription and Original Payment receipts for purchase of Mobility Aids</li> </ul>
Travel with Pet cover	<ul style="list-style-type: none"> <li>• Medical Records</li> <li>• Prescription from the Veterinary Doctor</li> <li>• Invoices (itemized) and Money receipts in original for the amount claimed</li> <li>• A confirmation letter from the pet boarding house, who was taking care of your pet during your hospitalisation</li> </ul>
Missed Departure	<ul style="list-style-type: none"> <li>• Written proof from the public transport on the Accident, Breakdown or the Travel event or delayed arrival of the inward flight</li> </ul>
Flight Diversion & Cancellation	<ul style="list-style-type: none"> <li>• Letter from the airline clearly stating the period of delay/Cancellation</li> <li>• Covering Letter with sequence of events</li> <li>• Original Air ticket/itinerary, where you were originally supposed to travel</li> </ul>
Baggage Delay in Common carrier	<ul style="list-style-type: none"> <li>• Property Irregularity Report issued by the Common Carrier.</li> <li>• Certificate from the Common Carrier clearly stating the date and time of delay and delivery of the baggage.</li> </ul>
Baggage Loss in Common carrier	<ul style="list-style-type: none"> <li>• Copy of baggage tag's</li> <li>• Property Irregularity Report issued by the Common Carrier mentioning the number of baggage's checked-in.</li> <li>• FIR/Policy complaint on loss of baggage • Original Certificate from the Common Carrier stating that baggage has been lost along with compensation details</li> <li>• Adequate proof of ownership of items contained within checked-in baggage.</li> </ul>
Emergency accommodation due to Trip Delay	<ul style="list-style-type: none"> <li>• Authentication letter from the Common Carrier on the Inclement weather</li> <li>• News Paper cutting or media coverage available in the public domain on the occurrence of the Insured Contingency details.</li> </ul>
Loss of baggage and Personal Belongings	<ul style="list-style-type: none"> <li>• Copy of Police Report</li> <li>• Original Payment receipts for the expenses incurred to replace the lost baggage and its contents</li> </ul>
Key Replacement	<ul style="list-style-type: none"> <li>• Copy of Police Report</li> <li>• Receipts for replacing locks and/or keys</li> <li>• Cost of Labor</li> <li>• Copy of Rental car Agreement (if applicable)</li> </ul>
Loss of Documents	<ul style="list-style-type: none"> <li>• Copy of Police Report</li> <li>• Copy of application made to the respective Government Authority for duplicate or for remaking the same</li> </ul>
Change Fee Coverage (Airways)	<ul style="list-style-type: none"> <li>• Proof of death or hospitalization of Insured Person or of Immediate Family Member (if applicable)</li> <li>• Medical reports and doctors statement if trip is cancelled or interrupted due to medical reasons. (if applicable)</li> <li>• Termination letter from the Company if trip is cancelled due to employments.(if applicable)</li> <li>• Proof of material loss or damage to the property (e.g. police report, media coverage) (if applicable)</li> </ul>

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	<ul style="list-style-type: none"> <li>Reason for refusal or delay of Visa from the concerned authority</li> <li>Newspaper cutting/Media report - Depending upon the peculiarity of the case</li> <li>Police report (wherever applicable)</li> <li>Tickets originally booked and rescheduled</li> </ul>
Cyber Security	<ul style="list-style-type: none"> <li>Police Report</li> <li>Documentary proof evidencing the fraud committed</li> </ul>
Hotel Cancellation	<ul style="list-style-type: none"> <li>Written statement from the Accommodation provider with reasons for denying the confirmed booking of the Insured</li> </ul>
Identity Theft	<ul style="list-style-type: none"> <li>Police Report</li> <li>Provide proof that it was necessary to take time away from the Insured's work if a claim is made under lost wages. The Company will ask the Insured to submit proof from the Insured's employer that the Insured took unpaid days off, and Insured must have this information notarized;</li> <li>Submit copies of any demands, notices, summonses, complaints, or legal papers received in connection with a covered loss;</li> <li>Authorisation for us to obtain records and other information such as credit reports (if applicable) within 3 days of making the claim</li> </ul>
Carrier Cancellation	<ul style="list-style-type: none"> <li>Copy of complete schedule itinerary for all the sectors</li> <li>Copies of reimbursement statements issued by the common, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> <li>Written proof from the Common Carrier of the cancellation of the journey</li> </ul>
Digital Camera Insurance	<ul style="list-style-type: none"> <li>Proof of Ownership</li> <li>Bills and documents for the repairs or replacements made, as applicable</li> </ul>
All Risk Cancellation	<ul style="list-style-type: none"> <li>Copy of complete schedule itinerary for all the sectors</li> <li>Copies of reimbursement statements issued by the common carrier, airport facility, car rental agency, travel agent, hotel/ motel or other similar establishment or any other insurance Company providing reimbursement to you for the loss</li> <li>All original bills and receipts for expenses which got forfeited, non-refundable in nature.</li> </ul>

**Annexure-2** (attached to and forming part of policy wordings)**LIST OF EXCLUDED EXPENSES IN HOSPITALIZATION:**

Notwithstanding anything contained in the Policy, the Company shall not be liable to pay the expenses incurred under "excluded" or "non-medical" expenses as mentioned in the table below;

LIST I – NON MEDICAL EXPENSES EXCLUDED UNDER 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

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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
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

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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
<b>LIST 11 – 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

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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
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