

**PRADHAN MANTRI SURAKSHA BIMA YOJANA**  
**POLICY WORDING**

**A. SCHEDULE**

**B. PREAMBLE**

WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED (hereinafter called the COMPANY and/or INSURER) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED MEMBER) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal, any insured person contracts any disease or suffers from any illness or sustains any bodily injury through accident (hereinafter called INJURY) and if such illness or injury requires any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital/Day Care Centre in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the *Company will* pay through Third Party Administrator (hereinafter called TPA) to the Hospital / Nursing Home or the Insured Person the amount of such expenses specified under Covered Expenses, as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person subject to Basis of Payment Clause but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

**C. DEFINITIONS**

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth: Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

**C.1. Standard Definitions:**

- 1. Accident** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
- 2. AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- 3. Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
- 3. Grace Period** - the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of

continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

**4. Injury** - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**5. Renewal** - means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

## **C.2. Specific Definitions:**

**1. Age** - means completed years as at the Effective Date.

**2. Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

**3. Cancellation (of policy)** - means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.

**4. Certificate of Insurance** - means the document issued by Us detailing the effective date & hour, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).

**5. Hazardous** - means a situation that poses a level of threat to life & health.

**6. IRDA of India** - means Insurance Regulatory and Development Authority.

**7. Insured / Insured Person / You/ Your-** means the Person and his/her eligible Spouse and/or Eligible Children detailed in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal Form for insurance has been received from the Policyholder and approved by the Company.

**8. Loss of Use** – means loss of, by physical severance, or total and permanent loss of the effective use of the part of the body due to an Injury.

**9. Master Policy** – means the Policy issued to the participating bank to cover all saving account holder participating bank & enrolled in the Scheme. Enrolled for Pradhan Mantri Suraksha Bima Yojana.

**10. Medical Practitioner** - means a person who holds a valid registration from the medical council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license. Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.

11. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
12. **Permanent** - means beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician.
13. **Physical Separation** - means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
14. **Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.
15. **Policyholder** - means the physical person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premiums.
16. **Master Policy holder** - means the participating bank through which saving bank account holders are enrolled in the Scheme.
17. **Certificate of Insurance holder**- means Insured person who is saving bank account holder of the Policy.
18. **Enrollment Form**- means any initial or subsequent declaration made by the Policyholder and is deemed to be attached and which forms a part of this Policy.
19. **Scheme** - Pradhan Mantri Suraksha Bima Yojana.
20. **We/Our/Us/ Company** - means Universal Sompo General Insurance Company Limited.

#### D. BENEFITS

If the Insured shall sustain any bodily injury within the Policy Period, resulting solely and directly from Accident then the Company shall pay to the insured the sum hereinafter set forth:-

	Table of Benefits*	Sum Insured
1.	Death	Rs. 200,000
	Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or one foot	Rs. 200,000
2.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or one foot	Rs. 100,000
*The total amount that can be claimed under the policy is maximum Rs. 200,000 only.		

## E. EXCLUSIONS

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

### E.1. Specific Exclusions

1. Compensation under more than one of the sub-clauses (1), (2), (3) in respect of same injury or disablement of the Insured Person. In the event of a claim which may aggravate to increased disability/ death within 12 calendar months of the occurrence then our liability will be limited to higher of the two and in any event not exceeding the Capital Sum Insured.
2. Any payment in excess of Sum Insured under the policy during any one year of insurance, for any one Insured Person.
3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
4. Payment of compensation in respect of death, injury or disablement of the Insured from (a) intentional self inflicted injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drug. (c) directly or indirectly caused by insanity. (d) arising or resulting from the insured committing any breach of the law with criminal intent.
5. Payment of compensation in respect of death, injury or disablement of the Insured from (a) due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil war, rebellion, revolution insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all kings, princes and people of whatsoever nation, condition or quality.
6. Payment of compensation in respect of death of /or bodily injury to the Insured directly or indirectly caused by or contributed to by or arising from or traceable to ionizing radiation or contamination by radioactivity from any source whatsoever, or from nuclear weapons material.
7. Participation in winter sports\*, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot- holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports#, any bodily contact sport or any other hazardous or potentially dangerous sport for which insured is untrained.

(\* winter sports means snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice)

(# professional sports means Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated)

Provided also that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall

so far as they relate to anything to be done or not to be done by the Insured be a condition precedent to any liability of the Company under this Policy.

## **F. GENERAL TERMS AND CLAUSES**

### **F.1. Specific Terms and Clauses**

#### **1. Eligibility / Enrollment**

- a) Savings bank account holders of participating banks aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable auto-debit, as per the above modality, will be enrolled into the scheme
- b) Joining subsequently on payment of full annual premium may be possible on specified terms .
- c) Individuals who exit the scheme at any point may re-join the scheme in future years through this modality
- d) New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing.
- e) In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme through one savings bank account only.
- f) The cover shall be for the one year period stretching from <sup>1st</sup> June to 31st May for which option to join / pay by auto-debit from the designated savings bank account on the prescribed forms will be required to be given by 31st May of every year, extendable up to 31st August.
- g) Applicants May give an indefinite / longer option for enrollment / auto- debit, subject to continuation of the scheme with terms as may be revised on the basis of past experience.

