

Policy Wordings

Wellsurance – Family

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the required premium when due and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

This Policy will only be valid and in force if the Policy Schedule is signed by a person We have authorized.

Authorised Signatory

For Tata AIG General Insurance Company Ltd.



Atri Chakroborty

National Head – Operations & Systems

Tata AIG General Insurance Company Ltd.

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WITH YOU ALWAYS

Part A: General Definitions

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

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

Acquired Immune Deficiency Syndrome - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune-deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).

Age - means completed years as at the Commencement Date.

Break in policy - occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Certificate of Insurance - means the document issued by Us detailing the effective date, Insured Person(s), benefits, sums insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).

Congenital Anomaly - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- Internal Congenital Anomaly - which is not in the visible and accessible parts of the body.
- External Congenital Anomaly - which is in the visible and accessible parts of the body.

Condition precedent - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.

Cashless Service / Facility - means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

Contribution - is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured.

Day Care Centre - means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment ; - has qualified medical practitioner/s in charge ; - has a fully equipped operation theatre of its own where surgical procedures are carried out- maintains daily

records of patients and will make these accessible to the Insurance company's authorized personnel.

Day - as defined for the purpose of payment of daily benefit means a period of 24 consecutive hours.

Deductible - A deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefit are payable by the insurer. A deductible does not reduce the sum insured.

The deductible is applicable per event.

Diagnosis - means the definitive diagnosis made by a Physician as herein below defined, based upon such specific evidence, as referred to herein below in the definition of the particular Critical Illness concerned, or, in the absence of such specific evidence, based upon radiological, clinical, histological or laboratory evidence acceptable to the Company.

In the event of any dispute or disagreement regarding the appropriateness or correctness of the diagnosis, We, at Our own expense, shall have the right to call for an examination, of either the Insured or the evidence used in arriving at such diagnosis, by an independent acknowledged expert in the field of medicine concerned selected by Us and the opinion of such expert as to such diagnosis shall be binding on both the Insured and Us.

Eligible Children - means dependent children including adopted and step children of the Insured Person between Ages six 6 months and eighteen 18 years (23) (twenty three) years if attending as a full time student in an accredited Institution of Higher Learning) who are unmarried, who permanently reside with the Insured Person, and receive the majority of maintenance and support from the Insured Person.

Eligible Family - means the Insured Person and/or the Insured Person's Spouse and/or, the Insured Person's Children.

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.

Hazardous Activities: the category of activities including but not limited to sky diving, parachuting, hand gliding, bungee jumping, scuba diving, white water rafting, mountain climbing, skiing whether indoor or outdoor.

Hospital - means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or and is under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Hospitalisation/Hospital Confined/Hospital Confinement - means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Inpatient/Inpatient Care - means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Insured Period(s) - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.

Insured Person - means the Insured Person between the ages of Eighteen (18) to Sixty Five (65) years of age, and a resident of country of policy issuance who is covered under this Policy for the listed Insured Events as described in the policy schedule. Policy is however renewable annually for life upon payment of premium.

Immediate Family Member - means an Insured Person's legal spouse; children; parents; mother-in-law; Father-in-law; legal guardian.

Illness - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.

- (a) Acute Condition – is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- (b) Chronic Condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests.
 - it needs ongoing or long-term control or relief of symptoms.
 - it requires your rehabilitation or for you to be specially trained to cope with it.
 - it continues indefinitely.
 - it comes back or is likely to come back.

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.

Medical Practitioner/Physician - 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 State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or (c) or anyone who is living in the same household as the Insured.

Medically Necessary - means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured.
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Advise - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.

Medical Expenses - means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Network Hospital/Provider - means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Non-Network - means any hospital, day care centre or other provider that is not part of the network.

Policy - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.

Policyholder - means the person(s) named in the Policy Schedule who is (are) responsible for payment of premiums.

Policy Schedule - means the Policy Schedule attached to and forming part of the Policy.

Pre-existing Condition - 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 (Forty Eight) months prior to your first policy issued by the Insurer.

Portability - means the transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

Professional Sport - means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

Proposal Form - means any initial or subsequent Proposal/Declaration made by the Policyholder/Insured Person and is deemed to be attached and which forms a part of this Policy.

Renewal - means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Room Rent - means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Sickness - means illness first manifested and contracted, and commencing, under the circumstances described in a Hazard while the Policy is still in force.

Spouse - means Your legal husband or wife, who is between the Ages of 18 and 65 years old, and is living in Your residence.

