

## POLICY WORDINGS

### JANATA PERSONAL ACCIDENT INSURANCE

#### A. SCHEDULE

#### B. PREAMBLE

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 undertake that in the event of Death or Permanent Total Disablement sustained by the Insured Person(s) solely due to an Accidental Injury during the Policy Period, We will make payment to them or to their legal representative/Nominee as per the Table of Benefits set forth in the Policy 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 them have been met.

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

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

#### C. DEFINITIONS

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

##### **C.1. Standard Definitions:**

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

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

**Condition Precedent** means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

**Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

**Disclosure to information norm** means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact

**Emergency Care** means management for a severe Illness or Injury 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.

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

**Hospital** means any institution established for In- patient care and Day Care treatment of Illness and/ or Injuries and which has been registered as a Hospital with the local authorities under 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:

- has qualified nursing staff under its employment round the clock,
- has at least 10 inpatient beds, in those towns having a population of less than 10, 00,000 and 15 inpatient beds in all other places,
- has qualified Medical Practitioner (s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to Insurance company's authorized personnel.

**Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- a) **Acute condition** - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his/her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
- b) **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
  - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
  - it needs ongoing or long-term control or relief of symptoms
  - it requires Your rehabilitation or for you to be specially trained to cope with it
  - it continues indefinitely
  - it comes back or is likely to come back

**Injury** 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.

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

**Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

**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.

**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 licence and is not a member of the Insured Person's Family.

**Notification of Claim** is the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**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 .

**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.

**Subrogation** 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.

## **C.2. Specific Definitions:**

**Accidental Death** means Death resulting from Bodily Injury solely and independently of any other cause except Illness directly resulting from, or medical or surgical treatment rendered necessary for such Injury, occasions the Death of the Insured Person within 12 months from the date of Accident.

**Adventure Sports:** Participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

**Ambulance** means any vehicle used solely for the conveyance of injured persons from Accidental location or Your residential place or Hospital to any Hospital in emergency cases.

**Bodily Injury** means accidental physical bodily Injury solely and directly caused by external, violent visible cause.

**Capital Sum Insured** means the monetary amounts shown against Insured Person(s) which is the maximum limit of our liability against said Insured Person.

**Contribution** is essentially the right of an insurer to call upon other insurers liable to the same Insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

**Insured** means the individual whose name is specifically appearing in the Schedule herein after referred as "You"/"Your"/"Yours"/"Yourself".

**Insured Person:** The person(s) named as Insured Person in the Schedule which will include you and your family inclusive of dependent parents.

**Nominee** means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on his/her death.

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**Period of Insurance:** The time period for which the contract of insurance is valid as shown in the Policy Schedule.

**Permanent Total Disablement:** The bodily Injury that totally, irrecoverably and absolutely prevents you from engaging in any kind of occupation.

**Permanent Partial Disability:** The bodily Injury that results in total, irrevocable, absolute and continuous loss of or impairment of a body part or sensory organ specified under the Table of Benefits.

**Proposal:** The application form you sign for this insurance and/or any other information you give to us or which is given to us on your behalf.

**Policy:** Policy wording, the Schedule, the Proposal form and Endorsement / Memoranda, if any.

**Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy would be payable.

**Temporary Total Disablement:** The bodily Injury that prevents you from engaging in your occupation for a period not exceeding 104 weeks since the date of Injury to the time you are fit enough to resume your occupation as certified by Medical Professional

**Terrorism/Terrorist activity:** means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

**You/Your/Yours/Yourself** means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

**We/Our/Ours/Us** mean Universal Sampo General Insurance Company Limited.

**War** means War, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

#### **D. BENEFITS**

##### **What We cover**

1. Bodily Injury directly resulting in death or Permanent Total Disablement of the Insured.

We shall pay to the Insured Person or his/her legal personal representative/nominee the compensation set forth in Table of Benefits (as percentage of Capital Sum Insured.)

#### **E. EXCLUSIONS:**

##### **E.1. Specific Exclusions:**

1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
2. Any other payment after a claim under one of the benefits 1 and 2 in Table of benefits has been admitted and becomes payable.
3. Any payment in case of more than one claim in respect of one Insured Person under this Policy during any Period of Insurance by which Our liability in that period would exceed CSI.
4. Payment of compensation in respect of a Permanent Partial Disability or Death /disability as a consequence of/resulting from
  - a) Committing or attempting suicide, intentional self-Injury.
  - b) Whilst under influence of intoxicating liquor or drugs.
  - c) Drug addiction or alcoholism.
  - d) Whilst engaged in any adventurous sports.
  - e) Committing any breach of law with criminal intent.
  - f) War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or Usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.
5. Consequential loss of any kind and/or any legal liability
6. Death/disability due to pregnancy including child birth, miscarriage, abortion or complication.
7. Insured participating in any naval, military or air force operations.
8. Curative treatments or interventions
9. Venereal or sexually transmitted diseases.
10. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.

11. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

TABLE OF BENEFITS	
COVER FOR	PERCENTAGE OF CAPITAL SUM INSURED
1. Death	100
2. Permanent Total Disability:	
a. Loss of sight (both eyes)	100
b. Loss of two limbs	100
c. Loss of one limb and one eye	100
d. Any other Permanent Total and absolute disablement as certified by Qualified Medical Practitioner	100

## F. GENERAL TERMS AND CLAUSES

### F.1. Specific Terms and Clauses:

#### 1. Notice:

Every notice and communication to the Company required by this Policy shall be in writing. Initial notification can be made by telephone

#### 2. Mis-description:

This Policy shall be void and premium paid shall be forfeited to Us in the event of mis-representation, mis-description or non-disclosure of any material facts by You.

Non-disclosure shall include failure on Your part to intimate us in writing and obtaining written approval from us in respect of Changes in Circumstances arising out of changes in the duty, business, occupation of the Insured Person(s).

#### 3. Contribution and Subrogation:

Subrogation and Contribution provisions are not applicable to the Policy.

#### 4. Fraud

All benefit under this Policy shall be forfeited and the Policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

#### 5. Cancellation/termination

We may cancel this Policy by sending 15 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 a written notice to Us. Retention premium for the period We were on risk will be calculated based on following short period table and the balance will be refunded to You subject to the condition that no claim has been preferred on Us:

Upto 1 month	25% of annual premium
Above 1 month and upto 3 months	50% of annual premium
Above 3 months and upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

#### 6. Three Months Notice:

We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We shall adhere to the following:

- i) In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii) The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the renewal date and We shall provide You with an option to migrate to a substitute product offered by Us.

## 7. Nomination

The Policy has provision of nomination, In absence of Your declaring Nomination at the time of Proposal, then all benefits accrued under the Policy if any, shall be given to Your legal heir/dependants.

## 8. Substitute Product

In case We may decide to withdraw this product under which this Policy is issued to You or where the children have attended maximum eligibility age under the Policy, if covered, We shall provide You with an option to buy a similar substitute Accident insurance Policy from Us.

## 9. Free Look-up period

1. The Policy shall have a free look period. The free look period shall be applicable at the inception of the Policy and:
  - i. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable
2. If You have not made any claim during the Free Look period, You shall be entitled to
  - i. A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
  - ii. Where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
  - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period

## 10. Renewal

- i. This Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You
- ii. The Renewal of the Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- iii. No loading on premium shall be applied on Your individual claims experience basis but the group as a whole

The premium for renewals shall be subject to discount when group Policy issued witnesses favourable claims ratio as under:

Incurring Claim Ratio under the Group Policy	Discount Percentage (%)
Up to 20 %	25
21 % - 35 %	15
36 % - 50 %	10
51 % - 60 %	5

The premium for renewals shall be subject to loading when group Policy issued witnesses adverse claims ratio as under:

Incurring Claim Ratio under the Group Policy	Loading Percentage (%)
Between 80 % and 100 %	25
Between 101 % and 125 %	55
Between 126 % and 150 %	90
Between 151 % and 175 %	120
Between 176 % and 200 %	150
Over 200 %	Cover to be reviewed

We will inform You about the applicable risk loading through a counter offer letter. You have to revert to Us with consent and additional premium (if any) within 15 days of issuance of such counter letter. In case, You neither accept the counter letter from Us nor revert to Us within 15 days, We shall cancel Your application and refund the premium within next 7 days.

**Please note** We shall issue Policy only after getting Your consent

- iv. The premium of the Policy may be revised subject to approval from Insurance Regulatory Development Authority

### **11. Adjustment of Premium (applicable to policies issued on unnamed employees basis)**

The premium payable hereon has been determined by reference to Your estimate of the number of persons and their category as stated in the Schedule. It is hereby agreed that during the Policy Period You shall maintain a proper and contemporaneous record of the actual number of persons within such category, which record shall be available for inspection by Us at any reasonable time.

Within one month from the expiry of this Policy, You shall provide Us with a written record of the actual number of persons within such category during the Policy Period and any information or supporting documentation in respect thereof at Our request. If the actual number of persons within such category ascertained after the expiry of this Policy shall differ from Your original estimate thereof, then:

- if the actual number of persons within such category exceeds the estimate of the same, You shall pay Us any additional premium that We may determine by reference to the differential, or
- if the actual number of persons within such category is less than the estimate of the same, We will reimburse You by reference to the differential but subject to minimum retention of premium of 50%

### **12. Compensation**

In case of claim by Death or Permanent Total Disablement compensation will be made only after deleting by an endorsement the name of the deceased/injured person in respect of whom such sums shall become payable.

### **13. Notices and Claims**

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

**Universal Sompo General Insurance Co. Ltd.**

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

**Toll Free Numbers:** 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030

**Landline Numbers:** (022)-41659800 or (022)-41659900 (Local Charges Apply)

**E-mail Address:** [contactus@universalsompo.com](mailto:contactus@universalsompo.com)

**Note:** Please include Your Policy number for any communication.

### **14. Grievances**

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting Our website or write to Us on [contactus@universalsompo.com](mailto:contactus@universalsompo.com).

You may also contact the Branch from where You have bought the Policy or the Complaints Coordinator who can be reached at Our Registered Office.

