SHAKTI CARE POLICY

1. PREAMBLE

This Policy is a contract of insurance issued by Universal Sompo General Insurance Ltd (hereinafter called the "Company") and the proposer mentioned in the Policy Schedule is the "Policyholder" and the Policy covers the person(s) named in the Policy Schedule (hereinafter called the "Insured Persons"). The Policy is based on the statements and declaration provided in the Proposal Form and any further information shared with the Company by the proposer and/or Insured Person, and cover under this Policy is subject to receipt of the due premium in full.

This Policy is designed for covering Surrogate Mothers And Oocyte Donors as defined under The Surrogacy (Regulations) Act 2021 and ART (Regulations) Act 2021 and any subsequent additions/modifications as may be applicable.

It is Condition Precedent that cover under this Policy will be effective subject always to the terms and conditions, including, Co-Payment, Sub-limit, exclusions, conditions and definitions specified in the Policy document.

2. OPERATIVE CLAUSE

The Company shall indemnify the Insured within the Sum Insured specified per Policy Year for the Medical Expenses incurred towards Medically Necessary Treatment of the Listed Complications specified in Clause [4 Scope of cover] below availed at a Hospital or Day Care Centre provided that such Medically Necessary Treatment is undertaken by the Insured during the Policy Period and provided that such treatment has been necessitated by a Medical Practitioner in writing. The maximum, total and cumulative liability of the Company under this Policy shall be limited to the Sum Insured.

3. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and other gender and references to any statutory enactment includes subsequent changes to the same.

STANDARD DEFINITIONS

1. Accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. Any One Illness means a continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
3. Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent preauthorization is approved.
4. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional.

5. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure, or position.
   ● Internal Congenital Anomaly– Congenital Anomaly which is not in the visible and accessible parts of the body.
   ● External Congenital Anomaly– Congenital Anomaly which is in the visible and accessible parts of the body.
6. Co-Payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A Co-Payment does not reduce the sum insured.
7. Day Care Centre means any institution established for day care treatment of illness and/or injuries or a medical set up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under:
   i. has Qualified Nurse under its employment.
   ii. has qualified medical practitioner/s in charge.
   iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
   iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
8. Day Care Treatment means medical treatment, and/or surgical procedure which is
   i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
   ii. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an outpatient basis is not included in the scope of this definition.
9. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions, and surgery.
10. Disclosure of information norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
11. Emergency Care means management for an Illness which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
12. 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.
13. 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:
    (a) the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
    (b) the patient takes treatment at home on account of non-availability of room in a Hospital.
14. Hospital means any institution established for In-patient Care and Day Care Treatment of diseases, injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:
    i. has Qualified Nurse 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 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 will make these accessible to the insurance company's authorized personnel

15. Hospitalization means admission in a Hospital for a minimum 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
16. 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.
17. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

    i. Acute condition - Acute condition is a disease, Illness that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness which leads to full recovery

    ii. Chronic condition - A chronic condition is defined as a disease, Illness that has one or more of the following characteristics:

    a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests

    b. it needs ongoing or long-term control or relief of symptoms

    c. it requires your rehabilitation for the patient or for the patient to be specially trained to cope with it

    d. It continues indefinitely.

    e. It recurs or is likely to recur.
18. 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.
19. Insured Person means person(s) named in the schedule of the Policy.
20. 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.
21. ICU Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges
22. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription
23. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
24. Medically Necessary Treatment: means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

    (a) is required for the medical management of the Illness or Injury suffered by the Insured.

(b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.

(c) must have been prescribed by a Medical Practitioner.

(d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

25. 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 license.
26. Network Provider means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.
27. Non-Network Provider means any Hospital, Day Care Centre or other provider that is not part of the Network.
28. Notification of Claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
29. OPD Treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
30. Pre-Hospitalization Medical Expenses means medical expenses incurred during pre- defined number of days preceding the hospitalization of the Insured Person, provided that:
    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
    ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
31. Pre-Existing Disease (PED): Pre-existing disease means any condition, ailment, injury, or disease.
    i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
    ii. 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 issued by the insurer or its reinstatement.
32. Qualified Nurse is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India.