Surgeon: Means a qualified medical practitioner who specializes in Surgeries and is legally authorized to practice medicine.

Surgery/Surgical Procedure/Surgical Treatment - means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

Trauma, Traumatic - means a state directly related to an Accident.

Waiting Period - means a period as given in the policy schedule which is calculated from the policy effective date. Any Claim due to or arising out of signs or the symptoms of the disease and/or condition which has occurred and/or manifested during the Waiting Period shall be excluded from coverage for the entire policy period including renewals.

A waiting period will apply to all claims unless:

- i) The Insured Person has been insured under an Wellsurance Policy continuously and without any break in the previous Policy Year, or
- ii) The Insured Person was insured continuously and without interruption for at least 1 year under any other Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital, and he establishes to Our satisfaction that he was unaware of and had not taken any advice or medication for such Illness or treatment and the declaration of such illness while porting the Policy to Us.

If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 2a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increase.

War - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Us/Our - means TATA AIG General Insurance Company Limited.

You/Your/Yourself - means the Policy Holder and/or Insured Person(s) who is named in the Policy Schedule.

Part B: General Exclusions

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

1. Any Pre-existing Condition, any complication arising from it. Except if the insured has taken a similar Wellsurance Policy from Us and is covered without a break, for a period of 4 consecutive years since inception of the first policy with Us.

Unless if the Insured person:

- i) was insured continuously and without interruption for at least 4 years under another Indian insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, and
- ii) establishes to Our satisfaction that he was unaware of and had not taken any advice or medication for such Illness or treatment.
- iii) If the Insured person renews with Us or transfers from any other insurer and increases the Sum Insured (other than as a result of the application of Benefit 2a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

With reference to the point i) to iii), The insured person will be given the credit of the waiting period based on the number of years of continuous and uninterrupted insurance cover.

2. Intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; attempted suicide, or
3. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
4. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service ; or
5. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
6. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
7. Congenital anomalies or any complications or conditions arising there from; or
8. Professional Sports, Hazardous Activities ; or

9. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure, circumcision, (except as a result of an Injury caused by a Covered Accident while Our Policy is in force) that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature; Routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure; expenses on vitamins, tonics and any other health supplement; vaccination, inoculation of any kind.
10. Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission; or Any surgery done on the organ(s), if they are not infected or affected;
11. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
12. organ transplants that are considered experimental in nature; expenses incurred for hospitalization or surgery for donation of organs ; or
13. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; this however does not include ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Physician; or
14. Medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose.
15. Any surgery for donation of organs.
16. treatment of Spondylosis/Spondilitis
17. Cost of Spectacles and contact lenses, hearing aids, walkers, crutches, wheel chairs and such other aids
18. Any Ayurvedic, Homeopath or naturopathy treatments.

Part C. Uniform Provisions

1. **Entire Contract - Changes:** This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.
No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.
2. **Consideration:** The premium payable under each Certificate of Insurance issued under this Policy is payable in installments :
 - a) in the case of annually paid premium – before the beginning of each 12 monthly period when the annual premium is due, or
 - b) in the case of Installment premiums – before the beginning of each such period when the premium installment is due. The

coverage will cease if You do not make the payment on the due date.

3. **Effective Date:**

The Policy will start on the date specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid by You and realized by US.

However Your coverage under this Policy begins on the latest of :

- 1) the Policy Effective date & hour as stated above; or
- 2) the date on which the premium is paid when due.

After taking effect each Policy may continue in effect after the renewal date subject to Part C, No. 4, "RENEWAL CONDITIONS," set forth herein. All subsequent Insured Periods shall begin and end at midnight

4. **Renewal Conditions:**

The Policy and Certificate of Insurance may be renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. The policy and the Certificate of Insurance shall be ordinarily renewable except on grounds such as misrepresentation, fraud or moral hazard.

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

We may extend the renewal automatically if opted for by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms.

The policy will be renewable provided premium has been paid on the renewal due date. However a grace period or delay in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

We will not apply any additional loading on your policy premium at renewal based on your claims experience.

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

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Your premium will only change if you move into a higher age group, or change the plan.

The Insured may seek enhancement of Sum Insured and / or addition of insured in writing at the time of renewal, before the payment of premium. However, notwithstanding enhancement,

for claims arising in respect of accident, injury or illness contracted or suffered during a preceding Policy period, liability of the Company shall be only to the extent of the Sum Insured under the Policy in force at the time when it was contracted or suffered. The Enhanced Sum Insured/Additional Insured will have a fresh proposal status where the waiting period, deductibles and exclusions shall apply afresh.

