

Galaxy Plus
Unique ID : GHIHLGP25036V012425
Master Policy Schedule

Master Policy No: PM11250000000001			
Master Policy Holder Code:	PT0000461992	Issuing Office Code:	10000
Master Policy Holder Name:	TVS CREDIT SERVICES LIMITED	Issuing office Name:	Chennai-Corporate Office
Address:	29,Jayalakshmi Estates, Haddows Road,, Nungambakkam, Chennai, Tamil Nadu - 600006	Address:	Prestige Polygon, 12th Top Floor (P), #471, Anna Salai, Nandanam, Chennai, Tamil Nadu - 600035
Phone No:	9940379182	Phone No:	8939526258
Email id :	venkatbabu.p@tvscredit.com	Email id :	10000@galaxyhealth.com
Receipt No:		Fulfiller Code:	GHIE00130
Receipt Date:		Intermediary Details:	
Premium:	Rs. 0.00	Code :	GHIBR0000001
Tax:	Rs. 0.00	Name :	Harita Insurance Broking Llp
Stamp Duty:	Rs. 1.00	Phone :	7338733719
Total Premium:	Rs. 0.00	Email id :	principalofficer@haritaib.com
Total Premium in words : -			
Period of Insurance : From 24-Jan-2025 00:00 Hrs To Midnight Of : 23-Jan-2026			

Sector Classification : No

Condition precedent In the event of any claim, intimation should be given to Galaxy Health Insurance Co. Ltd within 15 days from the date of occurrence of the event / diagnosis of Illness, through toll free no: 18002030007, or email: support@galaxyhealth.com.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this Policy is subject to definitions, terms, coverages, exclusion, conditions, clauses, warranties, endorsements attached and the availability of the Sum Insured and subject always to any sub-limits for the Benefit as specified in the Policy Schedule or Certificate of Insurance.

Loan Applicant / Insured Person / has given his/her consent as follows (Applicable for Plan 2 - Equal Monthly Instalment Protect (Fixed Sum Insured) and Plan 3 - Personal Accident)

- From the Commencement Date of the Policy, any claim payable by the Galaxy Health Insurance Company Limited under this Policy shall be deposited directly in the Loan Account number maintained by the TVS Credit Services Limited as the Group Administrator/Master policy holder
- In the event of any claim becoming payable under this Policy, the same shall be deposited by the Galaxy Health Insurance Company Limited in the loan account number held with the TVS Credit Services Limited without any reference/notice to the undersigned, but not exceeding the principal outstanding as on the date of the claim.
- In the event of any claim becoming payable under this Policy exceeding the principal outstanding amount under the insured member's loan account, the Galaxy Health Insurance Company Limited shall pay such claim amount which exceeds the principal outstanding amount to the insured person/Nominee
- In the event of exhaustion of sum insured under all applicable plans or death of the Insured Person whichever is earlier, the coverage shall completely discharge the Galaxy Health Insurance Company Limited from all liability, claims under the Policy and shall be binding on the insured person and his/her heirs, executives, administrators, successors or legal representatives of the insured person.

For Galaxy Health Insurance Company Ltd.

Entered by : GHIE00170
Approved by : GHIE00170
Place : Chennai-Corporate Office
Date : 24/01/2025

Authorised Signatory

Cover Details

Plan 1 – Hospital Cash:

Mandatory Cover: Section 1 and / or Section 2 are mandatory:-

Section 1: Sickness Hospital Cash: If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases and if such illness/diseases shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule for every 24 hours of hospitalisation or part thereof subject to maximum number of days stated in the Certificate of Insurance (COI).

Section 2: Accident Hospital Cash: If during the period stated in the Schedule, the insured person shall sustain bodily injury due to **Accident** and if such accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person/Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule **for every 24 hours of hospitalisation or part thereof** subject to maximum number of days stated in the Certificate of Insurance (COI).

Note:

- Coverage available for 30 days per policy year.
- Waiting Period** : Initial Waiting Period, Specific Diseases Waiting Period and Pre-Existing Diseases Waiting Period will be applicable for 7 days
- Covered within India

Plan 2 – Equal Monthly Instalment (EMI) Protect (Fixed Sum Insured):

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases/injury and if such illness/diseases/injury shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person/ Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance **for every completed continuous hospitalization period of 24 hours or part thereof**

Applicable for Personal Loan, Two Wheeler, Used Car, Consumer Durable and Tractor Loan Segments:

Hospitalisation in days	Number of EMIs sum insured payable per policy year
3-5 days	1
6-8 days	2
9 days and above	3

Applicable for Used Commercial Vehicle Loan Segment:

Hospitalisation in days	Number of EMIs sum insured payable per policy year
3-5 days	1
6-11 days	2
12 days and above	3

Note:

- Irrespective of number of days of hospitalization, the maximum number of EMIs sum insured that will be paid shall not exceed 3 in a policy year.
- This cover is available on Individual Sum insured basis only.
- Covered within India.
- Waiting Period** : Initial Waiting Period, Specific Diseases Waiting Period and Pre-Existing Diseases Waiting Period will be applicable for 7 days.

Plan 3 – Personal Accident

Geographical Scope: The Personal Accident insurance cover applies Worldwide unless otherwise stated

Important: Benefit 1 and / or Benefit 2 are mandatory:-

Accidental Death - Benefit 1

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in “Benefit 1” under “Schedule of Benefits”

Permanent Total Disablement - Benefit 2 If following an Accident which caused permanent total impairment of the Insured’s physical capabilities, then the Company will pay the benefits as provided in “Benefit 2” under “Schedule of Benefits” depending upon the degree of disablement provided that:

- The disablement occurs within 12 Calendar months from the date of the Accident.
- The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under “Schedule of Benefits” in respect of the same Accident.

Note :

- Covered Worldwide.
- The Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.