

**SARAL SURAKSHA BIMA - (MICRO INSURANCE)-
POLICY WORDINGS**

A. SCHEDULE B. PREAMBLE

In consideration of Your having paid the premium for the Policy Period stated in the Schedule. We hereby agree, subject to the terms, conditions and exclusions stated in the Policy, to pay the Sum Insured on the occurrence of any of the insured events as mentioned under the item “What We cover” during the Policy Period.

This Policy is an evidence of the contract between You and Universal Sampo General Insurance Company Limited. The information furnished by You in the Proposal Form and the declaration signed by You forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning wherever it may appear.

C. DEFINITION:

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.

Accident

An accident is sudden, unforeseen and involuntary event caused by external, visible and violent means.

Cashless facility

Means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the policy terms and conditions, are directly made to the network provider by Us to the extent pre-authorization approved.

Condition Precedent

Means a policy term or condition upon which Our liability under the policy is conditional upon.

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a) **Internal Congenital Anomaly:** means which is not in the visible and accessible parts of the body
- b) **External Congenital Anomaly:** means which is in the visible and accessible parts of the body

Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery..

Disclosure to information norm

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Domiciliary Hospitalization:

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:

- i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii) the patient takes treatment at home on account of non-availability of room in a hospital.

Grace Period

Means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre Existing Diseases. Coverage is not available for the period for which no premium is received.

Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

Hospitalisation

Means admission in a Hospital for a minimum period of 24 consecutive '*In-patient Care*' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Injury

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

In-patient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the

continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Medically Necessary Treatment

Means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital/ or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by You;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a *medical practitioner*,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner

A 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 its scope and jurisdiction of license.

Non- Network Provider:

Non-Network means any hospital, day care centre or other provider that is not part of the network.

Notification of Claim

Notification of claim is the process of intimating a claim to the Company through any of the recognized modes of communication.

Pre- Existing Diseases Pre-existing Disease means any condition, ailment, injury or disease: a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or

b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement

Renewal

Renewal defines 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

Surgery or Surgical Procedure

Means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a *medical practitioner*.

C.2. Specific Definitions:

Adventure Sports

Means participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

Bodily Injury It shall mean accidental bodily injury solely and directly caused by external, violent and visible cause.

Company

Means “Universal Sampo General Insurance Company Limited.”

Children

Means a child (natural or legally adopted) from 10 to 25 years of age, who is financially dependent on You and does not have his / her independent sources of income.

Insured Person

The person named as Insured person(s) in the Schedule which may include You and Your family inclusive of dependent parents.

Nominee

Means the person(s) nominated by You to receive the insurance benefits under this Policy payable on Your death.

Policy

Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy.

Policy Period

Means the period commencing at the Policy Period Start Date and ending at the Policy Period End Date, as specifically stated in the Schedule and for which the insurance cover will remain valid.

Permanent Total Disablement

Means the bodily injury that totally prevents You from engaging in any kind of occupation.

Sum Insured

Means the sum as mentioned in the Schedule against the respective benefit(s) which represents Our maximum liability for any or all claims under this Policy during the Policy Period. For Section II, the Sum Insured has also been referred to as “Capital Sum Insured (CSI)” in the Policy.

You/Your/Yours/Yourself

Means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

We/Our/Ours/Us

Means Universal Sampo General Insurance Company Limited.

D. BENEFITS:

Section I: - Critical Illness

Critical Illness:

It means the following major diseases, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalization and are specifically defined as below:

1. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

2. Cancer of specified severity

A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma II.

3. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

5. Major Organ /Bone Marrow Transplant The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

Coverage:-

What We Cover

We shall pay Sum Insured as mentioned in the schedule to the Insured(s) upon his/ her first diagnosis of Critical Illness / Surgical Procedure as defined under the Policy

Special Provisions

1. The existence of the Critical illness mentioned in the Policy must be confirmed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence as applicable.
2. The cover under this Policy in respect of any Insured Person shall cease upon the payment of compensation on the happening of a Critical illness or injuries defined under the Policy.