5. **Expiration Date:**

This Policy will terminate on the earliest of the following dates:

- a) at the expiration of the period for which premium has been paid.
- b) Expiration Date shown in the Policy Schedule.
- c) You cease to be a resident of India.
- d) The date You or We cancel the Certificate of Insurance.

6. **Cancellation Clause**

We may cancel this Policy / Certificate of Insurance at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you 15 (fifteen) Days notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective. In the event of cancellation of this Policy on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled on grounds of non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.

Installment premium - In event of cancellation by Us or if you cancel the policy, the debit for the subsequent installment from request will be discontinued. Any debit in the month post cancellation request will be refunded in full.

Short rate table -

Cancellation	ANNUALLY
Up to 1 month	25% OF annual Premium
Up to 3 months	37.5% OF annual Premium
Up to 4 months	50% OF annual Premium
Up to 6 months	62.5% OF annual Premium
Up to 8 months	87.5% OF annual Premium
Above 8 months	100% OF annual Premium

These are retention scales.

7. **Territory:** This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.
8. **Concealment or Fraud:** The entire Policy/Certificate of Insurance will be void if, whether before or after a loss, If You have, related to this insurance:
- intentionally or recklessly or otherwise concealed, not disclosed or misrepresented what is considered to be any material fact or circumstance;
 - engaged in what is considered to be fraudulent, dishonest or deceitful conduct; or
 - made false statements.
9. **Claims Procedure**
- a) **Notice of Claim/Loss:**

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
2)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.

Cashless Service:

	Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
1)	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation

2)	If any treatment, consultation or procedure for which a claim may be made to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation
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- b) **Claim Forms:** We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss.
- c) **Time For Filing Claim Forms and Evidence:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
- d) **Supporting Documentation & Examination:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information. We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of Your discharge from Hospitalisation or completion of treatment. Such documentation will include but is not limited to the following:
 - i. Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii. Photocopy of Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of treatment taken.
 - iii. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.

- e) **Time Of Payment Of Claim:** We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents/information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Interests Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2% at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- f) **Payment of Claim:** All claims under this Policy that are payable to You/Your nominee shall be paid in Indian currency.

However in case of installment premiums, the claim will be paid after deducting the balance premium installment left.

10. **Arbitration:** If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy, (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator, to be appointed in writing by the parties to or, if they cannot agree upon a single Arbitrator within 30 Days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising two Arbitrators - one to be appointed by each of the parties to the dispute/difference, and the third Arbitrator to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of The Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has denied, disputed or not accepted liability under or in respect of this Policy.

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

11. **Assignment of Indemnities:** Benefit Amount, if any, in case of Loss of Life resulting from any of the covered benefits, is payable as defined in the Policy Schedule by default to the nominee declared by You, in absence of which will be payable to your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.
12. **Consent Of Nominee:** Consent of the nominee, if any, shall not be a pre-requisite for any change of nominee or to any other changes in this Policy.
13. **Change of Nominee:** No change of nominee under this Policy shall bind Us, unless consent/or such change thereto is formally endorsed thereon by Our authorized officer.

14. **Medical Examination:** We, at Our own expense, shall have the right and opportunity to obtain a post mortem report in case the same has been conducted and any other medical Reports as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.
15. **Legal Actions:** Without prejudice to Uniform Provision 10 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of 60 (sixty) Days after written evidence has been furnished in accordance with the requirements of this Policy.

If We disclaim liability to You for any claim, and if You do not notify Us in writing within 1 (one) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
16. **Misstatement of Age:** If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.
17. **Compliance With Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
18. **Limitations**
 - a) If an Insured Person suffers a covered Illness or Sickness or Disease for which benefits, are payable under more than one such Similar Policy issued by Us, then the Insured Person shall have the right to require a settlement of his claim in terms of any of his policies and contribution as defined in the policy will not apply.
 - b) In case of more than one surgery done during the same hospitalization period, we shall pay against only one- the largest of surgeries, as covered under the Policy.
 - c) We will not pay more than once for the same Accident, Injury or Illness, resulting in any Hospitalization, treatment or Surgery, during the Policy period unless subsequent hospitalization is within one period of confinement.
 - d) Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accident, Injury or Illness, for which the confinement is required.
19. **Other Interest:** No person(s) other than you and/or your nominee (s) named by you in this application form can claim or sue us under this policy.

20. **Reasonable Care and Assistance:** You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage.

