

### Preamble

TATA AIG General Insurance Company Limited (The Company) will provide the insurance described in this Policy and any endorsements to the Policy, detailed in the Policy Schedule / Certificate of Insurance and in reliance upon the statements contained in the Proposal/Enrolment Form which shall be the basis of this Policy and are deemed to be incorporated herein in consideration for the payment of the premium and in compliance with all applicable provisions of this Policy.

The insurance provided under this Policy/ Certificate of Insurance is only with respect to such and so many of the Benefits as are indicated by a specific amount set opposite to such Benefit in the Policy Schedule/ Certificate of Insurance.

### Section 1 – Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy / Cover and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

#### i. Standard Definitions

##### 1. Accident

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

##### 2. Break in Policy

Break in Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal

on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

##### 3. Grace Period

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

##### 4. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function 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 or 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:

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

control or relief of symptoms;

3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
4. it continues indefinitely;
5. it recurs or is likely to recur;

## **5. Medical Practitioner**

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

## **6. Pre-Existing Disease**

Pre-Existing Disease means any condition, ailment, injury or disease:

- a. that is/are diagnosed by a physician within 48 months prior to the effective date of the Policy / Certificate of Insurance issued by the insurer or its reinstatement; or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy/Certificate of Insurance issued by the insurer or its reinstatement.

## **7. Renewal**

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.

## **ii. Specific Definitions(Definitions other than as mentioned under Section 1 (i) above)**

### **1. Age**

Age means the completed age of the Insured Person on his / her most recent birthday as per the English calendar, regardless of the actual time of birth.

### **2. Cover Period**

Cover Period means the time defined within the Cover Start Date and End Date, during which this Cover is in effect for a named Insured Person/Beneficiary as specified in the Certificate of Insurance.

### **3. Cover Period End Date**

Means the date on which the coverage under this Certificate of Insurance expires.

### **4. Cover Period Start Date**

Means the date on which coverage under this Certificate of Insurance Period commences.

### **5. Diagnosis**

Means diagnosis by a registered medical practitioner supported by clinical, radiological, histological, histopathological and laboratory evidence as applicable.

### **6. IRDAI**

Means Insurance Regulatory and Development Authority of India.

### **7. Policyholder**

Policyholder shall be the Employer who has taken the group insurance policy as

a service benefit to his Employees or a Group Manager of a homogeneous group of persons who assemble together for a commonality of purpose and there is a clearly evident relationship between the member and group manager for services other than insurance.

**8. Proposal and Enrolment Form**

Means any initial or subsequent Proposal / Enrolment made by the Policyholder/ Insured Person and is deemed to be attached and which forms a part of this Policy.

**9. Policy Period End Date**

Means the date on which the coverage under this Policy expires.

**10. Policy Period Start Date**

Means the date on which coverage under this Policy commences.

**11. Policy Schedule**

Means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons who are covered along with the Coverages and Sum Insured, the Policy Period, premium and the limits and condition, to which the Coverages under the Policy are subject to, including any annexure and/or endorsements.

**12. Policy Period**

Means the time during which this Policy is in effect. Such period commences from the Policy Period Start Date and ends on the Policy Period End Date and specifically appears in the Policy Schedule.

**13. Sum Insured**

Means the pre-defined limit specified in the Policy Schedule / Certificate of Insurance. Sum Insured represents the total liability in aggregate for any and all claims made under the Policy / Cover Period, in respect of that Insured Person.

**14. Company, Insurer**

Means Tata AIG General Insurance Company Ltd.

**15. You, Yours, Yourself**

Means the Policyholder or the Insured Person.

**Section 2 – Benefits**

**Corona Virus Disease (Covid-19) Cover**

If during the Policy / Cover Period, the Insured Person(s) contracts and is / are diagnosed for the first time with Corona Virus Disease (Covid-19), which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), at a Government of India authorized centre then the Company shall pay to such Insured Person the amount as mentioned in the Policy Schedule/ Certificate of Insurance subject to an initial waiting period of 15 days(fifteen days) from the Policy / Cover Period Start Date.

The Company's liability under this Policy / Certificate of Insurance shall immediately cease for that Insured Person to whom such payment is made subject to Conditions and Exclusions as mentioned in the Policy / Certificate of Insurance.

