

## PRADHAN MANTRI SURAKSHA BIMA YOIANA - MASTER POLICY WORDINGS

### PREAMBLE

Whereas the Master Policyholder designated in the Policy Schedule to the Master Policy having by a proposal or declaration together with any statement, report or other document and various communication by the Government stating and clarifying the features of the scheme which shall be the basis of this contract and shall be deemed to be incorporated herein, has applied to IndusInd General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth and paid appropriate premium and agreed and undertaken to pay subsequent premia, if any, by their due dates and upon the Company receiving all premia by their due dates, for the Policy Period as specified in the Policy Schedule.

NOW THIS POLICY WITNESSETH that subject to the definitions, terms, conditions and exclusions contained herein or endorsed or otherwise expressed hereon the Company undertakes that if during the Policy Period as specified in the Policy Schedule, any claim is incurred which becomes admissible and payable under the Policy then the Company shall pay for such claim as per the coverage, terms, conditions and exclusions as set forth in this Policy.

### DEFINITIONS

**Accident** is a sudden, unforeseen and involuntary event caused by external visible and violent means. Annual Renewal Date is date of renewal of policy which will be 31st of May every year, as specified in the rules given by Government of India. This will be subject to change as directed by Government of India from time to time.

**Certificate of Insurance** is the document issued by the Master Policyholder to the Insured Member. This contains name of Master Policyholder, the Insured Member, the benefits, premium paid and the limits to which benefits under the Certificate are subject to and evidencing Insured Member's coverage under the Policy. It also provides the coverage, brief terms and conditions and exclusions.

**Injury** is 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.

**Insured Member** is an account-holder of the participating Bank being the Master Policyholder who is accepted by the Company to be insured under the Policy and who meets and continues to meet all the eligibility requirements and whose name specifically appears as Insured Members in the Policy Schedule and Certificate of Insurance on payment of premium by auto-debit.

**Insurer/Company** is IndusInd General Insurance Company Limited.

**Polley** is the contract of insurance of the Company with the Master Policyholder providing cover as detailed in this document (including Endorsements, if any, various communication by the Government stating and clarifying the features of the scheme), and Policy Schedule forming part of the contract and must be read together.

**Master Policyholder** is the participating Bank as stated in the Policy Schedule and is responsible for payment of premia.

**Polley Period** is the period from the Policy Period Start Date to the Policy Period End Date as stated in the Policy Schedule.

**Policy Period Start Date** is the commencement date of the Policy as stated in the Policy Schedule. This will usually be the 1st of June, as specified in the rules given by Government of India. This will be subject to change as directed by Government of India from time to time.

**Policy Period End Date** is the expiry date of the Policy, as stated in the Policy Schedule. This will be the 31st of May, as specified in the rules given by Government of India. This will be subject to change as directed by Government of India from time to time.

**Policy Schedule** is the Schedule attached to and forming part of this Policy stating name of Master Policyholder, details of Insured member(s), the Sum Insured, the Policy Period, Premium paid (including duties, taxes and levies thereon) and the limits applying to various benefits under this Policy.

**Consent-cum-Declaration Form** is any initial or subsequent declaration made by the Insured Member, with an obligation of enrolling in to the scheme, which forms a part of the Policy.

**Renewal** is the continuation of insurance cover under the Policy by payment of premium.

**Sum Insured** is the sum as stated in the Policy Schedule and every Certificate of Insurance issued to each Insured Member, which represents the Company's maximum liability for any and all claims in the duration of cover pertaining to each Insured Member under the Policy for each Certificate of Insurance.

### DURATION OF COVER

Under each Certificate of Insurance, duration will be Date of Entry in to the scheme as specified in Certificate of Insurance up to 31st May, of the subsequent year as specified in the rules given by Government of India. This will be subject to change as directed by Government of India from time to time. The Coverage, Exclusions, Claim Procedure and Terms and Conditions mentioned below shall apply during the duration of cover.



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## SCOPE OF COVERAGE

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, that if the Insured Member shall sustain any injury resulting from an accident happening during the duration of cover, then the Company shall pay to the Insured Member, the nominee, or legal representative, as the case may be, as per the Benefits mentioned below:

### Benefit A

An amount of Rs.2 Lakh if such Insured Member shall sustain any injury resulting solely and directly from an accident happening during the duration of cover and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Member.

