

Introduction

Dear Customer,

It is a privilege to have you as a policyholder of Cholamandalam MS General Insurance. Your complete satisfaction is our first priority and we look forward to serving you. In this context, please find enclosed:

- Your Policy : which is in the form of this booklet
- Your Policy Schedule: which provides salient details of your insurance cover

In the unfortunate event of you meeting with an incident, by which a claim can arise under this policy, please contact our toll - free number 1800 200 5544. This is a 24 hour national toll free number set up to ensure complete convenience round the clock. You can also call this number to obtain details of our other insurance products relevant to your needs.

At Cholamandalam MS General Insurance, we strive to ensure complete satisfaction of our policy holders. I personally invite you to contact me with any thoughts/suggestions that you may have.

With kind regards,

Your sincerely,

S.S.Gopalarathnam
Managing Director

Schedule of Benefits

Notwithstanding anything contained herein within the policy wordings, the Schedule of benefits will supersede the terms and conditions mentioned in the policy

Plan Option	A	B	C	D	E	F	G
Coverage (over Excess) in Rs	50000	2 lacs	3 lacs	5 lacs	6 lacs	10 lacs	15 lacs
Excess in Rs	30000	1 lac	2 lacs	3 lacs	4 lacs	5 lacs	5 lacs
Total Hosp. Expenses in Rs	80000	3 lacs	5 lacs	8 lacs	10 lacs	15 lacs	20 lacs
Room charges per day limit in Rs	500	2,000	4,000	5,000	6,000	7,500	10,000
Pre-hospitalisation Benefits	Expenses upto 60 days before Hospitalisation. Upto 5% of claim payable.						
Post-hospitalisation Benefits	Expenses upto 90 days after Hospitalisation. Upto 10% of claim payable or Rs 50,000 whichever is less.						
Emergency Ambulance	Upto Rs 3000 per Hospitalisation						

Sum Insured means the maximum limit of indemnity or our maximum liability during the policy period, under this policy. This is the actual coverage amount over and above the Excess opted by you.

Excess means the amount over and above which you agree to make claim for each hospitalisation. We will deduct this amount from the overall admissible claim payable under this policy, for each and every claim.

The total amount payable under this policy per year for all sub sections as above put together shall not exceed the Sum insured for the Insured persons (Floater Sum insured in the case of family coverage) as shown in the policy schedule.

CHOLA MS TOP UP HEALTHLINE POLICY WORDINGS

We issue this policy based on the information provided by you in your proposal submitted. The proposal, Declaration and other documents if any given by you form the basis of this insurance policy.

In consideration of the premium paid by you, we issue this policy. This insurance is subject to the following terms and conditions.

Section A: Definitions

Hospital means an institution (including nursing homes) established for indoor medical care and treatment of sickness and injuries with a minimum of 10 inpatient beds in those towns with a population of less than 10 lacs (15 beds in other places) which has been registered and licensed as such with the appropriate local or other authorities in the relevant area and is under the constant supervision of a Doctor. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, old age home.

Networked Hospital means Hospitals with which we have arranged tie-ups for providing cashless treatment facilities for you.

Cashless facility means We, the Insurer, may at our discretion and subject to available contractual tie ups with hospitals, may authorize upon Your request, for direct settlement of eligible services and the relevant charges with a Networked Hospital and You may not have to pay any deposit at the time of admission or bills at the time of discharge for the illnesses / injuries covered under this policy.

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment, within 48 months prior to the commencement of your first policy with Us.

Pre-Hospitalisation expenses means relevant medical expenses incurred just prior to Hospitalisation.

Post-Hospitalisation expenses means relevant medical expenses incurred subsequent to discharge from the hospital.

Surgical Operation means manual and / or operative procedure for correction of deformities and defects, repair of injuries, diagnosis and cure of illnesses, relief of suffering and prolongation of life.

You / Your means the name of Proposer / Insured Person/s, as applicable in the context of respective provisions herein, shown in the schedule of the policy.

