



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

KISAN SURAKSHA BIMA YOJNA

UIN: IRDAI/HLT/ITGI/P-P/V.I/07/2016-17

POLICY WORDING

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. 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.

3. 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.

4. Capital Sum Insured

It means the monetary amount as per details hereunder:

"KISAN SURAKSHA BIMA YOJNA" cover will be available for a Capital Sum Insured specified in the schedule on purchase of minimum amount specified in the schedule. Where the actual purchase value is higher than the minimum amount on which the insurance cover becomes available, the

Capital Sum Insured shall be proportionately increased in relation to the actual purchase value over the minimum purchase value mentioned in the schedule, subject to the maximum Capital Sum Insured mentioned therein at any point of time.

5. Evidence of cover:

The serially numbered printed Cash Receipt or the Debit Note (when insured's product is purchased against Credit) 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 person.**
- ii. Father/husband name of Buyer's; **i.e. insured person.**
- iii. Full Postal Address of buyer; **i.e. insured person.**
- iv. Date of issue of the bill;
- v. Quantity with brand of Insured's product;
- vi. Name of nominee; and
- vii. Signature/Thumb impression of buyer; **i.e. insured person.**

6. Period of Cover:

Risk under the "KISAN SURAKSHA BIMA YOJNA" policy shall incept from the 31ST day of purchase of Insured's product, as mentioned in the Cash Receipt or Debit memo and shall remain in force for a period of 12 months calculated from the 31ST day of issue of cash receipt or debit memo.

7. We/Our/Us

It means IFFCO-TOKIO General Insurance Co., Ltd

8. You/Your

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

9. Insured's product

A product marketed by the Insured and is under the Kisan Suraksha Bima scheme offered by Insured.

10. Insured Person:

Any person who purchases Insured's products during the specified period, as stated in the Schedule.

11. 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.

12. 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.

13. Medical Practitioner

A Medical Practitioner is 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.

14. Accident:

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

15. 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.

16. 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.

17. Physical Separation

It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively

18. Permanent Total Disablement

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

19. 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.

20. 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.

21. 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 sum insured, cumulative bonus, specific waiting periods, waiting periods for pre-existing diseases, moratorium periods etc.

22. Grace Period

Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits (sum insured, cumulative bonus, specific waiting periods, waiting periods for pre-existing diseases, moratorium periods etc. Wherever applicable) accrued under the policy. The grace period for payment of the premium shall be:

- a) fifteen days for monthly instalment modes, (wherever applicable)
- b) thirty days for any other instalment modes (wherever applicable)
- c) thirty days for renewal.

Provided,

- a) the coverage shall be available during the grace period, wherever the premium payment is paid in instalments. (wherever applicable)
- b) Coverage is not available during the period for which no premium is received after the expiry of the Policy.

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.

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

This policy will be applicable only where the **Insured Person** i.e. the end user of the product is a **farmer**.

C. General Conditions:

1. Reasonable Precaution

You/ Insured person shall take all reasonable precautions to prevent injury in order to minimize claims.

2. Notice

You/ Insured person will give every notice and communication in writing to Our office through which this insurance is affected.

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/ Insured person must inform Us, as soon as reasonably possible of any change in information You have provided to Us about Insured person 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

i) **Intimation of claim:** An event, which might become a claim under the policy, must be reported to Us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before internment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. Based on the circumstances of the case the insurer may condone the case with delay in intimation beyond one calendar month. A written statement of the claim will be required and a claim form will be provided.

- ii) All certificates, information and evidence from a Medical Attendant or otherwise required by Us shall be furnished by You/ Insured person, Your/ Insured person's representative in the manner and form as We may prescribe. In such claims Your/ Insured person's legal representative, Nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when We may reasonably require and in the event of death get the post-mortem examination done in respect of body of Insured Person.

For claim purpose, the following documents must be submitted within 2 months of the happening of such event:

i. **In case of death**

- a. Claim Form
- b. Purchase Bill in original
- c. Copy of FIR
- d. Post Mortem Report

ii. **In case of injury claim:**

- a. Claim Form
- b. Purchase Bill in original
- c. Copy of FIR if any
- d. Photograph and Medical Certificate from Govt. hospital doctors confirming extent of disability.

