

**IFFCO-TOKIO GENERAL INSURANCE CO. LTD.**  
**Regd: Office: "IFFCO Sadan" C-1 Distt. Centre, Saket, New Delhi-110017**

UIN: IRDAN106P0014V01200102

**SANKAT HARAN**  
**(Kisan Gramin Bima Yojana)**

This POLICY is evidence of the contract between YOU and US. The proposal form along with any written statement(s), sale declarations of yours from month to month for purpose of this POLICY FORMS PART OF CONTRACT.

This POLICY witnesses that in consideration of your having paid the premium for the period stated in the schedule or for any further period for which we may accept the payment for renewal of this Policy, we will insure the Insured Person(s) and accordingly we will pay to insured person(s) his/her beneficiary, nominee or his/her legal heirs as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the Policy including endorsements provided that all the terms, conditions, and exceptions of this policy in so far as they relate to anything to be done or complied with by you and / or Insured Person(s) have been strictly fulfilled.

The Schedule shall form part of this POLICY and the term "POLICY" whenever used shall be read as including the Schedule.

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 whenever it may appear. A fresh policy will be issued every month on sale declaration basis. The premium shall be paid to US in advance based on the next month's estimate of sale.

The eligibility of the insured person(s), his/her nominee / legal heirs, as the case may be to avail of the benefits of the cover under this policy is dependent on the truth of the information given in the serially numbered printed cash receipt or debit note.

**A. Definition of Words:**

**1. Proposal**

It means any signed proposal by filling up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.

- 2.** YOU having no insurable interest in the benefits available under the policy shall have no right on the monies or benefits hereunder; except the refund of premium or such amount having been paid as consideration for this contract.

**3. Policy**

It means the Policy Booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person(s), what is excluded from the cover and the conditions on which the policy is issued.

**4. Schedule**

It means latest Schedule issued by US as part of the policy. It provides details of the insured person(s), which are in force and the level of cover Insured Person (s), have.

**5. Capital Sum Insured**

It means the monetary amount as per details hereunder:

"One "SANKAT HARAN" Bima cover for Capital Sum Insured of "Rs. 4,000/- (Rupees four thousand only) for each and every purchase of IFFCO Fertilizer bag by any farmer subject to **Total Maximum Capital Sum Insured** of Rs.100,000/- (Rupees one lakh) to any one farmer under this Policy and Policies to be issued in future under the same scheme during the period of insurance.

Fertilizer purchased during the period of 12 months preceding the date of accident during the currency of the Scheme on different dates shall have an accumulative effect. However, the maximum Capital Sum Insured under all policies under similar schemes based on total quantity of fertiliser purchased from IFFCO and IPL taken together, shall be limited to Rs. One lakh only.

**6. Evidence of cover:**

The serially numbered printed Cash Receipt or the Debit Note (when Fertilizer is purchased against Credit) issued only by Farmers Service Centres of IFFCO or Cooperative Societies shall be the sole evidence of insurance. No other document or certificate shall be issued by ITGI. The serially numbered printed Cash Receipt or Debit Memo is not negotiable and the person whose name appears in this document shall be deemed to be the Insured person. However the serially numbered printed cash receipt or debit note to be valid must contain the following information:

- i. Name of the buyer; **i.e. insured.**
- ii. Father/husband name of Buyer's; **i.e. insured.**
- iii. Full Postal Address of buyer; **i.e. insured.**
- iv. Date of issue of the bill;
- v. Quantity with brand of fertiliser;
- vi. Name of nominee; and
- vii. Signature/Thumb impression of buyer; **i.e. insured.**

**7. Period of Cover:**

Risk under the "SANKAT HARAN" Bima policy shall incept from the 31<sup>ST</sup> day of purchase of any brand of IFFCO fertiliser, as mentioned in the Cash Receipt or Debit memo and shall remain in force for a period of 12 months calculated from the 31<sup>ST</sup> day of issue of cash receipt or debit memo.

**8. Premium:**

YOU will pay premium at the rate of Re.1/- on each bag of IFFCO Fertilizer before inception of the policy period.

Provisional premium calculated at this rate shall be paid on the basis of maximum estimated sale for the month. YOU will furnish within reasonable time a statement showing actual sale of each product, i.e. Urea, NPK, DAP and Potash on the basis of which actual premium shall be calculated and necessary adjustment shall be made.