Section II: - Personal Accident

Coverage:-

What We Cover

We shall pay to You or Your legal heir / Nominee, as the case may be, the compensation (as percentage of Capital Sum Insured), as set forth in Table of Benefits upon occurrence of Bodily Injury to You resulting in Your Death or disablement.

What We Exclude

- 1) Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
- 2) Any other payment after a claim under one of the benefits 1,2,3 and 4, mentioned in Table of benefits has been admitted and becomes payable.
- 3) Any payment in case of more than one claim under this section during any one period of Insurance by which our liability in that period would exceed CSI.
- 4) Payment of compensation in respect of injury as consequence of
 - a) Committing or attempting suicide, intentional self-injury
 - b) Whilst under influence of intoxicating liquor
 - c) Drug addiction or alcoholism
 - d) Whilst engaged in any adventurous sports
 - e) Committing any breach of law with criminal intent

TABLE OF BENEFITS

% OF CAPITAL

- 1 Death 100
- 2 a) Loss of sight (both eyes) 100 b) Physical separation of or loss of ability to use both hands or both feet 100
c) Physical separation of or loss of ability to use one hand and/ or any feet 100
d) Loss of sight of one eye and physical separation of or loss of ability to use either one hand or one foot 100
- 3 a) Loss of sight of one eye 50 b) physical separation of or use of ability to use one hand or one foot 50
- 4 Permanent Total and absolute disablement as certified by a qualified medical practitioner 100

E.EXCLUSIONS:

We will not pay for any compensation in respect of death, illness, injury or disablement of the Insured Person arising out of:

E.1. Standard Exclusions:

1. Pre-existing diseases - Code- Excl01

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

2. 30-day waiting period- Code- Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

E.2. Specific Definitions:

1. 90 days Waiting Period

The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, arising within the first 90 days of the commencement of the Policy Period. However this exclusion shall not be applicable on continuous renewals.

2. Any Critical Illness which arises or is caused by any one of the following:

- a. Drug addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.
- b. Any Insured person suffering from Human T.Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome
3. War, rebellion, revolution, terrorism acts, nuclear weapon induced treatment or taking active part in Riot, Strike, Malicious Acts.
4. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
5. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
6. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.
7. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN- 8. Any skin cancer other than invasive malignant melanoma
9. All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO

10. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
11. Chronic lymphocytic leukaemia less than RAI stage 3
12. Microcarcinoma of the bladder
13. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T 14. Other acute Coronary Syndromes
15. Any type of angina pectoris.
16. Angioplasty and/or any other intra-arterial procedures
17. any key-hole or laser surgery.
18. Coma resulting directly from alcohol or drug abuse is excluded.
19. Transient ischemic attacks (TIA)
20. Traumatic injury of the brain
21. Vascular disease affecting only the eye or optic nerve or vestibular functions
22. Other stem-cell transplants
23. Where only islets of langerhans are transplanted

F.General Terms and Clauses Applicable To Both The Sections:-

F.1. Standard General Terms and Clauses:

1) Disclosure of Information:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

2) **Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other pa(y acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact; c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of

his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

3) Cancellation By Insured

The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Expired Period	Premium Retained
Upto 1 month	25% of the Annual Premium
Above 1 month and upto 3 months	50% of Annual Premium
Above 3 months and upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

4) Renewal of Policy

The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud,

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. I
- 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.
- No loading shall apply on renewals based on individual claims experience

5) Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and

in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

6) Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing, and sent to:

Universal Sampo General Insurance Co. Ltd.

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710

Toll Free Numbers: 1800-200-5142 **Landline Numbers:** +91 22 39635200

E-mail Address: contactus@universalsompo.com.

Fax Numbers: 1800-200-9134

Note: Please include your policy number for any communication with us.

7) **Redressal of Grievances** In case of any grievance the insured person may contact the company through website or write to us on contactus@universalsompo.com.

i. **Redressal of Grievance**

In case of any grievance the insured person may contact the company through

Website: www.universalsompo.com Toll

free: 1800-200-5142

E-mail: contactus@universalsompo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@universalsompo.com

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

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.