In addition, You and each Insured Person must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.

21. **Alterations:** Change in Sum Insured can be done only at the time of Renewal subject to Uniform Provision 4 above. Also addition and/or deletion of dependants can be done only at the time of renewal.
22. **Free Look Period** -You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.
23. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits, if any, provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
24. We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:
- Insured Person has been insured with Us for first time under this Policy as a dependant.
 - This option for migration to similar Indemnity health insurance policy shall be exercised by the Insured Person only when he/she is at the end of specified exit age, and certainly at the time of renewal only.
 - Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.

Part D: Coverage

Benefits Provisions

While this Policy is in force, the Company shall provide the Benefits of this Policy stated on the Policy Schedule or any Endorsement when the Insured is diagnosed to be suffering from a Critical Illness as defined herein below.

Section : Critical Illness Benefits

While this Policy is in force, the Company shall provide the benefit in one lump sum as stated in the Schedule of Benefits subject to the provisions,

conditions and limitations contained herein or which may be endorsed hereinafter if the Insured is diagnosed to be suffering from a Critical Illness as defined herein below and if all of the following conditions are satisfied.

- (a) The Insured Person experiences a Critical Illness specifically listed and defined in this Policy; and
- (b) The Critical Illness experienced by the Insured is the first incidence of that Critical Illness; and
- (c) The signs or symptoms of the Critical Illness experienced by the Insured Person commenced beyond waiting period of more than 90 (ninety) days following the Issue Date of the Certificate of Insurance or Inception Date, whichever is later; and
- (d) None of the General or Specific Limitations or Exclusions specifically contained in this Policy applies.
- (e) The person has to survive the illness by 30 (Thirty) days or more, from the date of diagnosis.

Only one lump sum payment shall be provided during Insured's Policy Period regardless of the number of Critical Illness, incapacities or treatments suffered by him/her. This Benefit will be terminated after the lump sum payment. The rest of Critical Illness benefit will be available in the renewal policy.

Covered Critical Illnesses

The Critical Illness Benefit covers any of the following illnesses upon diagnosis being:

- C1) Cancer of specified severity
- C2) First Heart Attack of specified severity
- C3) Stroke resulting in permanent symptoms
- C4) Kidney Failure requiring regular dialysis
- C5) Coma of specified severity
- C6) Total Blindness (due to acute sickness or accident)
- C7) Major Burns
- C8) Multiple Sclerosis with persisting symptoms
- C9) Permanent Paralysis Of Limbs
- C10) Open Chest CABG
- C11) Major Organ/Bone Marrow Transplant

C1) Cancer of specified severity

A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- (1) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.

- (2) Any skin cancer other than invasive malignant melanoma
- (3) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
- (4) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- (5) Chronic lymphocytic leukaemia less than RAI stage 3
- (6) Microcarcinoma of the bladder
- (7) All tumors in the presence of HIV infection

C2) First Heart Attack of specified severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- b) new characteristic electrocardiogram changes
- c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- (1) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- (2) Other acute Coronary Syndromes
- (3) Any type of angina pectoris

C3) Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for at least 3 (three) months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

C4) Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialised medical Practitioner.

C5) Coma of specified severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 (ninety six) hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 (thirty) days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

C6) Total Blindness (due to acute sickness or accident)

Total irreversible loss of sight in both eyes, duly certified by an ophthalmologist's report, as a result of acute sickness or Accident. Loss of sight will be deemed to have occurred if the degree of sight remaining after correction in both eyes is 3/60 or less on the Snellen scale.

Diagnostic criteria:

Attending ophthalmologist's report

C7) Major Burns with persisting symptoms

Third Degree Burns (full thickness skin destruction) covering at least twenty percent (20%) of the body surface.

C8) Multiple Sclerosis with persisting symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

C9) Permanent Paralysis Of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

C10) Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be

supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are: (1) Angioplasty and/or any other intra-arterial procedures
(2) any key-hole or laser surgery.

C11) Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

Specific Exclusions: Critical Illnesses Section:

1. Any Illness, sickness or disease, other than specified as Critical Illness, as mentioned in the policy schedule, or
2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within waiting period of 90 (ninety) days following the Inception Date, or
3. Any Critical Illness resulting from a pre-existing condition as defined in the Policy wordings, or
4. Any Critical Illness based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or other non-traditional health care provider.

Section: In-Hospital Benefit for Accidents

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital within the Republic of India due to Injury or Accidents subject to the Deductible shown in the Policy Schedule. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule. During one period of confinement requiring ICU and regular hospitalization, we shall pay against ICU or Daily Hospital Cash as may be applicable subject to deductible.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

Deductible - 1st day of hospitalization as an inpatient.