### Benefit B

An amount of Rs.2 Lakh if such Insured Member shall sustain any injury resulting solely and directly from an accident happening during the duration of cover and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of both eyes, or loss of use of both hands or feet, or of such loss of sight of one eye and such loss of use of one hand or foot.

### Specific Condition

If any benefit has already been paid under Benefit C as stated below, then the benefit amount under Benefit B shall stand reduced by the amount already paid under Benefit C.

### Benefit C

An amount of Rs.1 Lakh if such Insured Member shall sustain any injury resulting solely and directly from an accident happening during the duration of cover and if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of sight of one eye, or loss of use of one entire hand or of one entire foot.

In case of multiple claims under a Certificate of Insurance, the total amount payable by the Company shall be limited to Rs 2 Lakh for each Certificate of Insurance, for all claims put together. The cover under a Certificate of Insurance terminates on payment of cumulative amount of Rs.2 Lakh.

The Company's total liability in aggregate under each Certificate of Insurance shall not exceed Rs.2 Lakh irrespective of the number of claims paid.

## POLICY EXCLUSIONS

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for

1. Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.
2. Payment of compensation in respect of death, injury or disablement of the Insured Member
  - i. from intentional self-injury, suicide or attempted suicide;
  - ii. whilst under the influence of intoxicating liquor or drugs or other intoxicants or hallucinogens;
  - iii. whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying) in any duly licensed Scheduled Airline anywhere in the world;  
Scheduled Airline means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.
  - iv. directly or indirectly caused by venereal diseases, AIDS or insanity;
  - v. for any loss to which a contributing cause was Insured Member's actual or attempted commission, or wilful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest or arising or resulting from the Insured Member committing any breach of law with criminal intent;
  - vi. arising or resulting from mental or nervous disorder, anxiety, stress or depression.
3. Payment of compensation in respect of death, injury or disablement of the Insured Member due to or arising out of 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.
4. Payment of compensation in respect of, death of, or bodily injury or any illness to the Insured Member directly or indirectly caused by or contributed to by or arising from:
  - a. ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purposes hereof, combustion shall include any self-sustaining process of nuclear fission;



- b. Nuclear weapons material.
5. Any claim arising out of Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured Member or Participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion.
  6. Any claim arising out of the dispersal or application of pathogenic or poisonous biological or chemical materials; the release of pathogenic or poisonous biological or chemical materials or Congenital Anomalies or any complications or conditions arising therefrom.
  7. Any claim arising out of participation in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, scuba diving, mountain or rock climbing necessitating the use of guides or ropes, winter sports, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, 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.

### CLAIM PROCEDURE

The fulfillment of the terms and conditions of the Policy in so far as they relate to anything to be done or complied with by the Master Policyholder or any Insured Member, including complying with the following steps, shall be the condition precedent to the admissibility of a claim.

Upon the happening of any accidental Death or Injury that may give rise to a claim under the Policy, the Master Policyholder and Insured Member or nominee or legal representative, as the case may be, shall undertake the following as a condition precedent to the admissibility of the claim:

#### Claim Intimation

In the event of accidental death or Injury which has resulted in a claim or may result in a claim covered under a Policy, the Master Policyholder or Insured Member or nominee or legal representative, as the case may be, must notify to the Company either at the call center of the Company or in writing immediately.

In case of death, written notice of the death must, unless reasonable cause is shown, be so 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 limb(s), written notice thereof must be given within one calendar month after such loss of sight or amputation.

The following details are to be provided to the Company at the time of intimation of a claim:

- Master Policy Number and Certificate of Insurance Number
- AadharCard Number/Saving BankAccount Number
- Form 15G or Form 15H
- Name of the Master Policyholder and Insured Member
- Nature of accident and Injury
- Name and address of the attending Medical Practitioner and
- Hospital
- Date of accident
- Any other information as requested by the Company

#### Master Policyholder's Duty at the time of claim

Enrollment form / Auto-debit authorization in the prescribed proforma needs to be submitted to the Company in case of claim or at any point of time.

#### Claim Documents

The following documents are required for or in support of the claim:

- Death Certificate (in case of death claim);
- Disability Certificate from Civil Surgeon (in case of disability claim);
- Duly completed and signed Claim Form;
- First Information Report/ Final Police Report;
- AadharCard / Saving BankAccount Number;
- Post mortem report, if applicable;
- Any other document as required by the Company to assess the claim.