Covered Person means the person who is extended the coverage under this policy and whose name is mentioned in the Policy Schedule.

We / Us means Cholamandalam MS General Insurance Co. Ltd.

Primary Insurer means the insurance company with which You may have taken another indemnity based hospitalisation policy without high Excess.

In-Patient means Hospitalisation for more than 24 hours for the sole purpose of receiving treatment.

Doctor means a surgeon or physician who holds a degree/diploma of a recognized institution and is recognised by Medical Council of the respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon of the Allopathic stream.

Hospitalisation / Hospitalised means the covered Person's admission into a Hospital for medically necessary treatment as an inpatient for a continuous period of at least 24 hours period starting from the date and time of admission and ending with the date and time of discharge.

Room Charges means room rent charged by the Hospital for the inpatient treatment which includes patient boarding and nursing expenses. This also means the amount subject to per day limits based on the sum insured opted under this policy.

Sum Insured means the maximum limit of indemnity or Our maximum liability during the policy period, under this policy. This is the actual coverage amount over and above the Excess opted by you.

Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, radiological, and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to Us.

Floater means the amount of Sum Insured mentioned in the Policy Schedule which is common to the whole family covered under the policy which will be the maximum amount payable under this policy for all the covered family members put together, during the policy period if opted to be a Floater policy.

Family means and includes children not exceeding three who are between ages of 3 months and 19 years. 'Children' also include unmarried dependent children above 19 years and up to 26 years if evidence satisfactory to the insurer is furnished upon request to confirm that child is not employed and is primarily dependent on the proposer. Further, unmarried child who is a woman below the age of 35 years living with the proposer is also considered as dependent child for this purpose.

Proposer means the person who proposes this insurance and pays the premium mentioned in the Policy Schedule.

Illness means sickness or an illness or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment. Illness does not mean and this Policy does not cover any mental illness or sickness or illness (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.

Injury means bodily injury caused solely and directly by violent, accidental, external and visible means which are not self-inflicted and occurring during the Insured Period. The definition of Injury excludes non-physical consequences (such as mental, nervous or emotional disorders, depression or anxiety) of any Accident and these are specifically agreed to be excluded for the purposes of this Policy.

Excess means the amount over and above which you agree to make claim for each hospitalisation. We will deduct this amount from the overall admissible claim payable under this policy, for each and every claim.

Organ Donor means any person in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules and who donates any of his / her internal organ to the Covered Person subsequent to medical confirmation.

Inception Date means the commencement date of the coverage under this Policy as specified in the Policy Schedule.

Long term policy means the period of cover being more than 12 months, ie., 24 months or 36 months from the date of inception of this insurance, as opted by the proposer.

Admissible claim amount means the eligible amount payable under this policy, to You, up to the Sum Insured, after applying the Excess and sub-limits wherever applicable.

Policy means the proposal, the Schedule, the Policy document and any endorsements attaching to or forming part thereof either on the effective date or during the Policy Period.

Policy Period means the period between the effective date and the earlier of:

- i. The expiry date specified in the Schedule, and
- ii. The date of exhaustion of the Limit of Indemnity for particular Covered Person as regards that Covered Person and
- iii. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with the terms of this policy.

Section B: Benefits

If you are hospitalised on the advice of a Doctor due to any Illness or bodily Injury, at any Hospital in India during the Policy period, we will pay for the Cost of medical expenses incurred for hospitalisation. The cost payable shall be for

- a) Doctors' fee, Nursing, Room Charges (subject to per day limits as mentioned in the Policy Schedule), ICU charges, Diagnostics, Medicines, Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, prosthetic and other devices implanted internally during a Surgical Procedure,
- b) Emergency Ambulance (not exceeding Rs.3000/- per hospitalization),
- c) Hospitalisation expenses of the Organ Donor during the stay as in-patient solely for the purpose of harvesting the organ, excluding pre and post Hospitalisation expenses for such donor.
- d) **Pre-Hospitalisation** expenses incurred Upto Sixty days prior to the date of hospitalization (subject to a limit of 5% of claim payable under this policy),
- e) **Post-Hospitalisation** expenses incurred upto 90 days from the date of discharge from the Hospital (subject to a limit of 10% of claim payable under this policy or Rs.50, 000/- whichever is less).

