

# digit



## Pradhan Mantri Suraksha Bima Yojana (PMSBY)

UIN: GODPAGP23038V012223

### Policy Wordings

## Pradhan Mantri Suraksha Bima Yojana (PMSBY)

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## A. PREAMBLE

Whereas the Insured named in the Policy Schedule/ Certificate of Insurance (hereinafter called the “Insured”) has made to Go Digit General Insurance Limited (hereinafter called the “Company”), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Policy Schedule/ Certificate of Insurance, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured and subject always to the Sum Insured against such loss as is herein provided.

## B. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where the context so requires, references to the singular include references to the plural; references to the male includes the female and third gender and references to any statutory enactment includes subsequent changes to the same.

### I. STANDARD DEFINITIONS:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
3. **Disclosure to information norm:** The policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
4. **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.
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.
6. **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 there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.
7. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
8. **Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

### II. SPECIFIC DEFINITIONS:

9. **Insured Person** means person(s) named in the schedule of the Policy.
10. **Nominee** is the person selected by the policyholder to receive the benefit in case of death of the insured thus giving a valid discharge to the insurer on settlement of claim under an insurance policy.
11. **Policy** means the proposal, the Policy Schedule/ Certificate of Insurance, the Policy documents and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period.
12. **Policy Period** means the period between the commencement date and the expiry date specified in the Policy Schedule /Certificate of Insurance and includes both the commencement date as well as the expiry date
13. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy
14. **Sum Insured** means the amount as opted by You and as stated in the Policy schedule/ Certificate of Insurance as the total sum insured or limited to the specific insurance details in any section of this policy.
15. **We, Company, Our, Ours, Us** means the Go Digit General Insurance Limited.
16. **You, Your, Yourself, Policyholder, Insured, Insured member(s), Insured Person(s)** means the Individual Group Members who will be treated as Insured beneficiary as described in the Policy Schedule/Certificate of Insurance.

**COVERAGE**

If the Insured person shall sustain any Bodily Injury resulting solely and directly from Accident, then We shall pay to the Insured / nominee / assignee (as applicable) the sum hereinafter set forth under the table of benefit:

	<b>Table of Benefit</b>	<b>Sum Insured</b>
a.	<p><b>Death</b></p> <p>We shall pay the benefit equal to 100% of Sum Insured (ie. INR 2 lakh), specified in the policy schedule/ certificate of insurance, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.</p> <p>Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.</p>	Rs. 2 Lakh
b.	<p><b>Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot</b></p> <p>We shall pay the benefit equal to 100% of Sum Insured (ie. INR 2 lakh), specified in the policy schedule/ certificate of insurance, if an insured Person suffers disability of the nature specified above (ie. Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot), solely and directly due to an Accident during the Policy Period, provided that the disability occurs within 12 months from the date of the Accident</p>	Rs. 2 Lakh
c.	<p><b>Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot</b></p> <p>We shall pay the benefit equal to 50% of Sum Insured (ie. INR 1 lakh), specified in the policy schedule/ certificate of insurance, if an insured Person suffers disability of the nature specified above (ie. Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot), solely and directly due to an Accident during the Policy Period, provided that the disability occurs within 12 months from the date of the Accident</p>	Rs. 1 Lakh

Our liability to make payment to You/ Insured Person for one or more of the events described at (a) to (b) above is limited to the Total Sum Insured of Rs. 2 Lakhs (Rupees Two Lakhs). You agree that We shall deduct from the amount payable under (a) or (b), the amount (if any) we have already paid under (c), so that our total payments under the policy does not exceed the Total Sum Insured of Rs. 2 Lakhs (Rupees Two Lakh).

However, if We become liable to make payment under (a) or (b), then this insurance will cease as far as the Insured Person is concerned.

**C. EXCLUSIONS**

We shall not be liable to make any payments under this policy in respect of suicide of the Insured Person.

## **D.CONDITIONS**

### **I. STANDARD GENERAL TERMS AND CLAUSES**

#### **1. DISCLOSURE OF INFORMATION**

- a. 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.
- b. "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.

#### **2. CONDITION PRECEDENT TO ADMISSION OF LIABILITY**

The terms and conditions of the policy must be fulfilled by the insured person for the company to make any payment for claim(s) arising under the policy.

#### **3. COMPLETE DISCHARGE**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee, 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.

#### **4. 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 and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer

For the purpose of this clause, the expression "Fraud" means any of the following acts committed by the insured person or by his agents or the hospital/Doctors/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. The suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b. The active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. Any other act fitted to deceive; and
- d. Any such act or omission as the law specially declares to be fraudulent.