33. 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 gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.
34. Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.
35. Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
36. Surgery or Surgical Procedures 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 from suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
37. Unproven/Experimental Treatment is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

SPECIFIC DEFINITIONS

1. Age means completed years on last birthday as on Commencement Date.
2. Ambulance means a motor vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
3. Antiretroviral therapy (ART) means treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.
4. Associated Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner. In case of Co-Payment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include:

    i. Cost of pharmacy and consumables.
    ii. Cost of implants and medical devices
    iii. Cost of diagnostics

5. Alternative /AYUSH Treatment means to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
6. Claims means a demand made by the Policyholder/Insured Person or on his behalf, for payment of Medical Expenses under any other Benefit, as covered under the Policy.
7. Commencement Date means the date of inception of first policy with Us as specified in the Policy Schedule.
8. Diagnosis means conclusion drawn by a Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
9. Diagnostic Centre means a place where diagnostic tests and exploratory or therapeutic procedures

required for the detection, identification and treatment of a medical condition are done.

10. District Medical Board means a medical board under the chairpersonship of Chief Medical Officer or Chief Civil Surgeon or Joint Director of Health Services of the district and comprising of at least two other specialists, namely, the chief gynaecologist or obstetrician and chief paediatrician of the district.
11. IRDAI means the Insurance Regulatory and Development Authority of India
12. Life-threatening Medical Condition shall mean a serious medical condition or symptom resulting from Injury or Illness which is not Pre-Existing Disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.
13. Material Facts means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
14. Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
15. Medical practitioner for treatment of mental illnesses means a medical practitioner possessing a postgraduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized by the Medical Council of India, constituted under the IndianMedical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act.
16. Mental Health Establishment means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends.
17. Medical Diagnostic Laboratory means a clinical establishment, registered as per applicable law where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services, are usually carried on with the aid of laboratory or other medical equipment.
18. Nominee means the person named in the Policy Schedule, Policy certificate and/or endorsement (if any) who is nominated by the Policyholder/Insured Person, to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Person is deceased.
19. Policy means the Proposal Form, the Policy Schedule, annexures, insuring clauses that are appearing in each applicable coverage, definitions, exclusions, conditions and other terms contained herein and any endorsement attaching to or forming part hereof, either at inception or during the Policy Period.
20. Policyholder means the entity or person named as such in the Policy Schedule.

21. Policy Period means the period commencing from the Commencement Date and time as specified in the Policy Schedule and terminating either at midnight on the Policy End Date as specified in the Policy Schedule or the date of cancellation of the Policy, whichever is earlier.
22. Policy Schedule means schedule attached to and forming part of this Policy mentioning the details of the Insured Person(s), the Sum Insured, the Policy Period and the limits, and conditions to which the benefits under the Policy are subject to, including any annexures and/or endorsements, as amended from time to time.
23. Policy Year means a period of twelve consecutive months commencing from the Commencement Date and such twelve consecutive months thereafter but not beyond the Policy Period.
24. Proposal Form means a form to be filled in by the prospect in written or electronic or any other format as approved by the IRDAI, for furnishing all material information as required by the Insurer, in order to enable the Insurer to take an informed decision in the context of underwriting the risk and in the event of acceptance of the risk, to determine the rates, benefits, terms and conditions of the cover to be granted.
25. Sum Insured means sum of total, maximum and cumulative liability for any and all claims during each Policy Year liable by the Company in respect of all Insured Person(s) as mentioned in the Policy Schedule. In the event of any residual Sum Insured per Policy Year, such amount shall not be carried forward to the following Policy Year.
26. Sub-limit means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit. The Sub- limit as applicable under the Policy is specified in the Policy Schedule against the relevant Cover in force under the Policy.
27. TPA means any entity who is registered under the IRDAI (Third Party Administrators - Health Services) Regulations, 2016 notified by the IRDAI, and is engaged, for a fee or remuneration by an insurance Company, for the purposes of providing health services.
28. Telemedicine means medical consultation service availed via telecommunications and digital communication technologies by the Insured Person from a Medical Practitioner while taking treatment for the health condition that has resulted in an admissible Claim under a cover in this Policy. Such Telemedicine services shall be delivered in compliance with the Medical Council of India's 'Telemedicine Practice Guidelines' dated March 2020 or its subsequent amendments, if any.
29. Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
30. We/ Our/ Us / Insurer/ Company means Universal Sompo General Insurance Limited.

