



**JANATA PERSONAL ACCIDENT POLICY (INDIVIDUAL)- POLICY WORDINGS**

Whereas the Insured named in the Policy Schedule has made or caused to be made to **TATA AIG General Insurance Company Limited** (hereinafter called “the Company”) a written proposal dated as per the Policy Schedule hereto of the Contract and is deemed to be incorporated herein and has paid to the Company the premium herein stated for the insurance of the risks hereinafter specified occurring during the policy period stated in the Policy Schedule.

Now This Policy witnesseth that subject to the terms, exclusions, definitions and conditions contained herein or endorsed or otherwise expressed hereon the Company will indemnify the Insured as hereinafter mentioned.

If the Insured shall sustain any bodily injury resulting solely and directly from Accident then the Company shall pay to the insured the sum hereinafter set forth:-

- a) If such injury shall within twelve Calendar months of its occurrence be the sole and direct cause of the death of an insured person the Capital Sum Insured in the Policy Schedule hereto.
- b) If such injury shall within Twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of the part of the body of an Insured person then the percentage of the Capital Sum Insured specified in the table of losses below.

Loss	% of Capital Sum Insured
Loss of sight of both eyes	100%
Physical Separation of 2 entire hands	100%
Physical Separation of 2 entire feet	100%
Physical Separation of 1 entire hand and 1 entire foot	100%
Loss of sight of 1 eye and Physical Separation of 1 entire hand or 1 entire foot	100%
Loss of the use of 2 hands or 2 feet	100%
Loss of the use of 1 hand and 1 foot	100%
Loss of sight of 1 eye and loss of use of 1 hand or 1 foot	100%
Loss of sight of 1 eye or Physical Separation of 1 entire hand or 1 entire foot	50%
Loss of the use of 1 hand or 1 foot without Physical Separation	50%

- c) If such injury is the immediate sole and direct cause of the permanent and absolute inability to engage in any occupation or profession due to disability, whatsoever, the capital sum insured stated in the Policy Schedule hereto.

## EXCLUSION

The Company shall not be liable under this Policy for:

1. Compensation under more than one of the sub-clauses (a), (b), (c) in respect of same injury or disablement of the Insured Person.
2. Any payment in excess of Sum Insured under the policy during any one year of insurance, for any one Insured Person.
3. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
4. Payment of compensation in respect of death, injury or disablement of the Insured from (a) intentional self inflicted injury, suicide or attempted suicide (b) whilst under the influence of intoxicating liquor or drug. (c) directly or indirectly caused by insanity. (d) arising or resulting from the insured committing any breach of the law with criminal intent.
5. Payment of compensation in respect of death, injury or disablement of the Insured from (a) due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil war, rebellion, revolution insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all kings, princes and people of whatsoever nation, condition or quality.
6. Payment of compensation in respect of death of /or bodily injury to the Insured directly or indirectly caused by or contributed to by or arising from or traceable to ionizing radiation or contamination by radioactivity from any source whatsoever, or from nuclear weapons material.
7. Participation in winter sports\*, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports#, any bodily contact sport or any other hazardous or potentially dangerous sport for which insured is untrained.

(\* winter sports means snow skiing , Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice)

(# professional sports means Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated)

Provided also that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured be a condition precedent to any liability of the Company under this Policy.

## CONDITIONS

### 1. CLAIM PROCEDURE:

- a) **NOTICE OF CLAIM/LOSS:** Upon the happening of any event which may give rise to a claim under this policy the Insured shall forthwith give notice thereof to the Company. Unless reasonable cause is shown, the Insured should within seven days after the event which may give rise to a claim under the policy, give written notice to the Company with full particulars of the claims.
- b) **CLAIM FORMS:** The Company, upon receipt of a notice of claim, will furnish the Insured with such forms as may be required for filing proofs of loss.
- c) **TIME FOR FILING CLAIM FORMS AND EVIDENCE:** Completed claim forms and written evidence of loss must be furnished to the Company within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured can satisfy the Company that it was not reasonably possible to give proof within such time. 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.
- d) **SUPPORTING DOCUMENTATION & EXAMINATION:** The Insured or someone claiming on behalf of the Insured shall provide the Company with all documentation, medical records and information which may be requested to establish the circumstances of the claim, its quantum or the Company liability for the claim within 30 days after the date of such loss. Such documentation will include but is not limited to the following:

<b>Death Claims</b>	<b>Disability Claims</b>
<ol style="list-style-type: none"> <li>1. Claim form</li> <li>2. Original Death Certificate</li> <li>3. Original/ Attested Post Mortem Report, if conducted</li> <li>4. Attested copy of FIR, Spot Panchanama &amp; Police Inquest report, where applicable.</li> <li>5. Complete medical records including Death Summary, in case of hospitalization</li> <li>6. Any other document requested by the Company in view of claim</li> <li>7. KYC Documents</li> </ol>	<ol style="list-style-type: none"> <li>1. Claim form</li> <li>2. Attending Doctor's Report</li> <li>3. Original Disability Certificate from the Doctor</li> <li>4. Complete medical records including Investigation/ Lab reports (X-Ray , MRI etc.)</li> <li>5. FIR, Police report, where applicable</li> <li>8. Any other document requested by the Company in view of claim</li> <li>6. KYC Documents</li> </ol>

- e) **TIME OF PAYMENT OF CLAIM:** Payment of claim shall be made if the claim has been admitted as payable by the Company under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Interests) Regulation, 2002. In case of any delay in payment as stated herein, the Company will pay Insured interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

**f) PAYMENT OF CLAIM:** All claims under this Policy that are payable to the Insured or the Policyholder shall be paid in Indian currency.

**2.** Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or

other agent of the Company shall be allowed to examine the insured person on the occasion of any alleged injury when and so often as the same may reasonably be required on behalf of the Company and in the event of death, to arrange for a post-mortem examination of the body of the insured and such evidence as the Company may from time to time require (including a post-mortem examination, if conducted) shall be furnished within the space of fourteen days after demand in writing, and in the event of claim in respect of loss of sight, the Insured shall undergo at the Company's expense such operation or treatment as the Company may reasonably deem desirable.

**3. RENEWAL CONDITIONS** -While the entry age under this policy is from 12 Years to 65 Years, the Policy is ordinarily renewable for life unless the Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Policy Schedule, whichever is earlier.

The Policy may be renewed with the consent of the Company by paying the total premium in advance which premium shall be the premium rate in force at the time of renewal.

A grace period of 30 days from the premium due date is allowed where the Insured can still pay the premium and continue the policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. there will be break in policy.

The Company, however, is not bound to give notice that the Policy is due for renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

The Company may extend the renewal automatically if opted for by the Insured in the Proposal Form.

The Company will not apply any additional loading on the Insured's policy premium at renewal based on the claim experience.

Insured may enhance the sum insured only at the time of renewal of the policy. However the quantum of increase shall be subject to underwriting guidelines of the company.

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to the Insured atleast 3 months in advance.

Renewal premium of the Insured for this policy will not change unless the Company has revised the premium and obtained due approval from Authority. Premium otherwise will only change if the Insured revises the Sum Insured or tenure of the policy.

4. If the claim be in any respect fraudulent, or if any false declaration be made or used in support thereof or if any fraudulent means or devices are used by Insured or any one acting on Insured's behalf to obtain any benefit under the Policy or if the loss or damage be occasioned by the wilful act, or with the connivance of Insured's or anyone acting on Insured's behalf, then policy shall be void and all benefits under this Policy shall be forfeited.

5. The Company may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured or anyone acting on insured's behalf or on behalf of an insured Person by giving a 15 Days notice delivered, or mailed to the latest address as appearing in the records of the company, stating when such cancellation shall be effective. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or if Insured cancels the Policy, the premium shall be computed and retained in accordance with the Company's short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.

