



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

PRADHAN MANTRI SURAKSHA BIMA YOJANA (PMSBY)

UIN: IFFPAGP23058V012223

Policy Wording

This policy is evidence of the contract between you and us. The proposal form along with any written statement(s) declaration(s) of yours for purpose of this policy forms part of this 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 and accordingly we will pay to you or your legal personal representative(s) 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, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with, by you, have been met.

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.

Your Policy is based on information which You have given to us and the truth of these information shall be condition precedent to Your right to any recover under this Policy.

A. DEFINITION OF WORDS

STANDARD DEFINITIONS

1. **Accident : It means** sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Injury :** It 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.
3. **Condition Precedent :** It means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

4. **Disclosure to Information Norm** : It means 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.
5. **Notification of claim** : It means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
6. **Subrogation** : It means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
7. **Renewal** : It 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.
8. **Grace Period** : It means 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.
9. **Medical Practitioner** : It means 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.

SPECIFIC DEFINITIONS

10. **Policy** : It means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.
11. **Permanent total disability**: Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of one hand or foot.
12. **Permanent partial disability**-Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot.
13. **Policy Schedule** : It means the Schedule attached to and forming part of Policy
14. **Policy Period** : It means the period commencing with the effective date mentioned in the Schedule till the end date mentioned in the schedule.

15. **Proposal** : It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You
16. **Insured** : The Master Policy holder/ Bank / Post Office in whose name the policy has been issued.
17. **Insured Person** : The account holder or member or participating subscriber of this policy aged between 18 years (completed) to 70 years (age nearer birthday).
18. **Capital Sum Insured** : It means the maximum monetary amount, we will pay for claims made by the Insured person irrespective of the number of claims made in a policy period.

B. COVERAGE:

WHAT IS COVERED - If following a bodily injury which solely and directly causes death or disablement to the Insured Person, within 12 months of injury, as stated in Table of Benefits, We shall pay to You or Your nominee/ legal representative the sum or sums hereinafter set forth in Table of Benefits.

TABLE OF BENEFITS: --

TABLE OF BENEFITS	CAPITAL SUM INSURED (in INR)
a. Death	2 Lacs
b. Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot.	2 Lacs
c. Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	1 Lac

C. EXCLUSIONS

WHAT IS NOT COVERED - We will not be liable for:

1. Any payment exceeding Capital Sum Insured, as mentioned under Items a and b of table of benefits during any one Policy Period for the insured person.
2. Any payment in case of more than one claim, during any one Policy Period, by which Our liability in that period would exceed Rs 2 lacs
3. Any other payment after a claim under any of the benefits under Items a or b in the Table of Benefits has been admitted and becomes payable.
4. Any claim of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
5. Any claim of Insured Person

- a. from intentional self-injury (unless in self-defense or to save life), suicide or attempted suicide;
 - b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
 - c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.
[Standard type of aircraft 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 engine or multiengine;]
 - d. arising or resulting from the Insured Person committing any breach of law with criminal intent.
 - e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
 - f. arising from pregnancy or childbirth or miscarriage or abortion or complications arising out of any of these.
 - g. arising out of participation in any naval, military or airforce operations whether in the form of military exercises or war games or actual engagement with the enemy, whether domestic or foreign.
 - h. Being a part of a Professional Sports team
 - i. Being a member of Ship's crew
 - j. Death/disablement due to sickness or disease
 - k. Arising out of any existing disability
6. Any claim due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving
7. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
- a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
8. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

D. GENERAL TERMS AND CONDITIONS

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/insured/insured person.

(Explanation: "Material facts" for the purpose of this policy shall mean 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)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the IFFCO-Tokio General Insurance Co.Ltd to make any payment for claim(s) arising under the policy.

3. Material Change

The Insured Person shall immediately notify IFFCO-Tokio General Insurance Co.Ltd in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

4. Automatic Termination of Insurance

This cover shall automatically terminate upon the Insured Person's death or payment of 100% Sum Insured.. 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.