4. BASE COVER

4.1 INPATIENT CARE:

The Company shall indemnify up to the Sum Insured as specified for the Policy Year in the Policy Schedule towards Medical Expenses incurred during the Policy Period in the event of Hospitalization of the Insured Person during the Policy Year for the below Listed Conditions. The Medical Expenses shall be covered in the following manner:

a. Room Rent, boarding, nursing expenses of a Qualified Nurse as provided by the Hospital / Nursing Home up to 1% of the Sum Insured per day. ii.Intensive Care Unit (ICU) / Intensive Cardiac Care Unit

(ICCU) expenses up to maximum of 2% of Sum Insured per day.

b. iii.Fees towards surgeon, anesthetist, Medical Practitioner, consultants, specialist whether paid directly to the treating Medical Practitioner/ surgeon or to the Hospital.
c. Expenses incurred towards anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs,costs towards diagnostics, diagnostic imaging modalities undertaken at Medical Diagnostic Laboratory and/or Diagnostic Centres, and such similar other expenses.
d. Expenses towards Dental Treatment necessitated due to Injury caused or Illness suffered by the Insured Person.
e. Expenses towards plastic Surgery necessitated due to Injury caused or Illness suffered by the Insured Person.
f. All Day Care Treatments.

Note:

1.Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. The time limit shall not apply in respect of Day Care Treatment.

2. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges.

4.1.i. Coverage applicable for Listed Conditions for Surrogate Mother:

The following complications of pregnancy and abortions, miscarriage, and lawful medical termination of pregnancy of the Insured Person shall be covered under this Policy.

Sr No	Complications of delivery
1	Perineal tears during childbirth
2	Postpartum hemorrhage
3	Episiotomy Complications
4	Post partum Endometritis
5	Postpartum depression/Psychosis
6	Anesthesia complications
7	Infection or sepsis
8	Stroke
9	Amniotic fluid embolism
10	Postpartum preeclampsia
11	Pulmonary edema
12	HELLP syndrome

13	Heart related complications
14	Peripartum (postpartum) cardiomyopathy
15	Thrombotic pulmonary embolism (DVT)
17	Postpartum Respiratory Failure
18	Postpartum peritonitis

4.1.ii Coverage applicable for Listed Conditions for Oocyte Donor :

The following complications of oocyte retrieval from the Insured Person shall be covered under this Policy.

Sr No	Complications of Oocyte retrieval
1	Infection or sepsis
2	Bleeding
3	Ovarian hyperstimulation syndrome (OHSS)
4	Injury to surrounding structures due to procedure
5	Anesthesia complications

4.2 Pre-Hospitalization Medical Expenses:

Where a claim in respect of the Insured Person(s) has been admitted under Clause 4.1 above, the Company shall also indemnify Pre-Hospitalization Medical Expenses incurred for a fixed period of 30 consecutive days prior to the date of admission of the Insured Person in a Hospital or Day Care Centre upto the Sum Insured for the Policy Year. Such claim shall be admitted only on Reimbursement basis.

4.3 Post-Hospitalization Medical Expenses:

Where a claim in respect of the Insured Person(s) has been admitted under Clause 4.1 above, the Company shall also indemnify Post-Hospitalization Medical Expenses incurred for a fixed period of 60 consecutive days post the date of discharge of the Insured Person from the Hospital or Day Care Centre upto the Sum Insured for the Policy Year. Such claim shall be admitted only on Reimbursement basis.

