

INDUSIND MOTOR PERSONAL ACCIDENT POLICY - POLICY WORDING

SECTION-1 PREAMBLE

Whereas the Insured by a proposal and declaration dated as stated in the Policy Schedule which shall be the basis of this contract and is deemed to be incorporated herein has applied to IndusInd General Insurance Company Limited (hereinafter referred to as the Company) for the insurance hereinafter contained and has paid the premium as mentioned in the Policy Schedule as consideration for such insurance in respect of death/injury sustained by the Insured resulting from an accident covered under this Policy, occurring during the Period of Insurance.

Now this Policy Witnessed:

That subject to the terms, specific exclusion and conditions contained herein or endorsed or otherwise expressed hereon.

SECTION-2 DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this 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.

2.1 Standard Definitions

2.1.1 Accident / Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.1.2 Bank Rate means bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

2.1.3 Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2.1.4 Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

2.1.5 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.

2.1.6 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.

2.2 SPECIFIC DEFINITIONS

2.2.1 Company means IndusInd General Insurance Company Limited.

2.2.2 Driver: means the person driving the Motor Vehicle at the time of Accident

2.2.3 Insured Person/Insured means a person accepted by the Company to be Insured under this Policy and who meets and continues to meet all the eligibility requirements and whose name specifically appears under Insured /Insured Person in the Policy Schedule and with respect to whom the premium has been received by the Company.

2.2.4 Motor Vehicle: means any Motor Vehicle registered in accordance with The Motor Vehicles Act, 1988

2.2.5 Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.

2.2.6 Policyholder means the person who is the Proposer and whose name specifically appears in the Policy Schedule as such.

2.2.7 Policy End Date means the date and time at which the Policy Period ends as specified in the Policy Schedule.

2.2.8 Policy Start Date means the date and time at which the Policy Period commences as specified in the Policy Schedule.

2.2.9 Policy Period/Period of Insurance: means the period commencing from policy start date and hour and terminating on the policy end date and hour as specified in Policy Schedule of the policy

2.2.10 Policy Schedule/Schedule means the Policy Schedule attached to and forming part of this Policy mentioning apart from other details, Policyholder's details, details of the Insured Person, coverage, sections and benefits applicable, the Sum Insured, the Policy Period, Premium paid (including duties, taxes and levies thereon) and the limits to which benefits under the Policy are subject to.

2.2.11 Sum Insured means the Company's maximum, total and cumulative liability for all Claims during the Policy Year in

respect of the Insured Person. For the purpose of this Policy, the Sum Insured shall be on individual bases for each Insured Person.

SECTION-3 SCOPE OF COVER

Subject otherwise to the terms, specific exclusions, conditions and limitations of this Policy, the Company undertakes to pay compensation as per the following scale for Injury sustained by the Insured in direct connection with an Accident to the Motor Vehicle which is owned by Policyholder as mentioned in Policy Schedule whilst mounting/dismounting or travelling in the Motor Vehicle as a driver or passenger, which independent of any other cause shall within 365 days of such Injury results in:

Nature of injury	Scale of Compensation
i) Death	100%
ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
iii) Loss of one limb or sight of one eye	50%
iv) Permanent Total Disablement from injuries other than named above	100%

*Scale of compensation as percentage of Sum Insured

Provided always that:

- The compensation shall be payable under only one of the items (i) to (iv) above in respect of the insured arising out of any one occurrence and the total liability of the Company shall not in the aggregate exceed the Sum Insured as mentioned in Policy Schedule during any one period of insurance.
- Such compensation shall be payable directly to the Insured or to his/her legal representatives whose receipt shall be the full discharge in respect of the injury to the Insured.
- The Policyholder is the registered owner of the Motor Vehicle herein;
- The Driver holds a valid driving license, in accordance with the provisions of Rule 3 of the Central Motor Vehicles Rules, 1989 (as amended), at the time of the accident.

SECTION-4 SPECIFIC EXCLUSIONS

The Company shall not be liable to make any payments under this policy in respect of any of the following:

- Any person not specifically named as Insured in Policy Schedule.
- Any Pre-Existing injury or physical condition
- Any Accident occurring outside the Geographical Area.
- Any claim arising out of any contractual liability.
- Any Accident occurring whilst the Motor Vehicle herein is being used otherwise than in accordance with the Limitations as to Use
- Any claim for death or disablement (whether of a permanent nature or of a temporary nature), or Injury of the Insured Person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
 - whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the Insured is not directly responsible for the injury/accident through under influence of intoxication;
 - arising or resulting from the Insured Person committing any breach of law with criminal intent.
- Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - Nuclear weapons material
 - The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - Nuclear, chemical and biological terrorism

- ix. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

SECTION-5 GENERAL TERMS AND CONDITIONS

This Policy and the Schedule shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

5.1 Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the **Policyholder**.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

5.2 Condition precedent to admission of liability

The due observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy.

