Whenever the claim arises, nominee should send the claim for any loss Suffered, to the Nodal Officer of the insurance company within 90 days of the such occurrence or commencement wherein claim form duly filled and signed along with the Death certificate and other necessary documents should be submitted to Cholamandalam MS GICL to under mentioned email id and postal address.

Claim Escalation Matrix

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S No | Level of Escalation | Name | Contact No | Email ID |
| 1 | Level 1 | Toll Free | 1800-200-5544 | customercare@cholams.murugappa.com |
| 2 | Level 2 | Toll Free | 1800-208-9100 |  |
| 3 | Level 3 | Shahul Hameed | 7358602090 | shahulhamidh@cholamsispl.com |
| 4 | Level 4 | K Karthikeyan | 9884456861 | kkarthikeyan1@cholams.murugappa.com |

Documents shall be sent to below mentioned address of the insurance company:

Cholamandalam MS General Insurance Company Limited

(Shri Shahul Hameed)

New No.7, Old No.9, 4th Floor, Rain Tree Place

MC Nichols Road, Chetpet

Chennai, Tamilnadu – 600031

Customer care Toll Free No.1800-208-5544 / 7358602090

Fax-044-40445550

In case of any grievance, insured person may also approach Grievance Cell at any of the branches with the details of grievance or contact the company on through:

Web site:www.cholainsurance.com

Toll free: 1800 208 5544

E-mail: customercare@cholams.murugappa.com

Fax:044-40445550

Courier: Cholamandalam MS GICL, Customer Services, Head Office, Dare House, 2nd Floor, No.2, NSC Bose Road, Chennai 600 001.

If insured person is not satisfied with the redressal of grievances through one of the above methods, insured person may contact the grievance officer at

GRO@cholams.murugappa.com

For details of grievance officer, kindly refer the link www.cholainsurance.com

Exclusions:

In the event of Permanent Total Disablement, Insured Person will be under obligation:

* 1. To have his self / herself examined by doctors appointed by insurer and insurer will pay the costs involved thereof.
	2. To authorise doctors providing treatments or giving expert opinion and any other authority to supply insurer any information that may be required. If the obligations are not met with, insurer may be relieved of liability to pay.
* In addition to the above, exclusion below, this form shall not cover and no payment shall be made with respect to:
	1. Loss caused directly, wholly or partly by:
		+ Bacterial infections, covid-19 (Except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
		+ Medical or surgical treatment except as may be necessary solely as a result of Injury;
	2. Treatment of hernia resulting from any bodily injury
	3. Dental care or surgery except as occasioned by Accidental Injury