4.4 Emergency Ground Ambulance

Where a claim in respect of the Insured Person(s) has been admitted under Clause 4.1 above or Clause 4.5 below, the Company will reimburse Reasonable and Customary Charges upto the maximum limit of Rs 2000 per Hospitalization as mentioned against this cover in the Policy Schedule for expenses incurred towards Ambulance charges for transportation of the Insured Person provided that such transportation is advised by the treating Medical Practitioner in writing as an Emergency Care and that such transportation is from the place where the Insured Person suffered an Injury or is suffering from an Illness, to the Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital. Such claim shall be admitted only on Reimbursement basis.

Specific Conditions:

The Company will reimburse payments under this benefit provided that.

i. The Ambulance service is offered by a healthcare or Registered Ambulance Service Provider.

ii. The original Ambulance bills and payment receipt is submitted to the Company.

iii. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or Diagnostic Centre for evaluation purposes only.

4.5 Modern Treatments:

The Company will reimburse Reasonable and Customary Charges for expenses incurred up to 50% of Capital Sum Insured towards the Insured Person's treatment provided always that a claim under Clause 4.1 above is admitted and such treatment is a Medically Necessary Treatment as certified by a Medical Practitioner in writing.

The treatments include:

(a) Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

(b) Balloon Sinuplasty

(c) Deep Brain Stimulation

(d) Oral Chemotherapy

(e) Immunotherapy - Monoclonal Antibody to be given as injection (f) Intra-vitreal injections

(g) Robotic Surgeries

(h) Stereotactic radio Surgeries

(i) Bronchial Thermoplasty

(j) Vaporization of the Prostrate (Green Laser Treatment or Holmium Laser Treatment

(k) IONM - (Intra Operative Neuro Monitoring)

(l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.

5. WAITING PERIOD

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the Waiting Period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

A. Waiting Periods

1. First 30 days 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.

6. EXCLUSIONS

6.1 STANDARD EXCLUSIONS

1. Investigation & Evaluation- Code- Excl04

   a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

   b)Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation, and respite care- Code- Excl05

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i.Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistants or non-skilled persons.

ii.Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor.
2) The surgery/Procedure conducted should be supported by clinical protocols. 3) The member must be 18 years of age or older and 4) Body Mass Index (BMI).

a) greater than or equal to 40 or

b) greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy
ii. coronary heart disease
iii. Severe Sleep Apnoea
iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: Code- Excl08 Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

7. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

12. Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: Code- Excl17

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

6.2 SPECIFIC EXCLUSIONS

1. Any medical treatment taken outside India.
2. Expenses except those specifically listed under In-patient Care cover under section 4.1.1 & 4.1.2
3. Injury or Illness caused by or contributed to by nuclear weapons/materials.

4. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
5. Suicide, Intentional self-injury.
6. Vaccination or inoculation except as post bite treatment for animal bite.
7. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
8. Outpatient (OPD) diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to domiciliary hospitalization shall not be covered.
9. Dental treatment or Surgery of any kind unless requiring Hosptalization as a result of accidental Bodily Injury.
10. Stem cell storage.
11. Any kind of service charge, surcharge levied by the hospital.
12. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
13. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II.
14. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.
15. Any medical treatment which is not listed under section 4.

7. GENERAL TERMS & CLAUSES

7.1 Standard General Terms & Clauses

I. Condition Precedent to the contract

i. 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.

ii. Condition Precedent to Admission of Liability

iii. The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

iv. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her Nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

v. Multiple Policies

a) In case of multiple policies taken by an Insured during a period from one or more Insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

b) Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other Policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this Policy.

c) If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

d) Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

vi. 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 the claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholders(s), who has made the 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 party 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 is within the knowledge of the Insurer.

vi. Cancellation

a) The Policyholder may cancel this Policy by giving 15 days' written notice only in case of demise of insured member/s and in such an event, the Company shall refund premium for the unexpired Policy Period on prorate basis. 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.

b) The Company may cancel the Policy at any time on grounds of misrepresentation, nondisclosure 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.

vii. Renewal of Policy

This policy will not be eligible for renewal.

viii. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are affected.

ix. 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 shall be allowed free look period of 1 month 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:
- 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

- 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
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

x. 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. For Claim settlement under reimbursement, the Company will pay the Policyholder. 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.

xi. Withdrawal of Policy

a) In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.

b) Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the Policy has been maintained without a break.

xii. Claim Settlement (Provision of Penal Interest)

a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

c) 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 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

e) "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

xiii. Redressal of Grievance

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

Universal Sompo General Insurance Co. Ltd.