The company shall not repudiate the claim and/or forfeit the policy benefits on the grounds 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 misstatement of or suppression of such material fact are within the knowledge of the Insurer.

#### **5. CANCELLATION**

##### **i. Cancellation by You**

- a. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below

##### **Short Period Scale**

<b>Period in Risk</b>	<b>Premium Refund</b>
<b>Within 3 months</b>	60%
<b>Exceeding 3 months but less than 6 months</b>	40%
<b>Exceeding 6 months but less than 9 months</b>	25%
<b>Exceeding 9 months but less than 12 months</b>	0%

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.

#### **ii. CANCELLATION BY US**

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.

#### **iii. IN CASE OF DEATH OF INSURED PERSON**

In case, no claim has been made, and termination takes place on account of death of the insured person, We shall refund a portion of the premium as per short period scale as mentioned above, subject to the terms and conditions of the Policy. There will be no change in premium for other family members covered under the policy for the remaining duration of the policy.

### **6. NOMINATION**

The policyholder 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/Policy Certificate/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.

### **7. WITHDRAWAL OF PRODUCT**

- a. 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.
- b. 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

### **8. MORATORIUM PERIOD**

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

### **9. POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES**

This product and premium rates of the product is controlled by Government of India. The Company will revise or modify the terms of the policy including the premium rates, if same is modified by the Government of India.

### **10. REDRESSAL OF GRIEVANCE**

In case of any grievance the insured person may contact the company through

Website : <https://www.godigit.com>

Toll Free : 1-800-258- 4242

Email: [hello@godigit.com](mailto:hello@godigit.com)

Senior citizens can now contact us on 1-800-258-4242 or write to us at [seniors@godigit.com](mailto:seniors@godigit.com)

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@godigit.com](mailto:grievance@godigit.com)

For updated details of grievance officer, kindly refer the link: → [Click Here](#)  
<https://d2h44aw7l5xdvz.cloudfront.net/claims/GRO-list.pdf>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017

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

The contact details of the Insurance Ombudsman Centres are mentioned in Annexure A

## **II. SPECIFIC TERMS AND CLAUSES**

### **11.POLICY PERIOD**

The Policy will be issued for tenure of 1 year, renewable from year to year.

### **12.ALTERATIONS TO THE POLICY**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or edited by anyone (including an insurance agent or intermediary) except Us and any change We make will be through a written endorsement signed and stamped by Us, only on the request from Group Manager/ Insured Member.

### **13.NON-DISCLOSURE OR MISREPRESENTATION**

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form either physically or electronically or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- a. cancelled ab initio i.e. from the inception date or the renewal date (as the case may be),
- b. or the Policy may be modified by Us, at Our sole discretion as per Company's Underwriting Policy upon 30 days' notice by sending an endorsement to Your address shown in the Policy Schedule;
- c. the claim under such Policy if any, shall be rejected/repudiated forthwith.

### **14.INSURED PERSON**

All individual bank/ Post office account holders in the age group of 18 to 70 years will be entitled to join. In case of multiple bank/ Post office accounts held by an individual in one or different banks/ Post office, the person would be eligible to join the scheme through one bank / Post office account only. Aadhar would be the primary KYC for the bank/ Post office account.

Any NRI having an eligible bank account with a bank branch location in India would be eligible to subscribe to the scheme through this account subject to fulfilment of the terms and conditions relating to the scheme. However, in case a claim arises, the claim benefit will be paid to the beneficiary/ nominee only in Indian Currency.

### **15.ENROLMENT MODALITY/ PERIOD**

The cover shall be for the one-year period stretching from 1st June to 31st May for which option to join / pay by auto-debit from the designated bank/ Post office account on the prescribed forms will be required to be given by 31st May of every year. Joining subsequently on payment of full annual premium would be possible. However, applicants may give an indefinite / longer option for enrolment / auto-debit, subject to continuation of the scheme with terms as may be revised on the basis of past experience. Individuals who exit the scheme at any point may re-join the scheme in future years through the above modality. New entrants into the eligible category from year to year or currently eligible individuals who did not join earlier shall be able to join in future years while the scheme is continuing.

**16. TERMINATION OF COVER**

The accident cover for the member shall terminate on any of the following events and no benefit will be payable there under:

- i. On attaining age 70 years (age nearest birthday)
- ii. Closure of account with the Bank / Post Office or insufficiency of balance to keep the insurance in force.
- iii. In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one bank/ Post office account only and the premium paid for duplicate insurance(s) shall be liable to be forfeited.
- iv. 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 Insurance Company.
- v. Participating banks 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 Insurance Company in that month itself.