The claim amount payable shall be the total cost of hospitalisation expenses as per policy terms including sub-limits, less the Excess. In cases where You are already having another indemnity based health insurance policy with any primary insurer and the available sum insured under such a policy is higher than the Excess under this policy, the claim amount payable shall be determined as per condition under section D point number 9 below.

If the cover is provided as floater cover, the benefits under this insurance are available on Floater basis to the members of the family whose names are mentioned in the Policy Schedule during the policy period, subject to the overall limit of Sum Insured specified.

The total of all the amounts paid under this policy will not exceed the Sum Insured opted by you.

- f) Benefit Table (including sublimit of room charges per day)

Option	A	B	C	D	E	F	G
Sum Insured(over Excess) in Rs	50000	2 lacs	3 lacs	5 lacs	6 lacs	10 lacs	15 lacs
Excess in Rs	30000	1 lac	2 lacs	3 lacs	4 lacs	5 lacs	5 lacs
Total Hosp. Expenses in Rs	80000	3 lacs	5 lacs	8 lacs	10 lacs	15 lacs	20 lacs
Room charges per day limit in Rs	500	2,000	4,000	5,000	6,000	7,500	10,000

Section C: Exclusions

We will not pay in respect of any expenses what so ever incurred by You in connection with

1. Any Pre-Existing Condition / Disease as defined in the policy until 48 months of continuous coverage have elapsed, since inception of the first policy with Us.
2. Any illness contracted by You during the first 30 days from the commencement date of the policy
3. Expense incurred during the first year of operation of the Insurance on treatment of diseases such as Cataract, Hernia / Hydrocele, Benign Prostate Hypertrophy, Hysterectomy (non-malignant), Fistula in Anus, Anal Fissure, Piles, Sinusitis, Gall Bladder Stones, Gastric or Duodenal ulcer, Tonsilitis or Adenoids, Breast lumps, Cysts, nodules or polyps, Congenital internal diseases / conditions. If these illnesses are Pre-Existing, claims due to these illnesses will be considered as per Exclusion-1 above.
4. Expense incurred in the first two Years of continuous operation of Insurance cover on Hospitalisation treatment for Hysterectomy for Menorrhagia or Fibromyoma, knee replacement surgery (other than caused by an accident) Joint Replacement Surgery (other than caused by an accident), Arthritis, Spondylosis / Spondylitis, Renal Failure, Hypertension, Diabetes, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers. If these illnesses are Pre-Existing, claims due to these illnesses will be considered as per Exclusion-1 above.

Note:

The above Exclusions 2 and 3 shall not apply in case you have been covered with Us for a continuous period of preceding 12 months without any break and for Condition 4 for a continuous period of preceding 24 months without any break.

In case you opt for a higher sum insured at the time of renewal of this insurance, the above exclusions 1 to 4 shall apply for the enhanced sum insured portion for the renewed policy.

5. Congenital illness / diseases / condition which are external.
6. Pre & Post hospitalisation expenses of the organ donor and consequential loss to such organ donor.
7. Injury / illness directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not), civil war, revolution, insurrection, mutiny, martial law.
8. Circumcision unless necessary for treatment of an illness not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic (other than medically required treatment for cancer, accidents and burns) or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. However, vaccination charges forming part of post bite treatments are covered under this policy.
9. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs.
10. Dental treatment or surgery of any kind unless necessitated due to accidental injuries and requiring hospitalization.
11. Convalescence, mental disorders, general debility, run-down conditions, rest-cure, congenital external illness / conditions disorders, sterility, change of gender, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
12. All expenses arising out of any condition directly or indirectly caused due to or associated with Self inflicted injuries, Substance abuse, Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex).
13. Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
14. Expenses on vitamins and tonics unless forming part of treatment for injury or illness as certified by the attending Physician.
15. Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons / materials.
16. Treatment arising from or traceable to pregnancy (other than ectopic pregnancy), childbirth, miscarriage, abortion or complications of any of these including caesarean section.
17. Non-allopathic treatments.
 18. Hospital registration charges, record charges telephone charges and such other charges which are not part of the treatment and which are charged separately.
19. Expenses incurred on Lasik Laser or Refractive Error Correction treatment.
 20. Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs.
 21. Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
 22. Domiciliary treatment and also treatments taken outside India