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708

Toll Free Numbers: 1800-200-5142

Landline Numbers: (022)- 41659800

E-mail Address: contactus@universalsompo.com

Note: Please include Your Policy number for any communication with us.

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 https://universalsompo.com/resourse-grievance-redressal

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 contact details of the Insurance Ombudsman offices have been provided at Annexure 1 List V

7.2. Specific Terms & Conditions

I. Condition Precedent to the contract

a. Material Change The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

b. Notice and Communication

i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.

ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule. iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance.

c. Records to be Maintained. The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

d. Territorial Jurisdiction All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

e. Eligibility Criteria

Insured Person as Surrogate Mother should be a certificate holder issued by the District Medical Board.

II. Conditions applicable during the contract

i. Alterations in the Policy

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

ii. Revision and Modification of the Policy Product

- Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90)

days prior to the effective date of modification or revision coming into effect.

- Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

iii. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule be deemed to form part of the Policy and shall be read together as one document.

8. Claim Procedure

1. Procedure for Cashless claims:

i Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.

ii Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.

iii The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.

iv At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

v The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

vi In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

2. Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

3. Notification of Claim

Notice with full particulars shall be sent to the Company as under:

i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

4. Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

i Duly Completed claim form
ii Photo Identity proof of the patient
iii Medical practitioner's prescription advising admission
iv Original bills with itemized break-up
v Payment receipts
vi Discharge summary including complete medical history of the patient along with other details.
vii Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
viii OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
ix Sticker/Invoice of the Implants, wherever applicable.
x MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
xi NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
xii KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
xiii Legal heir/succession certificate , wherever applicable
xiv Any other relevant document required by Company/TPA for assessment of the claim.

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
2. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

9. Annexure I

- Items which are mentioned under List – I are payable under the policy.
- Items which are to be subsumed into room charges are specified in List – II, procedure charges are specified in List III, costs of treatment (including costs of diagnostics) specified in List IV. ● Items which are part of room / surgical procedure / treatment (including diagnostics) as referred in the lists (II-IV) herein may not be eligible for coverage if billed separately by Hospital.

List I - TOILETRIES / COSMETICS / PERSONAL COMFORT OR CONVENIENCE ITEMS / SIMILAR EXPENSES	
No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
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	SERVICE 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
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS 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 [DELIVERY KIT, 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

List II – Items that are to be subsumed into Room Charges	
No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-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
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
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

List III – Items that are to be subsumed into Procedure Charges	
No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHIELD
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

List IV – Items that are to be subsumed into costs of treatment	
No.	Item

1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

List V : List of Insurance Ombudsman		
AHMEDABAD 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 JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.	BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.i n JURISDICTION: Karnataka.	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 JURISDICTION: Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@cioins. co.in JURISDICTION: Orissa	CHANDIGARH Office of the Insurance Ombudsman, 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 JURISDICTION: Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	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 JURISDICTION: Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).

DELHI 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 JURISDICTION: Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	ERNAKULAM 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 JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	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.i n JURISDICTION: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
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. Tel.: 040 – 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.I n JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry	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 JURISDICTION: Rajasthan.	KOLKATA 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 JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.

LUCKNOW 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 JURISDICTION: Districts of Uttar Pradesh Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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,	NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in JURISDICTION: 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, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj,	MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@cioins.co.in JURISDICTION: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
PUNE 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.: 02041312555 Email: bimalokpal.pune@cioins.co.in JURISDICTION: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.		PATNA Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in JURISDICTION: Bihar, Jharkhand.