**17. LAW AND JURISDICTION**

It is hereby declared and agreed that this contract of insurance and all claims thereunder shall be governed by Indian Law and any legal proceeding in respect thereof shall be raised a competent court of India. All claims shall be paid in Indian Rupees only.

**18.POLICY DISPUTE**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

**19.PHYSICAL EXAMINATION**

Any medical official or other agent of the company shall be allowed to examine the Insured Person(s) in case of alleged injury or disablement when and as often as may be reasonably be required on behalf of the Company.

**20. ARBITRATION**

If we have any differences with respect to the claim amount to be paid under this policy, it will be referred to arbitration in accordance with the Indian Arbitration and conciliation act 1996, as amended. The making of an award under such arbitration proceedings shall be a condition precedent for the Company to be liable to make any payment under this policy.

**21.CLAIMS NOTIFICATION AND PROCEDURE**

- i. If the Insured Person meets any accidental injury that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed:
  - a. Policyholder or the Insured Person or someone claiming on his/her behalf must inform Us immediately and in any event within 30 days from the date of occurrence any accident/incident that may result in a claim and submit all documents to us within 30 days from the date of intimation.
  - b. Insured Person should allow examination by our medical advisors if we ask for this.
  - c. Policyholder or Insured Person or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
  - d. In case of the Insured Person's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post-mortem report (if conducted) within 30 days.

**\*Note:** There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions (a) and (f) above may be considered where the reason for delay is proved to our satisfaction.

**ii. LIST OF CLAIM DOCUMENTS:**



In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the below documents, wherever applicable:

<b>Accidental Death</b>	<ul style="list-style-type: none"> <li>• Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>• Attested Copy of Death Certificate.</li> <li>• Hospital discharge summary/certificate in respect of the deceased person (wherever applicable)</li> <li>• Certificate issued by the last attending Registered Medical Practitioner (doctor registered with the Indian Medical Council) in respect of the deceased person (wherever applicable)</li> <li>• Burial Certificate (wherever applicable).</li> <li>• Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>• Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>• Attested Copy of Post Mortem Report (Only if conducted).</li> <li>• Attested Copy of Viscera report if any (Only if Post Mortem is conducted).</li> <li>• Copy of FIR and the missing report filed with Policy (In case of Disappearance)</li> <li>• Attested copy confirming disappearance from appropriate authority following a forced landing, stranding, sinking or wrecking of Common Carrier (in case of Disappearance)</li> <li>• In case of death due to accidents such as snake bite/ fall from tree, etc., hospital record specifying the deceased member's name, father's/husband's name, address and the date, time and cause of death</li> </ul>
<b>Disability Claims</b>	<ul style="list-style-type: none"> <li>• Attested Copy of disability certificate from relevant government Medical authority/ Civil Surgeon.</li> <li>• Attested copy of FIR. (If required)</li> <li>• All Investigation reports confirming the disability.</li> <li>• Hospital record supporting the disability</li> <li>• Complete Treatment record with follow-up documentation.</li> <li>• Disability assessment report from Digit empanelled medical specialist (if required)</li> </ul>

### iii. PAYING A CLAIM

- a. You agree that We need only make payment when You /Insured Person or someone claiming on Insured Person's behalf has provided Us with necessary documentation and information.
- b. We will make payment to You/ Insured Person or Your/ Insured Person's Nominee. If there is no Nominee and Insured Person is incapacitated or deceased, We will pay Your/ Insured Person's heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of our liability to make payment.
- c. We will settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- d. In the case of delay in the payment of a claim, the We will 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.
- e. However, where the circumstances of a claim warrant an investigation in our opinion, 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, We will settle or reject the claim within 45 days from the date of receipt of last necessary document.
- f. In case of delay beyond stipulated 45 days, We will 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.  
Note: "Bank Rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claims has fallen due.

### iv. INSUFFICIENT DOCUMENT

Under "Claims Notification and Procedure"- List of claim documents mentioned above, We have provided list

of relevant necessary documents to be submitted at the time of claim. We shall not be liable to pay any claim in case all the relevant necessary documents are not submitted to Us and further We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last necessary document.

### Annexure A

#### Address and contact number of Council For Insurance Ombudsman

Office Location	Contact Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	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, Bhubneshwar – 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(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & 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, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	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 – 23312122 Fax: 040 - 23376599	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.

	Email: bimalokpal.hyderabad@cioins.co.in	
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, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
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, Sikkim, Andaman & Nicobar Islands.
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, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
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, Distt: Gautam Buddha 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, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, 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.

Note: COUNCIL FOR INSURANCE OMBUDSMAN ,3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.Tel.: 022 – 69038801/03/04/05/06/07/08/09 Email: inscoun@cioins.co.in