6. **Fraud**

If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge, 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. **Nomination**

The policyholder is required at the inception and renewal 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 Us 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, we 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.

9. **Free look period**

The Free Look Period shall be applicable at the inception of the Policy and not on renewals.

You/the insured shall be allowed a period of thirty days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

A refund of the premium paid less any expenses incurred by Us 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.

10. Renewal of Policy

The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions:

- i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.

11. Subrogation:

- i) Insured shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which IFFCO-TOKIO shall be or would become entitled or subrogated upon IFFCO-TOKIO paying any claim under this policy, whether before or after indemnification;
- ii) Insured shall not do or cause to be done anything that may cause any prejudice of IFFCO-TOKIO right of subrogation;
- iii) Insured agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of IFFCO-TOKIO for the claim and the costs of recovery.

12. Cancellation

The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall

- a. refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

13. 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.

14. **Notice of Charge**

We will not be bound to take notice or be affected by any notice of any trust, charge, lien or other dealings with or relating to this policy. Receipt of insured person shall in all cases be an effective discharge to Us.

15. **Policy disputes:**

The parties to this policy expressly agree that the laws of the republic of India shall govern the validity, construction, interpretation and effect of this policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Indian Territory.

16. **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.

17. **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.

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

19. The geographical scope of this policy will be worldwide; however the claims shall be settled in India in Indian rupees. The provisions of this policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the courts in India.

20. **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.

21. **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.

22. **Get in touch with us**

In case of any query, the You may contact Us through:

Company Website: www.iffcotokio.co.in

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address : IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3

Sector -29, Gurgaon – 122001

23. **Grievance or Complaint:**

In case of any grievance, Youmay contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address: IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

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/contact-us/customer-services/grievance-redressal>

Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.

- <https://bimabharosa.irdai.gov.in/Home/Home>

24. **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.

25. **Provision for Senior Citizens:**

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in

Toll free: 1800-103-5498

Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

26. **Insurance Ombudsman:**

If insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of insurance Ombudsman of the respective area/region for redressal of grievance as per insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

For Updated List of Ombudsman Address, Please visit:

- <https://www.cioins.co.in/Ombudsman>

The contact details of the Insurance Ombudsman offices have been provided as below:

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU – Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Shri R. M. Singh Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>BHUBANESHWAR - Shri Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455. Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Orissa.
<p>CHANDIGARH – Mr Atul Jerath Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468</p> <p>Email: bimalokpal.chandigarh@cioins.co.in</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<p>CHENNAI - Shri Somnath Ghosh 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>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<p>DELHI – Ms. Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
<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>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
<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 – 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in</p>	Rajasthan

Office Details	Jurisdiction of Office (Union Territory, District)
<p>KOCHI – Shri G. Radhakrishnan Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p> <p>KOLKATA - Ms Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341, Email: bimalokpal.kolkata@cioins.co.in</p> <p>LUCKNOW - Shri. Atul Sahai Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p> <p>MUMBAI – Mr Vipin Anand Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p> <p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p> <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> <p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
<p>NOIDA - Shri Bimbardhar Pradhan 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> <p>PATNA - Ms Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p> <p>PUNE – Shri Sunil Jain Office of the Insurance Ombudsman,</p>	<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> <p>Bihar, Jharkhand.</p> <p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Office Details	Jurisdiction of Office (Union Territory, District)
Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	

Address of Insurance Regulatory and Development Authority of India is also mentioned below –

Insurance Regulatory and Development Authority of India
Sy. No 115/1, Financial District, Nanakramguda, Gachibowli,
HYDERABAD 500 032

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, subject to higher compensation being payable.
4. Any other payment after a claim under benefit 1 in “Table of benefits” has been admitted and becomes payable.
5. Any payment in case of more than one claim under Benefits 2, 3 and 4 in “Table of benefits” 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.
6. Any existing disablement prior to the date of purchase of Insured’s product.
7. Payment of compensation in respect of injury as a direct consequence of:
 - a. Committing or attempting suicide, intentional self-injury.
 - b. Whilst under influence of intoxicating liquor.

- c. Drug addiction or alcoholism.
- d. 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.
- e. Pregnancy or childbirth.
- f. Venereal disease or insanity.
- g. 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.
- h. Committing any breach of law with criminal intent.
- i. Death due to ailment or other natural causes.