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**SARAL SURAKSHA BIMA - (MICRO INSURANCE)**  
**POLICY WORDINGS**

In consideration of Your having paid the premium for the Policy Period stated in the Schedule. We hereby agree, subject to the terms, conditions and exclusions stated in the Policy, to pay the Sum Insured on the occurrence of any of the insured events as mentioned under the item “What We cover” during the Policy Period.

This Policy is an evidence of the contract between You and Universal Sampo General Insurance Company Limited. The information furnished by You in the Proposal Form and the declaration signed by You forms the basis of this contract.

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

**DEFINITION:**

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For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

**Accident**

An accident is sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Adventure Sports**

Means participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

**Bodily Injury** It shall mean accidental bodily injury solely and directly caused by external, violent and visible cause.

**Cashless facility**

Means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the policy terms and conditions, are directly made to the network provider by Us to the extent pre-authorization approved.

**Company**

Means “Universal Sampo General Insurance Company Limited.”

**Condition Precedent**

Means a policy term or condition upon which Our liability under the policy is conditional upon.



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

- a) **Internal Congenital Anomaly:** means which is not in the visible and accessible parts of the body
- b) **External Congenital Anomaly:** means which is in the visible and accessible parts of the body

**Children**

Means a child (natural or legally adopted) from 10 to 25 years of age, who is financially dependent on You and does not have his / her independent sources of income.

**Dental Treatment**

means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery..

**Disclosure to information norm**

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

**Domiciliary Hospitalization:**

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:

- i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii) the patient takes treatment at home on account of non-availability of room in a hospital.

**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.

**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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

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



### **Hospitalisation**

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

### **Insured Person**

The person named as Insured person(s) in the Schedule which may include You and Your family inclusive of dependent parents.

### **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. The same has been referred to as "Bodily Injury" in the Policy.

**In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

**Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

### **Medically Necessary Treatment**

Means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital/ or part of a stay in hospital which

- is required for the medical management of the illness or injury suffered by You;
- 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 Practitioner**

A Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

### **Nominee**

Means the person(s) nominated by You to receive the insurance benefits under this Policy payable on Your death.

### **Non- Network Provider:**

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



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**Notification of Claim**

Notification of claim is the process of intimating a claim to the Company through any of the recognized modes of communication.

**Policy**

Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy.

**Policy Period**

Means the period commencing at the Policy Period Start Date and ending at the Policy Period End Date, as specifically stated in the Schedule and for which the insurance cover will remain valid.

**Permanent Total Disablement**

Means the bodily injury that totally prevents You from engaging in any kind of occupation.

**Pre- Existing Diseases** Pre-existing diseases means Any condition, ailment or injury or related condition(s) which were diagnosed, and / or for which medical advice/ treatment was received within 48 months prior to the first Policy Issued by the Company and renewed continuously thereafter.

**Renewal**

Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**Surgery or Surgical Procedure**

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*.

**Sum Insured**

Means the sum as mentioned in the Schedule against the respective benefit(s) which represents Our maximum liability for any or all claims under this Policy during the Policy Period. For Section II, the Sum Insured has also been referred to as “Capital Sum Insured (CSI)” in the Policy.

**You/Your/Yours/Yourself**

Means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

**We/Our/Ours/Us**

Means Universal Sampo General Insurance Company Limited.



**Section I: - Critical Illness**

**Critical Illness:**

It means the following major diseases, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalization and are specifically defined as below:

**1. 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 extra cranial 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 months has to be produced.

**The following are excluded:**

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

**2. Cancer of specified severity**

A malignant tumor 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. The term cancer includes leukemia, lymphoma and sarcoma II.

**The following are excluded –**

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
- viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs
- ix. All tumors in the presence of HIV infection.



### 3. 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 (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

### 4. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

**The following are excluded:**

- i. Angioplasty and/or any other intra-arterial procedures.