**Short rate table for Annual Policy–**

Period on risk	% Return Premium
Upto 1 month	3/4th of the annual rate
Upto 3 months	½ of the annual rate
Upto 6 months	1/4th of annual rate
Exceeding 6 months	Nil

**Multiyear Policy:**

Policy Period	1	2	3
Year Of Cancellations	% of return Premium		
1		25%	45%
2		Nil	11%
3			Nil

6. If any dispute or difference shall arise as to the quantum of claim 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 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 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 Indian 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 denied, disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.

**7) TERRITORY:** This Policy applies to incidents anywhere in the world unless limited by the Company through endorsement or specifically restricted in the Policy.

**8) FREE LOOK PERIOD:** The Insured have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If there are any objections to any of the terms and conditions, Insured have the option of cancelling the Policy stating the reasons for cancellation and the premium paid would be refunded after adjusting the amounts spent on stamp duty charges and proportionate risk premium. Insured can cancel the Policy only if no claims have been made under the Policy. All the rights of Insured under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

**9)** In the likelihood of this policy being withdrawn in future, the Company will intimate the Insured about the same 3 months prior to expiry of the policy. Insured will have the option to migrate to any Individual personal accident insurance policy available with the Company at the time of renewal.

**10) Limitation** - In no case whatsoever shall the Company be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

## GENERAL DEFINITIONS

The Company uses certain words in this Policy and Policy Schedule, which have a specific meaning and are shown under the heading of General Definitions in the Policy. They have this meaning wherever they appear in the Policy or Policy Schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice-versa in both cases.

1. **Accident** - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Age** - means completed years as at the Effective Date.
3. **Break in policy** - 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.
4. **Cancellation (of policy)** - means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.

5. **Condition precedent** - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.
6. **Eligible Children** - means named dependent children including adopted and step children of the Insured Person between the age of twelve (12) years and eighteen (18) years (twenty three (23) years if unemployed, unmarried and receive the majority of maintenance and support from the Insured Person.
7. **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.
8. **Hazardous** – means a situation that poses a level of threat to life & health.
9. **IRDA** – means Insurance Regulatory and Development Authority.
10. **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 / Physician.
11. **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** –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** - 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.
12. **Insured / Insured Person** - means the Insured Person between the age 12 years to 65 years, or eligible Spouse and/or Eligible Children detailed in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal Form for insurance has been received from the Policyholder and approved by the Company.

13. **Physician/ 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 the scope and jurisdiction of his license.  
  
Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.
14. **Permanent** - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Physician appointed by the company.
15. **Physical Separation** - means as regards the hand actual separation at or above the wrists, and as regards the foot means actual separation at or above the ankle.
16. **Policy** - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.
17. **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
18. **Policyholder** – means the physical person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premiums.
19. **Proposal Form** - means any initial or subsequent declaration made by the Policyholder and is deemed to be attached and which forms a part of this Policy.
20. **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 all waiting periods.
21. **The Company** - means TATA AIG General Insurance Company Limited.

## **GRIEVANCE REDRESSAL PROCEDURE**

The Company is committed to extend the best possible services to its customers. However, if Insured is not satisfied with the services and wish to lodge a complaint, please feel free to call at 24X7 Toll free number 1-800-119966 or 022-66939500 (tolled) ) or 1800 22 9966 (only for senior citizen policy holders) or Insured may email to the customer service desk at customersupport@tata-aig.com.

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

### **Escalation Level 1**

For lack of a response or if the resolution still does not meet the expectations, Insured can write to manager.customersupport@tata-aig.com. After investigating the matter internally and subsequent closure, the Company will send the response to Insured 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 the expectations, Insured can write to the Head - Customer Services at head.customerservices@tata-aig.com After examining the matter, the Company will send the final response to Insured within a period of 7 days from the date of receipt of the complaint on this email id.