One Period of Confinement - means a Hospital confinement due to the same Injury or Accident unless separated by at least 45 (forty five) Days.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the

same Accident, or Injury, are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 (Forty Five) Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accidents, or Injuries, for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Hospitalization outside the Republic of India; or
2. Pregnancy and resulting childbirth, miscarriage or
3. Disease of the female/male organs of reproduction; or
4. Routine physical exams; or
5. Elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
6. Any mental, nervous or emotional disorders or rest cures.

Section: In-Hospital Benefit for Sickness

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital within the Republic of India due to Illness, or Disease or Sickness subject to the Deductible shown in the Policy Schedule and a waiting period of 90 days. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule. During one period of confinement requiring ICU and regular hospitalization, we shall pay against ICU or Daily Hospital Cash as may be applicable subject to deductible.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

Deductible - 1st day of hospitalization as an inpatient

One Period of Confinement - means a Hospital confinement due to the same Illness, or Disease or Sickness unless separated by at least 45 (Forty Five) Days.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by Illness, or Disease, or Sickness. However, successive confinements as an Inpatient caused by or attributable to the same Illness, or Disease, or Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 (Forty Five) Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Illness, or Diseases, or Sicknesses for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. hospitalization outside the Republic of India; or
2. pregnancy and resulting childbirth, miscarriage or
3. disease of the female / male organs of reproduction; or
4. routine physical exams; or
5. elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
6. any mental, nervous or emotional disorders or rest cures.

Section : Intensive Care Unit Benefit

We will pay a Daily Benefit for each Day You are an inpatient admitted in the Intensive Care Unit in a Hospital due to Injury / Sickness subject to any applicable Deductible shown in the Policy Schedule and commences under the circumstances described in a Hazard and while this Policy is in effect, subject to the maximum shown in the Policy Schedule.

Definitions:

Intensive Care Unit - means

- 1) a specifically designated facility of the Hospital that provides the highest level of medical care; and
- 2) which is restricted to those patients who are critically ill or injured.

Such facility must be separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement.

Daily Benefit - means the amount payable for each Day spent in the Hospital.

One Period of Confinement - means a Hospital confinement due to the same Injury unless separated by at least 45(Forty Five) Days.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident or Injury are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 (Forty Five) Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accident, or Injuries for which the confinement is required.

Section : Ambulance Charges

We will pay for medical transportation fees and services incurred for bringing the insured to the Hospital following an accident and returning to the normal place of residence after being discharged from the Hospital, subject to the maximum as shown in the Policy Schedule.

Section : Convalescence

The Policy covers the Insured Person for a lump sum payment, as the sum Insured shown in the Policy Schedule of Cover, for recovery at

home, immediately following hospital discharge as an in-patient for a minimum hospitalization of 5 consecutive nights.

Section : Education Benefit

We will pay the Sum Insured as shown in the Policy Schedule if the Principal Insured suffers Accidental Death or Permanent Total Disability during the circumstances described in a Hazard.

We will pay the benefit to or on behalf of Your Eligible Child who is a full time student in any Institution at the time of such Accidental Death or Permanent Total Disability.

Eligible Children who cease to be enrolled as full time students become permanently ineligible for the benefit, even if he or she enrolls at a later date.

We will pay this benefit to the bank account of Eligible child. In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, In case of cover to more than one child, the benefit will be paid equally to the eligible children.

Definitions:

Institution - means any accredited institution that provides education or training, including but not limited to, any state university private college or trade school.

Accidental Death

Death by accidental means death occurring due to a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means occurring under the circumstances described in a Hazard applicable to that person.

Disappearance: We will pay the benefit for Loss of Life if Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - b. medical or surgical treatment except as may be necessary solely as a result of Injury;
2. any Injury which shall result in hernia.

Permanent Total Disability

Permanent Total Disability as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 (three hundred and sixty five only) Days from the date of the Accident. Such disability must continue for a period of 12 (twelve) consecutive months and should be total, continuous and Permanent at the end of this period.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and gender.

Value Added Services -

In addition to the above benefits, E-Meditek Solutions Ltd., our appointed service provider for your Health Policy, offers some value added benefits as listed below -

1. **Health Line** - You will be able to talk to Physicians on daily-routine Medical problems like – Acidity, sinus, cough-colds, infections, diabetes etc through the Toll Free No. which is mentioned in the Welcome Kit. The Physicians will inform the Customers on the causes of these Problems and suggested therapies. This service will not provide any specific Medicines, but will only act as additional information.