Section D : Conditions

1. You shall fulfill all your obligations as per the terms of this Policy (including the payment of premium by the due dates mentioned in the Schedule) to make us liable under this insurance. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.
2. Every notice or communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.

Claims Procedures:

3. In case of cashless facility in net worked hospitals, it can be accessed by producing the card issued to You at the facility provided by the Hospital. Your cashless treatment will be pre-authorized by Our claims team subject to conditions of coverage.
4. You have to give immediate notice with full particulars of a claim to Us however not later than 48 hours from the date of Hospitalisation. This claim intimation can be done over telephone or fax through toll free **1800-425-2200**. In special circumstances, we may condone a delay in claims intimation to us, provided the same was intimated to the primary insurer within 48 hours of hospitalization.
5. You have to file your claim not later than 15 days from the date of discharge from the Hospital.
6. You shall obtain and furnish Us all details of claim admitted by the primary insurer, if any, (upto the Excess amount) all original bills, receipts and other documents upon which a claim is based and shall also give Us such additional information and assistance as We may require in dealing with the claim. If You are unable to produce the original bills, etc. from the primary insurer, if any, copies of such documents duly certified by such insurer shall be submitted as may be required by Us.
7. Any Doctor authorized by Us shall be allowed to examine You and your medical records available in the Hospital, in case of any alleged injury or illness requiring Hospitalization when and as often as the same may reasonably be required on Our behalf, subject to prior intimation. The cost of such visits of the Doctor and medical examination will be borne by Us.
8. We will not be liable to make any payment under this insurance if the claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation of your current or past health status whether by You or by any other person acting on Your behalf.
9. If you have any other insurance policy in addition to this top up insurance as on the date of claim, this top up policy will indemnify pro-rata to such other policies of indemnity, where there is an overlapping limit of indemnity with the other indemnity policy.
10. If you make your first claim from your primary insurer and you have not intimated Us immediately along with the other Insurer expecting that the total claim would not exceed the sum insured limit of such insurance, it would not amount to delayed intimation provided however that you intimate Us immediately when the cost of treatment is likely to exceed the excess amount under this policy or before the discharge, whichever is earlier.
11. **Free Look Period (Applicable for three year policies only):** If you are not satisfied with the coverage / terms / conditions of this insurance, within a period of 15 days of receipt of this Policy, you can return the same. In such a case we will cancel the policy from the date of its receipt at our office and return your premium after deducting for cost of medical tests, stamp fees and pro-rata premium till date of cancellation, without any questions. No claim under this policy will be considered by us subsequent to such cancellation.
12. **Renewal:** Normally we will renew the policy on Your payment of premium specified by Us, prior to the expiry date of this insurance. We may reject renewal in case of fraud or misrepresentation or moral hazard on Your part. If this policy is

not renewed as above, it will terminate at the expiry date according to the terms of the Policy. However, this policy can be renewed within 15 days of its expiry as mentioned in the Policy Schedule, provided You give us the reason for such delay in writing, to Our satisfaction. The benefits of continuous renewal such as avoidance of first 30 days exclusion and Pre-Existing Diseases / illnesses will accrue to You, in such delayed renewals too. However, no claim will be considered for any hospitalization during such period of delay. However, if the policy is not renewed by Us, the reason thereon will be intimated to you.

We may from time to time revise the premium rates / terms and conditions based on Our experience and to factor increasing medical costs. Such increase would not be more than 50% over the rates previously charged. At the time of renewal the prevailing premium rates / terms and conditions at that point of time would prevail.