**Section 3 – Exclusions**

The Company will not make any payment for any claim in respect of any Insured Person, caused by, arising from or in any way attributable to any

of the following:

### Specific Exclusions

#### 1. Exclusions with waiting periods

The Company is not liable for any claim arising due to Corona Virus Disease (COVID-19) for which consultation, investigation, diagnosis, treatment or admission started prior to the Policy / Cover Period Start Date or within 15 days (fifteen days) from the Policy / Cover Period Start Date. In case of renewals, this waiting period shall not be applicable to the extent of Sum Insured under the previous policy/ certificate of insurance is in force.

#### 2. Medical Exclusions

The Company will not make any payment for any claim in respect of an Insured Person, caused by, arising from or in any way attributable to any reasons as mentioned below:

- i. Any disease or illness other than the Corona Virus Disease (Covid-19)
- ii. Any accident
- iii. Any claim in relation to Corona Virus Disease (Covid-19) where such disease has been diagnosed prior to Policy/Cover Period Start Date
- iv. Any diagnosis of Covid-19 outside India
- v. Any diagnosis of Covid-19 at any centre which has not been authorized by the Government of India to conduct such test
- vi. Arising due to any Pre-existing Disease

#### 3. Non-Medical Exclusions

- i. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.
- ii. Any Insured Person committing or attempting to commit a breach of law with criminal intent
- iii. Treatment rendered by a Medical Practitioner which is outside his discipline
- iv. If the Insured Person is already or currently in isolation or quarantined for suspected Covid-19 or post diagnosis of Covid-19
- v. Any cohabitation prior to Policy / Cover Period Start Date, with a person who has been diagnosed with Covid-19
- vi. Any travel after Policy / Cover Period Start Date or 60 days prior to Policy / Cover Period Start date, by the Insured Person to any country against whom the Republic of India has imposed general or special travel restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.

### Section 4 – General Terms and Clauses

#### Specific terms and clauses

##### 1. Condition or Condition Precedent

Condition or Condition Precedent means a policy term or Condition upon which the Company's liability under the Policy is conditional upon.

The fulfilment of the terms and conditions of this Policy/Certificate of Insurance (including the payment of premium by the due dates mentioned in the Schedule/ Certificate of Insurance) insofar as they relate to anything to be done or complied with by Insured Person(s) shall be conditions precedent to the Company's liability.

##### 2. Insured Person

Only those person(s) named as an Insured Person in the Policy Schedule/Certificate of insurance shall be covered under this Policy and upto the Sum Insured as mentioned.

##### 3. Premium Payment

Premium to be paid for the Policy / Certificate of Insurance before the Policy / Cover Period Start Date.

##### 4. Entire Contract

This Policy, its Schedule, Certificate of Insurance, endorsement(s), proposal/ enrolment form constitutes the entire contract of insurance. No change in this policy / Certificate of Insurance shall be valid unless approved by the Company and such approval be endorsed hereon.

This Policy and the Schedule/Certificate of insurance shall be read together as

one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such meaning wherever it may appear.

##### 5. Fraud

The Company will not be liable to pay under the policy/ Certificate of Insurance if any claim is in any manner dishonest or fraudulent or is supported by any dishonest or fraudulent means or devices, by Policyholder/Insured Person(s)

In the event of fraud, the Policy/the Certificate of Insurance shall be terminated ab initio without any premium refund.

##### 6. Mis-representation, or non-disclosure of material facts

The Company will not be liable to pay under the policy if any Mis-representation or non-disclosure of material facts is noted at the time of claim or otherwise by Policyholder/ Insured Person(s) and Policy/Certificate of Insurance shall be void ab-initio without any premium refund.

##### 7. Renewal

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

The policy may be renewed by up front premium specified by the Company which shall be the Premium in force at the time of renewal . Premium rates are subject to revision at the time of renewal.

The Policy may be renewed by mutual consent and in such event the renewal

premium should be paid to The Company on or before the date of expiry of the Policy or within the grace period of 30 days from the expiry of the Policy. Grace Period of 30 days for renewing the Policy/Certificate of Insurance is provided under this Policy to maintain continuity of benefits without break in policy.

If the renewal is made within the grace period, continuity of benefits will be allowed. The Company will not be liable to pay for any claim under this policy that occur during the grace Period.

We, however, are not bound to give notice that it is due for renewal.

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to Insured Person at least 3 months prior before the changes are affected.