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

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
<b>AHMEDABAD</b>	Shri. / Smt.	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27545441/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
<b>BENGALURU</b>	Shri. M. Parshad	Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg, JP Nagar, 1st Phase, Bengaluru – 560 025. Tel.: 080-22222049/22222048 Fax: 080 - Email: bimalokpal.bengaluru@gbic.co.in	State of Karnataka.
<b>BHOPAL</b>	Shri. Raj Kumar Srivastava	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 2nd Floor, 6, Malviya Nagar, 6, Malviya Nagar, Opp. Airtel Office,	States of Madhya Pradesh and Chattisgarh.

		Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.c o.in	
<b>BHUBANESHWAR</b>	Shri. B. N. Mishra	Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674- 2596455/2596003 Fax : 0674-2596429 Email : bimalokpal.bhubaneswar @gbic.co.in	State of Orissa.
<b>CHANDIGARH</b>	Sh.Manik B.Sonawane	Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172- 2706468/2705861 Fax : 0172-2708274 Email : bimalokpal.chandigarh@g bic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
<b>CHENNAI</b>	Shri Virander Kumar	Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044 - 24333668 / 24335284 Fax : 044-24333664 Email : bimalokpal.chennai@gbic. co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
<b>DELHI</b>	Smt. Sandhya Baliga	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance	States of Delhi.

		<p>Building, Asaf Ali Road, NEW DELHI-110 002. Tel.: 011-23237539/23232481 Fax : 011-23230858 Email : bimalokpal.delhi@gbic.co.in</p>	
<b>GUWAHATI</b>	Sh. / Smt.	<p>Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax : 0361-2732937 Email : bimalokpal.guwahati@gbic.co.in</p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b>	Sh. G.Rajeswara Rao	<p>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 - 65504123 / 23312122 Fax: 040-23376599 Email : bimalokpal.hyderabad@gbic.co.in</p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.
<b>Jaipur</b>	Shri. Ashok K. Jain	<p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Road, Jaipur - 302 005. Tel.: 0141-2740363 Fax: 0141 - Email :</p>	State of Rajasthan

		bimalokpal.jaipur@gbic.co.in	
<b>KOCHI</b>	Shri. P. K. Vijay Kumar	Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg, Opp. Cochin Shipyard, M. G. Road, ERNAKULAM-682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email : bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
<b>KOLKATA</b>	Shri. K. B. Saha	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, C.R. Avenue, Kolkatta – 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email : bimalokpal.kolkata@gbic.co.in	States of West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b>	Shri. N. P. Bhagat	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 : bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhasi, 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
<b>MUMBAI</b>	Sh.A.K.Dasgupta	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022- 26106928/26106552 Fax: 022 - 26106052 Email : bimalokpal.mumbai@gbic. co.in	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai Mumbai & Thane
<b>Pune</b>	Shri. A. K. Sahoo	Office of the Insurance Ombudsman, 2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune – 411 030. Tel.: 020-32341320 Fax: 020 - Email : bimalokpal.pune@gbic.co. in	State of Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai Mumbai & Thane.
<b>Patna</b>	New Centre		State of Bihar and Jharkhand.
<b>Noida</b>	New Centre		State of Uttaranchal and the following Districts of Uatter Pradesh : Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar,

			Ghazaibad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
--	--	--	--

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

Smt. Ramma Bhasin, Secretary General  
 Shri Y.R. Raigar, Secretary  
 3rd Floor, Jeevan Seva Annexe  
 S.V. Road, Santacruz(W, Mumbai 400054  
 Tel : 022-26106889/6671 Fax : 022-26106949  
 Email: [inscoun@gbic.co.in](mailto:inscoun@gbic.co.in) Web: [www.gbic.co.in](http://www.gbic.co.in)

**IRDAI REGULATION NO 5:** This Policy is subject to regulation 5 of IRDA  
 (Protection of Policyholder's Interests) Regulation.