You may also contact on Our - Toll Free Numbers: 1 - 800 - 224030 (For MTNL/BSNL Users) or 1 - 800 - 2004030 or on chargeable numbers at +91-22-27639800/+91-22-39133700.; and also send Us fax at: (022) 39171419

- You can also visit Our Company website and click under links [Grievance Notification](#)
- You can also send direct mail to the concerned authorities at [rajivkumar@universalsompo.com](mailto:rajivkumar@universalsompo.com)

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.



The updated details are also available on: [http://www.irdaindia.org/ins\\_ombusman.htm](http://www.irdaindia.org/ins_ombusman.htm)

## 15. Discount(s) under the Policy

### Group Discount

We shall provide group discount as per below when the number of persons covered under the Policy exceeds 25. Group Discount will not be reviewed during the currency of the Policy, even if the size of the group exceeds the next slab.

Number of Persons covered	Applicable discount
Upto 25 persons	No discount
Between 25 and 50 persons	5% on total premium
Between 51 and 100 persons	10% on total premium
Between 101 and 300 persons	15% on total premium
Between 301 and 400 persons	20% on total premium
Between 401 and 500 persons	25% on total premium
Over 500 persons	To be decided by Corporate Office

### On Duty Cover Discount:

We may provide a discount up to 25% on the basic premium when Janata Personal Accident cover is only for restricted hours of duty (and not for all 24 hours of day and night) for the Insured Persons in the Policy. The restricted cover is intended only for employers who wish to cover their employees for accidents during and in the course of employment.

### Off Duty Cover Discount:

We may provide a discount up to 50% on the basic premium when Janata Personal Accident cover is required only for restricted hours, when the Insured Person is not at work and/ or not on official duty.

## 16. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this 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 to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 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 such two arbitrators.

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 the Company has disputed or not accepted liability under or in respect of this Policy.

## 17. Geographical Scope:

The geographical scope of this Policy will be worldwide unless otherwise stated in the Policy schedule; 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.

## 18. Sum Insured Enhancement:

Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval.

## 19. Disclaimer Clause

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



## **G. CLAIM PROCEDURE**

- A)** Upon happening of any Accident and/or Injury which may give rise to a claim under this Policy
- You shall give us a notice to our call centre immediately and also intimate in writing to our Policy issuing office. 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.
  - All certificates, information and evidence from a Medical Practitioner or otherwise required by Us as mentioned below shall be provided by You.

- B)** Following documents shall be required in the event of a claim.

### **For Death Claim**

- Duly filled up claim form
- Death Certificate
- Original FIR
- Original Panchnama
- Post mortem report

### **For Permanent Total disablement**

- Duly filled up claims form
- Original FIR
- Panchnama
- Hospitalization Report
- Hospital discharge card
- Original Certificate from Doctor of Govt. Hospital stating the degree of disability

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document.

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

- C)** On receipt of intimation from You regarding a claim under the Policy, we are entitled to carry out examination and ascertain details and in the event of death get the post-mortem examination done in respect of deceased person.

### **D) Position after claim:**

We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability), as stated in the Policy Schedule with respect to any of the benefits, is exhausted by You.

### **E) Claim Payment:**

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

### **Claims Disclaimer**

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at

+91-22-41659800/+91-22-41659900. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

In case of any discrepancy, complaint or grievance, please feel free to contact Us within 15 days of receipt of the Policy

The details of Insurance Ombudsman are available 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@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU -</b> 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: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.
<b>BHOPAL -</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@cioins.co.in">bimalokpal.bhopal@cioins.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@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.
<b>CHANDIGARH -</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@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.



<p><b>CHENNAI -</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,</p> <p>CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 <a href="mailto:bimalokpal.chennai@cioins.co.in">Email: bimalokpal.chennai@cioins.co.in</a></p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</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: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi &amp;</p> <p>Following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>
<p><b>GUWAHATI -</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 <a href="mailto:bimalokpal.guwahati@cioins.co.in">Email: bimalokpal.guwahati@cioins.co.in</a></p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD -</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 - 23312122 Fax: 040 - 23376599 <a href="mailto:bimalokpal.hyderabad@cioins.co.in">Email: bimalokpal.hyderabad@cioins.co.in</a></p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p><b>JAIPUR -</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 <a href="mailto:bimalokpal.jaipur@cioins.co.in">Email: bimalokpal.jaipur@cioins.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.</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>

<p>Tel.: 0484 - 2358759 / 2359338  Fax: 0484 - 2359336  Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a></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@cioins.co.in">bimalokpal.kolkata@cioins.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@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a></p>	<p>Districts of Uttar Pradesh :</p> <p>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><b>MUMBAI -</b>  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  Fax: 022 - 26106052  Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a></p>	<p>Goa,  Mumbai Metropolitan  Region  excluding Navi Mumbai &amp;  Thane.</p>
<p><b>NOIDA - Shri Chandra Shekhar Prasad</b></p>	<p>State of Uttaranchal and  the following Districts of  Uttar Pradesh:</p>

<p>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: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	<p>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.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@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>Maharashtra, Area of Navi Mumbai and Thane  excluding Mumbai Metropolitan Region.</p>