### Payment Terms

1. Claims shall be admitted and paid by the Company after the Company has been provided with the complete documentation / information as required above to establish the admissibility of the claim.
2. The Company will pay the Insured Member or nominee or Legal representative, as the case may be, and a discharge by them shall discharge the Company of all its liability under each Certificate of Insurance.
3. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Interests) Regulation, 2002.

### POLICY TERMS AND CONDITIONS

The terms defined below have the meanings ascribed to them wherever they appear in the Policy 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, and vice versa.

#### Overriding effect of Government Procedure

In case of any inconsistency in the terms and conditions in the Policy and/or Certificate of Insurance as compared to the various communications by the Government, the latter shall prevail.

#### Duty of disclosure

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.

In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the enrolment form or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Master Policyholder or Insured Member or any one acting on their behalf to obtain a benefit under the Policy, the Company may cancel the Policy at its sole discretion and the premium paid shall be forfeited by the Company.

#### Observance of Terms and Conditions

The due observance and fulfillment of the Policy Terms and Conditions and Endorsements (if any) of the Policy, in so far as they relate to anything to be done or complied with by the Master Policyholder or Insured Member, shall be a condition precedent to the Company's liability to make any payment under the Policy.

#### Reasonable Care

The Insured Member shall take all reasonable steps to avoid any accidental injury that may give rise to a claim.

#### Material Change

The Master Policyholder / Insured Member shall immediately notify the Company in writing of any material change in any of the declaration or information in Consent cum Declaration Form. The Company may at its discretion refuse the scope of cover under the scheme.

#### Records to be maintained

The Insured Member shall keep an accurate record containing all relevant accident/ injury records and shall allow the Company or its representative(s) to inspect such records in case of a claim under this Policy. The Insured Member shall furnish such information as the Company may require under the Policy at any time up to three years after the expiration of Certificate of Insurance, or until final adjustment (if any) and resolution of all claims under a Certificate of Insurance.

#### No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Master Policyholder or Insured Member which is in possession of the Company and not specifically informed by the Master Policyholder or Insured Member shall not be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

#### Complete discharge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to the policy and the payment made by the Company to the Insured Member or the nominee or legal representative, as the case may be, shall be a full and final discharge of Company's all liabilities for each Certificate of insurance under the Policy.

#### Fraudulent Claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Master Policyholder or Insured Member or anyone acting on their behalf to obtain any benefit under the Policy, then the Policy shall be void and all claims being processed shall be forfeited for Insured Member and all sums paid under the Policy shall be repaid to the Company by the Master Policyholder or Insured Member, as the case may be, who shall be jointly liable for such repayment.



### Policy Disputes

Any and all disputes or differences under or in relation to validity, construction, interpretation and effect to the Policy shall be determined by the Indian Courts and subject to Indian law.

### Renewal of Cover

1. The Policy will automatically terminate at the end of the Policy Period. All renewal applications should reach the Company on or before 31st May in every subsequent year, as specified in the rules given by Government of India. This will be subject to change as directed by Government of India from time to time.
2. Every renewal premium (which shall be paid and accepted in respect of the Policy) shall be auto-debited and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the declaration herein prior mentioned and that nothing is known to the Master Policyholder or Insured Member that may result in enhancing the Company's risk.
3. The Policy may be renewed by formal consent and in such event the renewal premium shall be auto-debited and paid to the Company on or before the date of expiry of the Policy.
4. Insured Member may also give one-time mandate for auto debit every year till the scheme is in force, subject to recalibration that may be deemed necessary on review of experience of the scheme from year to year.
5. The premium to be charged per annum per member at the time of renewal may be different from the premium charged in previous years. Such revision in premium will be based on claims experience under the scheme. Any such revision will be subject to approval by the IRDAI.