**9. We/Our/Us**

It means IFFCO-TOKIO General Insurance Co., Ltd

**10. You/Your**

It means the person(s) /the company/the entity named as Insured in the Schedule.

**11. Insured Person:**

Any person who purchases any brand of IFFCO Fertilizer during the month, as stated in the Schedule through Farmers Service Centres of IFFCO or Co-Operative Societies.

**12. Standard Type of Aircraft**

It means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single or multiengine.

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

**14 Air Accident** It shall mean an accident while the Insured Person is on board the standard type of Aircraft and the Aircraft meets with an accident causing injury to Insured Person.

**15 Loss of Limbs** It shall mean physical separation of one or both hands or feet or permanent and total loss of use of one or both hands or feet.

16 **Physical Separation** It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively

**17 Permanent Total Disablement**

The bodily injury which as its direct consequence immediately and/or of the foreseeable future, permanently, totally and absolutely will prevent Insured Person from engaging in any kind of occupation.

17 **Accident** It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

1. **Disclosure to information norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**B. COVERAGE**

In case of bodily injury which solely and directly causes Insured Person's death loss of limb or permanent total disablement within 12 months of injury, we shall pay to the Insured Person or his/her nominees or in absence of nominees to legal heirs of Insured Person(s) the sum or sums hereinafter set forth in.

TABLE OF BENEFITS	PERCENTAGE OF CAPITAL SUM INSURED
1. Death resulting solely due to an accident	100
2. a) Loss of sight (both eyes)      Resulting solely	50
b) Loss of two limbs              due to an	50
c) Loss of one limb and one eye    accident	50
3. a) Loss of sight of one eye      Resulting solely	25
b) Loss of one limb              due to an	25
	Accident
4. Permanent Total and absolute disablement resulting solely due to an accident	50

**General Conditions:**

**1. Reasonable Precaution and Care.**

The Insured Person shall take all reasonable precautions to prevent any injury in order to minimise claims.

**2. Notice**

You or the Insured persons will give every notice and communication in writing to our office through which this insurance is effected.

**3. Misdescription**

The Policy shall be void and all premium paid by you to us be forfeited in the event of misrepresentation or concealment of any material information.

**4. Changes in Circumstances**

You must inform us, as soon as reasonably possible of any change in information you have provided to us about Insured Person(s) which may affect the insurance cover provided e.g. duty, business, occupation and obtain from us an endorsement to this effect.

**5. Claim Procedure and Requirements**

An event, which might become a claim under the policy, must be reported to us immediately and in any case within One month of the happening of such event. However, in the case of

death, written notice must also be given before internment/ cremation unless reasonable cause is shown for not doing so. For claim purpose, the following documents must be submitted within 2 months of the happening of such event:

**a) In case of death**

- I. Claim Form
- II. Purchase Bill in original
- III. Copy of FIR
- IV. Post Mortem Report

**b) In case of injury claim:**

- i. Claim Form
- ii. Purchase Bill in original
- iii. Copy of FIR if any
- iv. Photograph and Medical Certificate from Govt. hospital doctors confirming extent of disability.

All the above documents must be submitted to us within one calendar month of the event or the determination of disability. It is further provided that in the event of a claim the insured person, his/ her legal representative, nominee, beneficiary will allow our representative to carry out examination and ascertain details or provide such further information as we may reasonably require.

It is clearly understood that in the event of an injury the insured person shall take all necessary steps/ treatment to minimise the disability or impairment at his own expense.

**6. Fraud**

If a claim is fraudulent in any respect with or supported by any fraudulent statement/document or device, all benefit(s) under this Policy shall be forfeited.

7. The receipt of the Insured Person, his/ her legal heirs/ nominees shall in all cases be an effective discharge to US.

8. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

9. **Grievance or Complaint:** You may register a grievance or complaint by visiting our website [www.itgi.co.in](http://www.itgi.co.in) you may also contact the branches from where you have bought the policy or grievance officer who can be reached at our corporate office.

**10. Disclaimer Clause**

If we shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(Twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

11. No sum payable under this policy shall carry any interest / penalty.

12. The geographical scope of this policy will be whole of India. The laws of India shall govern the provisions of the policy for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the courts in India.