5.3 Material Change

The Insured Person shall immediately notify the **Company** in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

5.4 Automatic Termination of Insurance

This Policy shall automatically terminate upon the Insured Person's death or payment of 100% Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy. In case, the other Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the Company along with the application.

5.5 Complete Discharge

Any payment to the Policyholder/ Insured Person or his/ her Nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

5.6 Notice and Communication

- Notice shall be given in writing to the Company immediately upon the occurrence of any accident in the event of any claim and thereafter the Insured shall give all such information and assistance as the Company shall require.
- Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

5.7 Multiple policies

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the insurer shall make the claim payments independent of payments received under other similar policies.

5.8 Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- Any other act fitted to deceive; and

iv. Any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the policy on the ground of fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.

5.9 Nomination

The Insured Person is required at the inception of the policy, to make a nomination for the purpose of payment of claims under the policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

5.10 Renewal of the Policy

- The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
- The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in Policy. Coverage is available during the Grace Period in case the premium is paid in instalment.
- No loading shall apply on renewals based on individual claims experience.

5.11 Possibility of revision of the Policy including the premium rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

5.12 Policy disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

5.13 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.

5.14 Overriding effect of Policy Schedule

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy Schedule shall prevail.

5.15 Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy atleast 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the www.irdai.gov.in (Circular-IRDA/HLT/REG/CIR/003/012020, Dated-01012020)

5.16 Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the www.irdai.gov.in (Circular-IRDA/HLT/REG/CIR/003/012020, dated 01012020).

5.17 Withdrawal of Policy

- In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
- Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the Policy has been maintained without a break.

5.18 Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

5.19 Free Look Period

The Free Look Period will be applicable on the new Policy and not on renewals

- The Insured will be allowed a period of thirty days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.
- If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to
 - A refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured person and the stamp duty charges or;
 - Where the risk has already commenced and the option of return of the Policy is exercised by the Insured, a deduction towards the proportionate risk premium for period of cover or;
 - Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

5.20 Cancellation

- The **Insured** may cancel this Policy by giving 15days' written notice, and in such an event, the **Company** shall refund premium on short term rates for the unexpired Policy Year as per the rates detailed below.

Short Period Scale for Cancellation of Policy

Period elapsed	Retention % Of 1 Year
Not exceeding 1 month	20%
Exceeding 1 months but not exceeding 2 months	30%
Exceeding 2 months but not exceeding 3 months	40%
Exceeding 3 months but not exceeding 4 months	50%
Exceeding 4 months but not exceeding 5 months	60%
Exceeding 5 months but not exceeding 6 months	70%
Exceeding 6 months but not exceeding 7 months	80%
Exceeding 7 months but not exceeding 8 months	90%
Exceeding 8 months	Full premium

For Long Term Policies, no refund shall be made for an expired Policy Year. Full refund shall be made for the Policy Year which has not commenced. For example, for a 3 year Policy:

- **If the cancellation happens within the first year of the Policy**, then the premium portion pertaining to 2nd year and 3rd year will be fully refunded. The premium portion pertaining to the year 1 will be refunded on a short period scale basis (as disclosed below).
- **If the cancellation happens in the second year of the Policy**, then the premium portion pertaining to the 3rd year will be fully refunded. The premium portion pertaining to the year 1 will be fully retained. The premium portion pertaining to the year 2 will be refunded on a short period scale basis (as disclosed below).

If the cancellation happens in the third year of the Policy, then the premium portion pertaining to the year 1 and year 2 will be fully retained. The premium portion pertaining to the year 3 will be refunded on a short period scale basis (as disclosed below)

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- In the event the Policy is cancelled on the grounds of non-cooperation of the Insured then the premium shall be calculated in accordance with Company's short period scale mentioned above for the period the Policy has been in force provided no claim has occurred up to the date of cancellation.

On cancellation, return of the premium by the Company will be subject to retention of the minimum premium as mentioned in Policy Schedule.