Grievance may also be lodged at IRDAI Integrated Grievance Management System – <https://igms.irda.gov.in/>

The details of Insurance Ombudsman are available below and are also available on <http://www.gbic.co.in/ombudsman.html>

F.2. Specific Terms and Conditions:

1) Disclaimer Clause

In case of any claim under the Policy which is not admitted by Us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

2) Geographical Limit:

The Geographical Limit of this Policy and jurisdiction shall be India except Personal accident cover, under which Accidental Bodily Injuries sustained during the Policy Period anywhere in the World (subject to the travel and other restrictions that the Indian Government may impose) are covered. All claims under this Policy shall be settled in Indian Rupees only.

3) Policy Disputes

It has been agreed between the parties that though the geographical scope of the Policy is Worldwide, any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to be adjudicated or interpreted in accordance with Indian Laws and only competent Indian courts shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court. .

Claims Procedure

- i. Upon happening of any accident and/or injury which may give rise to a claim under this Policy.
 - a) Your representative shall give the notice to Our customer care toll free numbers immediately and also intimate in writing to USGI office.
 - b) All certificates, information and evidence from a Medical Practitioner or otherwise required by Us shall be provided. ii. The Company reserves its rights to condone the delay on merit for delayed claims, where the delay is genuine and proved to be for reasons beyond the control of the insured/claimant.
- iii. On receipt of intimation regarding a claim under the Policy, We are entitled to carry out examination and ascertain details and in the event of Death get the post-mortem examination done in respect of deceased person.
- iv. Following documents shall be required in the event of a Claim.

Critical illness Claims:

- i. Certificate from the attending Doctor of the Insured confirming,
 - a) Name of the Insured;
 - b) Name, date of occurrence and medical details of the Insured Event

- c) Confirmation that the Insured Event does not relate to any Pre-Existing Illness or an Illness or Injury which existed within the first 90 days of commencement of Policy Period. ii. Duly completed claim form;
- iii. Original Discharge Certificate/ Card from the hospital/ Doctor; iv. Original investigation test reports & indoor case papers if required.

Death Claims:

- a) Duly filled up claim form
- b) Death Certificate and Original FIR
- c) Original Panchnama
- d) Post mortem report

Permanent Total Disablement Claims: a)

Duly filled original Claim Form

- b) Claim Intimation
- c) FIR – Attested or Original
- d) Final Police Report / Original Panchnama
- e) Certificate of from government hospital doctor confirming the nature and degree of disability
- f) Discharge summary of the treating hospital clearly indicating the Hospital Registration No. g) Diagnostic reports
- h) Photograph of the injured reflecting disablement

Company's obligations

1. Company shall settle claim(s), including its rejection, within 30 (thirty days) of the receipt of the last necessary claim document.
2. Company shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability) with respect to any of the Sections, is exhausted by Insured.
3. All admissible claim(s) under this Policy shall be paid by Company within 7 working days from date of acceptance of such a claim. In case of delay in the payment, Insurer shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Company.
4. The company shall condone delay on merit for delayed claims where the delay is proved to be beyond Insured's control.

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh	Gujarat,

<p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - 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</p>	<p>Karnataka.</p>
<p>BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Office of the Insurance Ombudsman,</p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh)</p>

<p>S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>

<p>Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	
<p>JAIPUR - 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</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava</p>	<p>Districts of Uttar Pradesh :</p>

Office of the Insurance Ombudsman,
6th Floor, Jeevan Bhawan, Phase-II,
Nawal Kishore Road, Hazratganj, Lucknow
- 226 001.
Tel.: 0522 - 2231330 / 2231331
Fax: 0522 - 2231310
Email: bimalokpal.lucknow@cioins.co.in

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.

MUMBAI -

Office of the Insurance Ombudsman,

3rd Floor, Jeevan Seva Annexe,

S. V. Road, Santacruz (W), Mumbai
- 400 054.
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Goa,
Mumbai Metropolitan
Region
excluding Navi Mumbai &
Thane.

NOIDA - Shri Chandra Shekhar Prasad

State of Uttaranchal and
the following Districts of
Uttar Pradesh:

<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P- 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

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