5. Termination of cover

The cover for the insured person shall terminate on any of the following events and no benefit will be payable there under:

- a) On attaining age 70 years (age nearest birthday)
- b) Closure of account with the Bank/ Post office or insufficiency of balance to keep the insurance in force.
- c) In case a member/insured person is covered through more than one account and premium is received by IFFCO-Tokio General Insurance Co Ltd inadvertently, insurance cover will be restricted to one bank/ Post office account only and the premium paid for duplicate insurance(s) shall be liable to be forfeited.
- d) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of IFFCO-Tokio General Insurance Co.Ltd

e) Participating banks will deduct the premium amount in the same month when the auto debit option is given, preferably in May of every year, and remit the amount due to the IFFCO- Tokio General Insurance Co Ltd in that month itself.

6. Complete Discharge

Any payment to the insured person or his/ her nominees or his/ her legal representative, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by IFFCO- Tokio General Insurance Co Ltd to the extent of that amount for the particular claim.

7. Notice & Communication

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

- a) Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- b) IFFCO-Tokio General Insurance Co.Ltd shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

8. Territorial Limit

The coverage is worldwide (subject to travel and other restrictions that the Indian Government may impose)

9. Multiple policies

In case a member/insured person is covered through more than one account and premium is received by IFFCO-Tokio General Insurance Co Ltd inadvertently, insurance cover will be restricted to one bank/ Post office account only and the premium paid for duplicate insurance(s) shall be liable to be forfeited.

10. 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 shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule/certificate, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a 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 cover 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 mis-statement of or suppression of material fact are within

the knowledge of the insurer. Onus of disproving is upon the policyholder/insured person, if alive, or beneficiaries.

11. Cancellation

a) IFFCO-Tokio General Insurance Co.Ltd. 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.

b) The Insured/Insured person may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Time for which Policy in force	Refund of premium
15 days	90%
1 months	85%
2 months	70%
3 months	60%
4 months	50%
5 months	40%
6 months	30%
7 months	25%
8 months	20%
9 months	15%
Exceeding 9 months	No refund

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.

12. Nomination

The insured person 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.

13. Renewal of the Policy:

a) The policy shall ordinarily be renewable by mutual consent and as per the rates, terms and conditions of the Pradhan Mantri Suraksha Bima Yojana prevalent at the time of renewal. The renewal premium shall be paid to IFFCO-Tokio General Insurance Co. Ltd on or before the date of expiry of the Policy or subsequent renewal thereof. The policy shall be renewed on annual basis.

b) The policy shall ordinarily be renewable upto the age of 70 years except on grounds of fraud, misrepresentation by the master policyholder/ insured person.

14. Possibility of revision of the premium rates:

As per the Pradhan Mantri Suraksha Bima Yojana of the Government of India, the premium would be reviewed based on the annual claims experience.

15. Policy Disputes:

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured/ Insured Person and IFFCO-Tokio General Insurance Co. Ltd to be subject to Indian Law.

16. Arbitration:

a) If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

b) It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

c) It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

17. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

- i. Website : www.iffcotokio.co.in
- ii. Toll Free : 18001035499
- iii. E-mail: support@iffcotokio.co.in
- iv. Fax : -----
- v. Courier : IFFCO-Tokio General Insurance Company Limited
IFFCO TOWER – II
Plot No.3, Sector-29, Gurgaon
Haryana-122001

10. Grievances

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

- i. Website : <https://www.iffcotokio.co.in/customer-services/grievance-redressal>
- ii. Toll Free : 18001035499
- iii. E-mail : support@iffcotokio.co.in

- iv. Fax :
- v. 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

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 have been provided as Annexure-A.

E. OTHER TERMS AND CONDITIONS

1. ENROLMENT MODALITY/ PERIOD

The cover shall ordinarily be for the one-year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated bank/ Post office account on the prescribed forms will be required to be given by 31st May of every year. Joining subsequently on payment of full annual premium is allowed.

2. CLAIM PROCEDURE

- i. Immediately after the occurrence of an accident which may give rise to a claim under the policy, the insured or the nominee (in case of death of the insured) shall contact the bank branch where the insured person held the underlying Bank Account from which the premium for the policy was auto debited and submit a duly completed.
- ii. The claim form may be obtained from the above bank branch or any other designated source like IFFCO-Tokio General Insurance company branches, hospitals, PHCs, BCs, insurance agents etc., including from designated websites.
- iii. The Claim form shall be completed by the insured or, as the case may be, by the nominee and submitted to the above bank branch preferably within 30 days of the occurrence of the accident giving rise to the claim under the policy.
- iv. The Claim form shall be supported, in case of death of the insured, by the Original FIR/ Panchnama, Post Mortem Report (if conducted) and Death Certificate and in case of permanent disablement, by Original FIR/ Panchnama and a Disability Certificate issued by a Civil Surgeon. A discharge certificate in the enclosed format shall also be submitted by the claimant/ nominee.