## **8. Notices**

- i. Any notice, direction or instruction under this Policy shall be in writing and if it is to:
  - a. Any Insured Person, then it shall be sent to Insured Person's address specified in the Policy Schedule / Certificate of Insurance.
  - b. The Company, it shall be delivered to the Company's address specified in the Policy Schedule / Certificate of Insurance. No insurance agents, brokers or other person or entity is authorised

to receive any notice, direction or instruction on the Company's behalf unless the Company have expressly stated to the contrary in writing.

## **9. Termination**

- i. In the event of Payment of Claim for an Insured Person under this Policy / Certificate of Insurance, cover of such Insured Person shall terminate, and no further claim shall be admissible for such Insured Person.

This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit.

- ii. Policyholder / Insured Person may terminate this Policy / Certificate of Insurance at any time by giving the Company written notice, and the Policy/Certificate of Insurance shall terminate when such written notice is received.
- iii. In case of master policy, each Certificate of Insurance will get terminated on the earliest of the following dates:
  - a. The date Insured Person or the Company cancel the Certificate of Insurance;
  - b. Insured Person opts out of the scheme or is no longer eligible as a beneficiary under the Group.
- iv. If no claim has been made under the Policy/Certificate of Insurance, then the Company will refund premium in

accordance with the short rate table below:

Length for which the Policy / Certificate is in Force	Premium Refund
Beyond 15 days	Nil

- v. The Company may at any time terminate this Policy/Certificate of Insurance on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by Insured Person(s) by sending an endorsement to the Insured Person's address shown in the Policy Schedule/Certificate of Insurance.
- vi. In the event of termination of this Policy/Certificate of Insurance on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium.
- vii. In the event the Policy Schedule/ Certificate of Insurance is terminated on grounds of non-cooperation of the Insured Person(s) the premium shall be computed in accordance with the Company's short rate table for the period the Policy has been in force, upon 15 day's notice by sending an endorsement to the Insured Person's address shown in the Policy Schedule/Certificate of Insurance provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

- viii. The coverage for the Insured Person shall automatically terminate in the case of the Insured Person's demise. However, the cover shall continue for the remaining Insured Persons till the end of Policy/Cover period. The members need to apply fresh proposal for which continuity benefit would be given.

## **10. Free Look Period**

- i. Insured Person has a period of 15 days from the date of receipt of the Policy / Certificate of insurance to review the terms and conditions of this Policy. If Insured Person have any objections to any of the terms and conditions, Insured Person have the option of cancelling the Policy/ Certificate of Insurance stating the reasons for cancellation.
- ii. Insured Person will be refunded the premium paid after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium.
- iii. Insured Person can cancel their Policy/Certificate of Insurance only if Insured Person have not made any claims under the Policy.
- iv. All the Insured Person's rights under this Policy / Certificate will immediately stand extinguished on the free look cancellation of the Policy / Certificate.
- v. Free look provision is not applicable and available at the time of renewal of the Policy.

## **11. Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate Policyholder/Insured Person about the same at least 3 months prior to expiry of the policy/ Certificate of Insurance.

## **12. Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

## **13. Arbitration**

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).

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.

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.

## **Section 5 – Claims Procedure and Claims Payment**

This section explains about the procedures involved to file a claim by the insured person and processes related in managing the claim by Us. All the procedures and processes such as notification of claim, supporting claim documents and related claim terms of payment are explained in this section.

### **1. Notification of Claim**

It is a condition precedent to the Company's liability hereunder that notice with full particulars must be given by Insured Person(s) to the Company within seven (7) days after an actual or potential loss begins or as soon as reasonably possible and in any event no later than (15) Days after an actual or potential loss begins.

Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if Insured Person(s) can satisfy the Company that it was not reasonably possible for Insured Person(s) to give proof of such delay within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the insured.

Insured Person can notify a claim by calling the Company's 24x7 toll free helpline 1800-266-7780. Insured Person can even write to the Company at [general.claims@tataaig.com](mailto:general.claims@tataaig.com).



## **2. Supporting Documentation & Examination**

- i. Insured Person or someone claiming on the Insured Person's behalf shall provide the Company with documentation, medical records and information the Company may request to establish the circumstances of the claim, its quantum or the Company's liability for the claim within 15 days or earlier of the Company's request or the Insured Person's discharge from Hospitalisation or completion of treatment or upon diagnosis.
- ii. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if Insured Person can satisfy the Company that it was not reasonably possible for Insured Person to give proof within such time.
- iii. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.