### Termination

The accident cover for an Insured Member shall terminate on any of the following events and no benefit will be payable thereunder:

1. On the Insured Member attaining age 70 years (age nearest birthday);
2. On closure of account with the Bank or insufficiency of balance to keep the Insurance in force;
3. In case an Insured Member is covered through more than one Savings Bank account and premium is received by the Insurance Company inadvertently, the insurance cover under the Scheme will be restricted to one Savings Bank account only, and the premium shall be forfeited for other Savings Bank accounts;
4. If the Insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, subject to conditions that may be laid down. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of the Company;
5. The Master Policyholder will deduct the premium amount in the same month when the auto-debit option is given, preferably in May of every year, and remit the amount due to the Company in that month itself;
6. The Master Policyholder shall inform the Company regularly of any such terminations and/ or reinstatements.

### Cancellation

The Company may at any time, cancel this Policy on grounds specified under "Duty of Disclosure" appearing under Policy Terms and Conditions hereinabove, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Master Policyholder at the address as shown in the Policy Schedule.

The Policy may also be discontinued prior to commencement of a new future renewal date if circumstances so require, as directed by the Government.

### Limitation Period

In no case whatsoever the Company shall be liable for any claim under the Policy, if the requirement of claim details above are not complied with, unless the claim is the subject of pending action; 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 court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

### Communication

Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Master Policyholder will be sent by the Company to the address stated in the Policy Schedule. Any communication meant for the Insured Member will be sent by the Company to his/her last known address or the address as shown in the consent-cum-declaration form.

All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery,



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facsimile or e-mail.

### Alterations in the Policy

This Policy constitutes the complete contract of insurance. The Policy cannot be changed or varied by any one (including Bank, Insurance agent or Broker), except the Company. Any change shall be evidenced by a written endorsement signed and stamped by the Company.

### Electronic Transactions

The Master Policyholder and Insured Members agree to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

### Withdrawal/ Revision/ Modification of the Product

The Company may revise the Premium, Benefits, Policy Terms and Conditions and Exclusions, if any, as per instruction from Government and with due approval from the IRDAI.

In the event of any such withdrawal of policy or terms of policy or premium, the Company would give a 3 months' notice in advance to the Master Policyholder.

In the event of any revision or modification of the product the Company will notify the Master Policyholder in advance of such changes.

### Payment of Interest

In the event of delay of 7 days or more in payment of claim after the acceptance of claim by the Company, the Company shall pay interest on the claim amount at a rate which is 2% above the bank rate for the period of delay. For this purpose, 'bank rate' shall mean the existing bank rate per annum as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

### Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no dispute or difference shall be preferable to arbitration, as hereinbefore provided, if the Company has 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 the Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

### GRIEVANCES

If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website	<a href="https://www.indusindinsurance.com">https://www.indusindinsurance.com</a>
e-mail	<a href="mailto:services@indusindinsurance.com">services@indusindinsurance.com</a>
Telephone	022 4890 3009 (paid)
Post/Courier	Any branch office, the correspondence address, during normal business hours
Write to us at (Correspondence Only)	IndusInd General Insurance, 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063

For further details on Grievance redressal procedure please refer: <https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx>

If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned below:

OMBUDSMAN OFFICE			
Office of the Ombudsman	Address	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 001.	Tel.: 079 - 27546150/27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078.	Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
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 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009.	Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneshwar@cioins.co.in	Orissa
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 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@cioins.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM).	Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry.

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	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, LIC OF INDIA, 10th Floor, 'Jeevan Prakash', Divisional Office, M. G. Road, Ernakulam, Kochi – 682011.	Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry.
KOLKATA	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: bimalokpal.kolkata@cioins.co.in	West Bengal, UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	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@cioins.co.in	Districts of Uttar Pradesh: Laitpur, 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, Ambedkar Nagar, Sultanpur, Maharajgang, Sant Kabir Nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Chazipur, Chandauli, Ballia, Sidharath Nagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.



NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Buddh Nagar, U.P. - 201301.	Tel.: 0120 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Budha Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram Nagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.	Tel.: 0612 - 2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
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	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on IRDAI website: [www.irdai.gov.in](http://www.irdai.gov.in), on the website of General Insurance Council: [www.giccouncil.in](http://www.giccouncil.in), our website [www.indusindinsurance.com](http://www.indusindinsurance.com) or from any of the Company's offices.

Address and contact number of Governing Body of Insurance Council (Monitoring Body for Offices of Insurance Ombudsman) 3<sup>rd</sup> Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (West), Mumbai - 400054, Tel: 022-26106889/671  
Email id: [inscoun@gbic.co.in](mailto:inscoun@gbic.co.in)