- v. The authorised official of the Bank shall check the account / auto-debit particulars and verify the account details, nomination, debiting of premium /remittance to insurer and certify the correctness of the information given in the claim form, and forward the case to IFFCO-Tokio General Insurance Co Ltd within 30 days of the submission of the claim.
- vi. The admissible Claim amount will be remitted to the Bank Account of the insured person(s) or the nominee in case of a death claim. The discharge given in the Discharge form for the claim amount payable under the policy by the accountholder of the bank or the nominee would be considered as full and final under the policy.

*Note: Waiver of conditions (iii.) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for the Insured Person or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

Other documents to be submitted:

Basic documents required for All claims

- i. Aadhaar and PAN number of the insured member and claimant or any other photo identity proof as agreed by us at the time of claim.
- ii. KYC document in respect of the nominee/appointee/claimant (as the case may be).
- iii. First two pages of passbook, or bank / post office account statement showing account details, or cancelled cheque of the account of the nominee/appointee/claimant (as the case may be).
- iv. Proof of death of nominee in case of nominee pre-deceasing the insured member.
- v. Proof of being legal heir, in case the claimant is other than the insured member/nominee/appointee.
- vi. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital.
- vii. Advance receipt for discharge of claim, duly filled in and signed.
- viii. Any other relevant document required by the Company for assessment of the claim

Documents in support of death due to accident may be any of the following:

- (1) (a), (b) and (c) as under:
 - (a) Any of the documents listed below as proof of death:
 - (i) Death certificate (issued by the registrar of births and deaths appointed by the state government for the local area)
 - (ii) Hospital discharge summary/certificate in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death
 - (iii) Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person, specifying his/her name, father's/husband's name, address and the date, time and cause of death, which should be countersigned with his/her seal by a Gazetted officer of the Central or the State Government or by an officer of the deceased accountholder's bank or any public sector bank or any public sector insurer
 - (b) FIR/ Panchnama
 - (c) Post Mortem report

- (2) Certificate issued in respect of the insured member by the District Magistrate / Collector / Deputy Commissioner of the district concerned, or by any Executive Magistrate (Additional District Magistrate, Sub-Divisional Magistrate, Tehsildar/Talukdar, etc.) authorised by him/her, in the form prescribed in the claim settlement procedure for the scheme
- (3) In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death in lieu of (a), (b) and (c) above.

Documents required in case of Disablement

- i. Original treating Medical Practitioner's certificate describing the disablement
- ii. Original Discharge summary from the Hospital

3. CLAIM SETTLEMENT

- i. 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.
- ii. In 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.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 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.
- iv. 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.

(Explanation: "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)

4. PAYMENT OF CLAIM

All claims under the policy shall be payable in Indian currency only.

Annexure-A.

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

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh 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	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU – Mr Vipin Anand Office of the Insurance Ombudsman,	Karnataka.

Office Details	Jurisdiction of Office Union Territory, District)
<p>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: bimalokpal.bengaluru@cioins.co.in</p>	
<p>BHOPAL - Shri R. M. Singh 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 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. Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH – Mr Atul Jerath 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 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</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 - Shri Somnath Ghosh 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 - Shri N Sankaran 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 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>JAIPUR – Shri Rajiv Dutt Sharma 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>	Rajasthan
<p>ERNAKULAM – Shri G. Radhakrishnan Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
<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, Email: bimalokpal.kolkata@cioins.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<p>LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Email: bimalokpal.lucknow@cioins.co.in</p> <p>MUMBAI - Shri Bharatkumar S. Pandya Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in</p>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road,</p>	Bihar, Jharkhand.

Office Details	Jurisdiction of Office (Union Territory, District)
<p>Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</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>

Insurance is the subject matter of solicitation