- 13. Withdrawal & Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.  
A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.
- 14. Payment of premium:** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.
- 15. Protection of Policy Holder's Interest:** in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.
- 16. Cancellation:** We may cancel this Policy by sending 15 (fifteen) days notice in writing by recorded delivery to You at Your last known address. You will then be entitled to a pro-rata refund of premium for the un-expired period of this Policy from the date of cancellation, which we are liable to pay on demand.

You may cancel this Policy by sending 15 days written notice to Us. We will then allow a refund after retaining the premium based on following short period table.

Period of Cover upto	Annual Premium Rate (%)
15 days	10%
1 months	15%
2 months	30%
3 months	40%
4 months	50%
5 months	60%
6 months	70%
7 months	75%
8 months	80%
9 months	85%
Exceeding 9 months	100%

This refund of premium is subject to the condition that no claim has been preferred on us.

- 17. Automatic Termination of Insurance:**  
The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period, unless otherwise advised by the Group policy holder.  
Provided no claim has been made, and termination takes place on account of death of the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

#### **D. General Exclusions**

We will not pay for any compensation in respect of death, injury or disablement of the Insured Person.

1. As consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, restraint, nationalisation, civil commotion or loot or pillage in connection herewith.
2. Directly or indirectly caused by contributed to by or arising from:
  - a) Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
  - b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.
3. Compensation under more than one of the benefits mentioned in respect of same period of disablement.
4. Any other payment after a claim under one of the benefits has been admitted and becomes payable.
5. Any payment in case of more than one claim under this Policy during any one period of insurance by which our liability in that period would exceed sum payable under benefit (1) of Table of Benefits stated under B part 'COVERAGE' of this policy.
6. Any existing disablement prior to the date of purchase of Fertilizer bag(s).
7. Payment of compensation in respect of injury as a direct consequence of:
  - i) Committing or attempting suicide, intentional self-injury.
  - ii) Whilst under influence of intoxicating liquor.
  - iii) Drug addiction, or alcoholism.
  - iv) Whilst engaging in Aviation or Ballooning or whilst dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
  - v) Pregnancy or childbirth.
  - vi) Venereal disease or insanity.
  - vii) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and/or any mutant derivative or variation of HIV or AIDS.
  - viii) Committing any breach of law with criminal intent.
  - ix) Death due to ailment or other natural causes.

#### **Grievances**

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

Website : <https://www.iffcotokio.co.in/customer-services/grievance-redressal>  
Toll Free : 18001035499  
E-mail : [support@iffcotokio.co.in](mailto:support@iffcotokio.co.in)  
Fax : -  
Courier : Chief Grievance Officer  
IFFCO-Tokio General Insurance Company Limited  
IFFCO TOWER – II  
Plot No.3, Sector-29, Gurgaon  
Haryana-122001

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 [chiefgrievanceofficer@iffcotokio.co.in](mailto:chiefgrievanceofficer@iffcotokio.co.in)

For updated details of grievance officer, kindly refer the link <https://www.iffcotokio.co.in/customer-services/grievance-redressal>.

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

#### Insurance Ombudsman –

The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

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

Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD - Shri Kuldip Singh</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU - Smt. Neerja Shah</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka.
<b>BHOPAL - Shri Guru Saran Shrivastava</b> 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: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	Orissa.
<b>CHANDIGARH - Dr. Dinesh Kumar Verma</b> 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: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.



<p><b>CHENNAI - Shri M. Vasantha Krishna</b> 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: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p><b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></p>	<p>Delhi.</p>
<p><b>GUWAHATI - Shri Kiriti .B. Saha</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD - Shri I. Suresh Babu</b> 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 - 67504123 / 23312122, Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p><b>JAIPUR - Smt. Sandhya Baliga</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363, Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a></p>	<p>Rajasthan</p>
<p><b>ERNAKULAM - Ms. Poonam Bodra</b> 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: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p><b>KOLKATA - Shri P. K. Rath</b> 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: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>
<p><b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b> 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: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur,</p>



	<p>Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI - Shri Milind A. Kharat</b> 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: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>NOIDA - Shri Chandra Shekhar Prasad</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoor, 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><b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></p>	<p>Bihar, Jharkhand.</p>
<p><b>PUNE - Shri Vinay Sah</b> 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: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>