You will have to accept the Medico legal disclaimer at the beginning of the Call.

Medico legal disclaimer – *“This call is meant for additional Information purpose only and doesn’t substitute your visit/consultation to a Physician,*

2. **Health Portal** - You will be given access to the Health Portal, exclusively developed for TATA-AIG General Insurance Co., which has a ‘Knowledge Centre’ which will host ‘Health Articles’ on relevant topics like diabetes, Cholesterol, Weight management, Yoga, heart diseases, Fitness. The purpose of this service is to educate you on Health & Wellness topics so that you can start practicing Preventive Care.

You will have to accept the Medico legal disclaimer before accessing the Health articles.

Medico legal disclaimer – *“These articles are intended for additional Information purpose only and doesn’t substitute your visit/consultation to a Physician”*

The Health portal will also host the list of network hospitals for Cashless settlement, provided by the appointed Third Party Administrator (TPA).

3. **Health Query** - You will be able to write queries on routine health problems like acidity, sinus, cough-colds, infections, diabetes etc on – “Post Your Health Query”

The Queries will be answered by a Physician, and will be e-mailed to your e-mail address.

This service will not provide any specific Medicines, but will only act as additional information.

You will have to accept the Medico legal disclaimer while availing this service on the health portal

Medico legal disclaimer – *“This service is intended for additional Information purpose only and doesn’t substitute your visit/consultation to a Physician”*

4. **Discounted Services for Health & Wellness:** You will be offered discounts at health related services like Gyms, Weight management Centers, beauty parlors, diagnostic centers by personally visiting/calling the respective centers in their respective cities and paying directly to the centre.

We will provide the list of discounted tie-ups, along with Centre address/contact numbers available on the health portal which will be updated on regular intervals.

5. **e-News letter**

You will receive regular updates on various health Topics, latest trends in Health & Wellness, via an ‘e-News Letter’ which will be mailed to your e-mail id (if available & provided). The purpose of this e-news letter is to educate you on Health & Wellness topics so that you can start practicing Preventive Care.

You will have to accept the Medico legal disclaimer before accessing the Health articles.

Medico legal disclaimer – *“These articles are intended for additional Information purpose only and don’t substitute your visit/consultation to a Physician”*

Part E: Scope of Coverage:

Hazard (H 1)

24-HOUR PROTECTION (Business and Pleasure)

Exposure to covered diseases and accidents at any time, anywhere in the world, unless specifically restricted in the Policy.

Part F: TPA/Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Your TPA through:

- Website : www.emeditek.com
- Email : Customercare@emeditek.com
- E-Mail for senior citizens : seniorcitizen@emeditek.com
- Toll Free : 1800 103 5252
- Help Line for Senior Citizens : 0124-4149710
- Fax : 0124-4466677
- Courier: Claims Department,
E – Meditek (TPA) Services Ltd,
Corporate Office – Plot No. 577, Phase V,
Udyog Vihar, Gurgaon – 122016, Haryana.

NOTE : Any change in TPA by Us shall be communicated to You 30 days before such effect of change.

—Part G: Grievance Redressal Procedure—

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1-800-2667780 or 022-66939500 (toll free) or 1800 22 9966 (only for senior citizen policy holders) or you may email to the customer service desk at customersupport@tata-aig.com.

After investigating the matter internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tata-aig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt at this email id.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at head.customerservices@tata-aig.com. After examining the matter, we will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id.

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

Ombudsman Offices

Areas of Jurisdiction	Name of the Ombudsman	Contact Details
Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy	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
Madhya Pradesh & Chhattisgarh		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
Orissa	Shri B. P. Parija	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in
Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir UT of Chandigarh	Shri Manik Sonawane	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
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)		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: chennaiinsuranceombudsman@gmail.com
Delhi & Rajasthan	Shri Surendra Pal Singh	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
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D.C. Choudhury,	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

Areas of Jurisdiction	Name of the Ombudsman	Contact Details
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry HYDERABAD -500 004.		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Tel : 040-65504123 Fax: 040-23376599 Email: insombudhyd@gmail.com
Kerala , UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Shri R. Jyothindra-nathan	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
West Bengal , Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim	Ms. Manika Datta	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in
Uttar Pradesh and Uttaranchal	Shri G. B. Pande	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
Maharashtra, Goa		Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com

IRDA Regulation No 5: This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