### **iv. Such documentation will include the following:**

- a. The Company's claim form, duly completed and signed for on behalf of the Insured Person. The Company, upon receipt of a notice of claim, will furnish the Insured Person's representative with such forms as the Company may require for filing proofs of loss or Insured

Person may download the claim form from the Company's Web site ([www.tataaig.com](http://www.tataaig.com)).

- b. Diagnosis reports from a Central Government of India Authorized Agency/Centre.
- c. All medical reports, case histories, investigation reports, indoor case papers/ treatment papers (in reimbursement cases, if available), discharge summaries, if applicable
- d. A precise diagnosis of the treatment for which a claim is made.
- e. Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- f. Legal heir/succession certificate, if required
- v. For any claim related assistance, notification of claim and submission of claim related documents, insured person can contact the Company through:

- Website: [www.tataaig.com](http://www.tataaig.com)
- Toll Free No.: 1800 266 7780/ For Senior Citizens: 1800 22 9966
- Claim Document Submission to:

**Accident & Health Claims Department**

Tata AIG General Insurance Co. Ltd.

7<sup>th</sup> and 8<sup>th</sup> Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

- vi. The Company at own expense, shall have the right and opportunity to examine insured person(s) through the Company's Authorised Medical Practitioner whose details will be notified to insured person when and as often as the Company may reasonably require during the pendency of a claim hereunder.

### **3. Claims Payment**

- i. The Company shall be under no obligation to make any payment under this Policy unless the Company have received all premium payments in full in time and the Company have been provided with the documentation and information the Company had requested to establish the circumstances of the claim, its quantum or the Company's liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii. The Company will only make payment to Insured Person under this Policy. The Insured Person's receipt shall be considered as a complete discharge of the Company's liability against any claim under this Policy.
- iii. In the event of the Insured Person's death, the Company will make

payment to the Nominee (as named in the Schedule).

- iv. This Policy only covers diagnosis of COVID19 within India and payments under this Policy shall only be made in Indian Rupees within India.
- v. The Company shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last 'necessary' document.
- vi. 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.
- vii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- viii. 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 the claim within 45 days from the date of receipt of last necessary document.
- ix. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- x. All claims will be settled in

accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interests Regulation), 2017.

### Section 6 - Dispute Resolution

The Company is committed to extend the best possible services to its customers. However, if You are not satisfied with the Company's services and wish to lodge a complaint, please feel free to call the Company's 24X7 Toll free number 1800-266-7780/022-66939500 (toll free) or You may email to the customer service desk at [customersupport@tataaig.com](mailto:customersupport@tataaig.com). Senior citizens can call the Company's dedicated line at 1800 22 9966.

#### Nodal Officer

Please visit the Company's website at [www.tataaig.com](http://www.tataaig.com) to know the contact details of the nodal officer for Insured Person's servicing branch.

After investigating the grievance internally and subsequent closure, the Company will send response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, the Company will inform Insured Person of the same through an interim reply.

#### Escalation Level 1

For lack of a response or if the resolution still does not meet Insured Person's expectations, Insured Person can write to [manager.customersupport@tataaig.com](mailto:manager.customersupport@tataaig.com). After investigating the matter internally and subsequent closure the Company will send response within a period of 8 days from the date of receipt at this email id.

#### Escalation Level 2

For lack of a response or if the resolution still does not meet Insured Person's expectations, Insured Person can write to the Head - Customer Services at [head.customerservices@tataaig.com](mailto:head.customerservices@tataaig.com). After examining the matter, the Company will send Insured Person the Company's final response within a period of 7 days from the date of receipt of Insured Person's complaint on this email id.

Within 30 days of lodging a complaint with the Company, if Insured Person do not get a satisfactory response from the Company and Insured Person wish to pursue other avenues for redressal of grievances, Insured Person may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.

**Annexure A**

**NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES**

SN	Centre	Address & Contact
1	Ahmedabad	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
2	Bengaluru	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
3	Bhopal	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
4	Bhubaneswar	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
5	Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in
6	Chennai	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
7	New Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in

SN	Centre	Address & Contact
8	Guwahati	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in
9	Hyderabad	Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
10	Jaipur	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
11	Ernakulam	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
12	Kolkata	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in
13	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
14	Mumbai	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
15	Noida	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

SN	Centre	Address & Contact
16	Patna	Office of the Insurance Ombudsman, 2nd Floor, North wing, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
17	Pune	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in

**Prohibition of Rebates** - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

“Insurance is the subject matter of the solicitation”. For details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale.”

Commencement of risk cover under the policy is subject to receipt of premium by us.