#### **2. Renewal Of Policy**

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

- i. The Company will endeavor to give notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. **We also agree that no loading on premium shall be applicable on Your individual claims experience basis.**

### **3. Policy & Premium**

- a) Bank will be the Master policy holder on behalf of the participating subscribers/ Certificate of Insurance holders.
- b) Premium will be deduct the premium amount in the same month when the Auto Debit option is given, preferably in May of every year, and remit the amount due to the insurance company in that month itself.
- c) For cases where auto debit takes place after date of commencement, the cover shall commence from the first day of the month following the auto debit.

### **Other Terms and Conditions**

#### **1. CLAIM PROCEDURE:**

##### **Claim Intimation**

Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at [healthserve@universalsompo.com](mailto:healthserve@universalsompo.com).

- i Within 24 hours from the date of emergency hospitalization required
- ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

##### **Reimbursement Process**

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

**Step I:** Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at [healthserve@universalsompo.com](mailto:healthserve@universalsompo.com) and inform about your claim.

**Step II:** Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

**Step III:** Fill in Reimbursement Claim Form and submit all original documents to our below mention \_\_\_\_\_ office \_\_\_\_\_ for \_\_\_\_\_ reimbursement.  
Universal Sompo General Insurance Company Limited, Health Claims Management Office, 1st Floor C – 56 - A/13, Block – C Sector - 62, Noida, Uttar Pradesh, Pin code: 201309

**Step IV:** On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

**Step V:** Outcome of the claim will be communicated within 15 days from date of Submission of claim.

## Document submission check list

For speedy processing for your claim, please ensure the submission of all required documents within specified time.

- I.Claim form duly filled and signed by the Insured
- II.Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III.All treatment papers of current ailment including previous treatment papers if any.
- IV.Attested copy of claim documents along with settlement letter from Primary Insurer in case original documents submitted to another Insurer.
- V.Discharge Card from the hospital, Indoor Case Papers.
- VI.All medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VII.Hospital bill and receipts.
- VIII.Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- IX.NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- X.Valid Photo ID Proof of the patient.
- XI.For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- XII.Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, Our Health Serve team will contact you on receipt of your claim documents by us.

### 2. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of Thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

### **3. Migration**

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months

### **4. Redressal of Grievance**

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:

#### **Step 1: Contact us**

**Write us at:**

**Customer Service**

**Universal Sompo General Insurance Co. Ltd.**

Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

**E- mail Address -** [contactus@universalsompo.com](mailto:contactus@universalsompo.com)

**For more details:** [www.universalsompo.com](http://www.universalsompo.com)

**Toll Free Numbers: 1800-22-4030 or 1800-200-4030**

**Senior Citizen toll free number: 1800-267-4030**

#### **Step 2: Grievance Cell**

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

**Customer Service Universal Sompo General Insurance Co. Ltd.**

Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

**E- mail Address:** [grievance@universalsompo.com](mailto:grievance@universalsompo.com)

**For more details:** [www.universalsompo.com](http://www.universalsompo.com)



**Visit Branch Grievance Redressal Officer (GRO) -** Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) Within one week
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed in case on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

### **Step 3: Chief Grievance Redressal Officer**

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

#### **Customer Service**

**Universal Sampo General Insurance Co. Ltd.**

**Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708**

**E- mail Address:** [gro@universalsampo.com](mailto:gro@universalsampo.com)

**For more details:** [www.universalsampo.com](http://www.universalsampo.com)

For updated details of grievance officer, kindly refer the link  
<https://www.universalsampo.com/resource-grievance-redressal>

### **Step 4: Insurance Ombudsman**

**Bima Bharosa Portal link:** <https://bimabharosa.irdai.gov.in/>

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at [www.irdai.gov.in](http://www.irdai.gov.in), or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

**Note:** Grievance may also be lodged at IRDAI- <https://bimabharosa.irdai.gov.in/>.

**Note:** Please refer the Contact details of the Insurance Ombudsman

#### **Company's obligations**

- i) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.

- ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.
- iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.
- iv) In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

**Insurance Ombudsman** – If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.

The contact details of the **Insurance Ombudsman** offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	<b>AHMEDABAD</b> Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka.	<b>BENGALURU</b> Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in

Madhya Pradesh Chattisgarh.	<b>BHOPAL</b> Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in
Odisha	<b>BHUBANESHWAR</b> Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	<b>CHANDIGARH</b> Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	<b>CHENNAI</b> Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in

Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	<b>DELHI</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	<b>GUWAHATI</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	<b>HYDERABAD</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan.	<b>JAIPUR</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	<b>KOCHI</b> Insurance Ombudsman Office of the Insurance Ombudsman,

	10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	<b>KOLKATA</b> Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	<b>LUCKNOW</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)	<b>MUMBAI</b> Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya,	<b>NOIDA</b> Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector

Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	<b>PATNA</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)	<b>PUNE</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in

Registered & Corp Office: Universal Sompo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsompo.com, website link [www.universalsompo.com](http://www.universalsompo.com)