You can revise the Sum Insured on renewal by paying additional premium. However in respect of disease / sickness / illness for which claim/s has / have been made, the sum insured will be restricted to that policy sum insured where the claim/s was/were first made.

If You are covered by a group policy with similar coverage with Us and if the cover is terminated due to your ceasing to be a member of such group, then you can take a new individual cover with Us without any break / with a break not exceeding 15 days of such termination of cover to avail the benefits of continuity which would accrue to you if you were covered by an individual policy.

13. **Cancellation:** We may cancel this policy during its tenure on grounds of misrepresentation, fraud, non disclosure of material fact or Your non cooperation while making a claim, by sending 30 days notice to You by registered letter at Your last known address. In such event, We will refund to You a pro-rata premium for unexpired period of Insurance provided You made no claim. You may cancel this Policy any time. In such case, We will refund the Premium at Our following short period rates provided no claim was made by You up to the date of cancellation.

SHORT PERIOD SCALE RATES

For 1 year Policies	For 2 year Policies	For 3 year Policies	Refund % of Premium
0 to 1 months	0 to 2 months	0 to 3 months	72%
1 to 2 months	2 to 4 months	3 to 6 months	66%
2 to 3 months	4 to 6 months	6 to 9 months	59%
3 to 4 months	6 to 8 months	9 to 12 months	52%
4 to 5 months	8 to 10 months	12 to 15 months	45%
5 to 6 months	10 to 12 months	15 to 18 months	38%
6 to 7 months	12 to 14 months	18 to 21 months	30%
7 to 8 months	14 to 16 months	21 to 24 months	22%
8 to 9 months	16 to 18 months	24 to 27 months	14%
9 to 10 months	18 to 20 months	27 to 30 months	5%
> 10 months	> 20 months	> 30 months	No Refund

14. **Automatic Termination:** This policy shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule

- ✓ Upon the demise of the covered Person, in which case We will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.

✓ Upon exhaustion of the sum insured. However this will not affect the renewal for the subsequent period.

15. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions, be referred for Arbitration in accordance with the provisions of the Arbitration and Conciliation Act, 1996. No difference or dispute shall be referable to arbitration if We have disputed or not accepted Your claim under this Policy.

It shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained. If we deny any claim to You and You have not initiated any proceeding in a Court of Law within 3 years from date of Our denial, then You have deemed to have abandoned the claim

16. All claims under this policy shall be payable in Indian currency. All medical / surgical treatments under this policy shall have to be taken in India.
17. If you take treatment in a hospital which is not empanelled by us for the purpose of our cashless claims facility, such claims will be settled on reimbursement basis.
18. You are eligible for income tax relief as per the statutory provisions in respect of the premium paid by any mode other than cash.

19. **Policy Disputes**

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

20. **Notices**

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to

Cholamandalam MS General Insurance Co. Ltd.,
Dare House, II Floor,
No.2, N.S.C. Bose Road,
Chennai – 600001.

Notice and instructions will be deemed to be served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

21. **Customer Service**

If you require any clarification or assistance you may contact Our offices at the address specified, during normal business hours.

22. **Grievances**

As an esteemed customer of our company, you can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to you. The contact details of our office are given below for your reference.

**Cholamandalam MS General Insurance Company Limited
Customer Services Division,**

Address: H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.

Toll free: 1800 200 5544

E-MAIL: customercare@cholams.murugappa.com

WEBSITE: www.cholainsurance.com

In case you are not satisfied with our decision / resolution, you may approach the Insurance Ombudsman, within whose jurisdiction our branch or office is located. The details are as per the table below:-

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email jobdelraj@rediffmail.com	Delhi & Rajasthan

GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4 th Floor, KOLKATA-700 001. Tel : 033-22134866 Fax : 033-22134868 Email iombkol@vsnl.net	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	

As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made

- only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer;

- within a period of one year from the date of rejection by the insurer;
- if it is not simultaneously under any litigation.

IMPORTANT:

The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.