SECTION-6 OTHER TERMS AND CONDITIONS

6.1 Notification of Claim

- Intimation about an event or occurrence that may give rise to a claim under this Policy must be given within 30 days of its happening.
- Claims for insurance benefits must be submitted to the Company not later than 30 days after death or establishing the disablement.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.

6.2 Documents to be submitted

Following are the basic documents required for All Claims

- Duly completed and signed claim form, in original
- Copy of FIR or General Diary record or Panchnama or Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station
- Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
- Death certificate (In case of Death Claim)
- Disability Certificate (In case of Disability Claim)
- Post mortem report if available and applicable
- Cancelled Cheque for fund transfer
- KYC Documents
- Legal Heir Certificate/ Will/ Proof of nomination
- Valid Driving License of the driver
- Registration Certificate of the motor vehicle
- Indoor case papers (if applicable)
- Any other relevant document required by the company for assessment of the claim

6.3 Claim Settlement (provision for Penal Interest)

- 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.
- In case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. 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 or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

6.4 Payment Terms

- The payments under this Policy shall be made in INR.
- Claims shall not be admissible under this Policy unless the Company has been provided with the complete documentation / information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum unless the Policyholder / Insured Person have complied with the obligations under this Policy.
- The Company will only be liable to pay for such Benefits for which the Policyholder/ Insured Person has specifically claimed in the Claim Form.

6.5 Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, Insured person may contact the company through:

- Website: www.indusindinsurance.com
- Dedicated Senior Citizen helpline: 022-33834185 (paid line)
- E-mail: services@indusindinsurance.com
- Fax: +91 22 3303 4662
- Courier:

IndusInd General Insurance Co. Limited
No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block,
Kishe Sapphire, Madhapur, Hyderabad - 500 081

6.6 Limitation Period

It is hereby expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within twelve calendar months from the date of such 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.

6.7 Avoidance of certain terms and right of recovery

Nothing in this Policy or any endorsement hereon shall affect the right of any person indemnified by this Policy or any other person to recover an amount under or by virtue of the provisions of the Motor Vehicles Act. But the Insured shall repay to the Company all sums paid by the Company which the Company would not have been liable to pay but for the said provision.

6.8 Geographical Area

The Geographical Area of coverage under this Policy shall be the geographical boundaries of the Republic of India.

6.9 Jurisdiction

The Policy is subject to the exclusive jurisdiction of the Courts of India.

6.10 Limitation to Use

The Policy doesn't cover Accident in connection with use of Motor Vehicle by Insured Person for any purpose as mentioned here:

- Hire or Reward
- Carriage of goods (other than samples or personal luggage)
- Organized racing
- Pace making
- Speed testing
- Reliability trials
- Any purpose in connection with Motor Trade

6.11 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the **Company**, which approval shall be evidenced by a written endorsement signed and stamped by the **Company**. However, change or alteration with respect to increase/ decrease of the **Sum Insured** shall be permissible only at the time of renewal of the Policy subject to underwriting decision of the **Company**.

6.12 Grievance Clause

In case of any grievance the Insured Person may contact the company through

- Website: www.indusindinsurance.com
- Dedicated Senior Citizen helpline: 022-33834185 (paid line)
- E-mail: services@indusindinsurance.com
- Fax: +91 22 3303 4662
- Courier: Any branch office, the correspondence address, during normal business hours.

Write to us at: IndusInd General Insurance,
(Correspondence Only) Correspondence Unit, 301-302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore,
Madhya Pradesh, India – 452001.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Grievance Redressal Officer

The Grievance Cell,

IndusInd General Insurance Co. Limited

No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block,

Krishe Sapphire, Madhapur, Hyderabad – 500 081.

Grievance Redressal officer email ID:

headgrievances@indusindinsurance.com

For updated details of grievance officer, kindly refer the link <https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx>

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irdai.gov.in/>.

Insurance Ombudsman – The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B.



indusindinsurance.com



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



ANNEXURE-B
THE CONTACT DETAILS OF INSURANCE OMBUDSMAN OFFICES ARE AS BELOW

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, Bhubaneswar – 751 009.	Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@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.


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022 4890 3009 (Paid)



74004 22200 (WhatsApp)



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: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar Nagar, Sultanpur, Maharajganj, Sant Kabir Nagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, 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, Bulandshahr, Etah, Kanoj, 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 IRDA website: www.irdai.gov.in, on the website of General Insurance Council: www.giccouncil.in, our website www.indusindinsurance.com