### 5. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. 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:**

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

**Coverage:-**

<b>What We Cover</b>
We shall pay Sum Insured as mentioned in the schedule to the Insured(s) upon his/ her first diagnosis of Critical Illness / Surgical Procedure as defined under the Policy
<b>What We Exclude</b>
<p>1) <b>90 days Waiting Period</b></p> <p>The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, arising within the first 90 days of the commencement of the Policy Period. However this exclusion shall not be applicable on continuous renewals.</p> <p>2) <b>Pre-existing diseases</b></p> <p>1. Pre-existing diseases means any condition, ailment or injury or related condition(s) which were diagnosed, and / or for which medical advice/ treatment was received within</p>



48 months prior to the first Policy Issued by the Company and renewed continuously thereafter.

2. This Exclusion shall cease to apply if Insured has maintained the Health Insurance Policy with Insurer for a continuous period of a full 4 years without break from the date of Insured's first Health Insurance Policy with Insurer.
- 3) Death within 30 days following the diagnosis of the Critical Illness
- 4) Any Critical Illness which arises or is caused by any one of the following:
  - a. Drug addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.

**Special Provisions**

1. The existence of the Critical illness mentioned in the Policy must be confirmed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence as applicable.
2. The cover under this Policy in respect of any Insured Person shall cease upon the payment of compensation on the happening of a Critical illness or injuries defined under the Policy.

**Section II: - Personal Accident**

**Coverage:-**

**What We Cover**

We shall pay to You or Your legal heir / Nominee, as the case may be, the compensation ( as percentage of Capital Sum Insured), as set forth in Table of Benefits upon occurrence of Bodily Injury to You resulting in Your Death or disablement.

**What We Exclude**

- 1) Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
- 2) Any other payment after a claim under one of the benefits 1,2,3 and 4, mentioned in Table of benefits has been admitted and becomes payable.
- 3) Any payment in case of more than one claim under this section during any one period of Insurance by which our liability in that period would exceed CSI.
- 4) Payment of compensation in respect of injury as consequence of
  - a) Committing or attempting suicide, intentional self-injury
  - b) Whilst under influence of intoxicating liquor
  - c) Drug addiction or alcoholism
  - d) Whilst engaged in any adventurous sports
  - e) Committing any breach of law with criminal intent



TABLE OF BENEFITS		% OF CAPITAL SUM INSURED
<b>1</b>	Death	100
<b>2</b>	a) Loss of sight (both eyes)	100
	b) Physical separation of or loss of ability to use both hands or both feet	100
	c) Physical separation of or loss of ability to use one hand and/ or any feet	100
	d) Loss of sight of one eye and physical separation of or loss of ability to use either one hand or one foot	100
<b>3</b>	a) Loss of sight of one eye	50
	b) physical separation of or use of ability to use one hand or one foot	50
<b>4</b>	Permanent Total and absolute disablement as certified by a qualified medical practitioner	100

**General Exclusions Under The Policy**

We will not pay for any compensation in respect of death, Illness, Injury or disablement of the Insured Person arising out of:

1. War, rebellion, revolution, terrorism acts, nuclear weapon induced treatment or taking active part in Riot, Strike, Malicious Acts.
2. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
3. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
4. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

**Claims Procedure**

- i. Upon happening of any accident and/or injury which may give rise to a claim under this Policy.
  - a) Your representative shall give the notice to Our customer care toll free numbers immediately and also intimate in writing to USGI office.
  - b) All certificates, information and evidence from a Medical Practitioner or otherwise required by Us shall be provided.





- ii. The Company reserves its rights to condone the delay on merit for delayed claims, where the delay is genuine and proved to be for reasons beyond the control of the insured/claimant.
- iii. On receipt of intimation regarding a claim under the Policy, We are entitled to carry out examination and ascertain details and in the event of Death get the post-mortem examination done in respect of deceased person.
- iv. Following documents shall be required in the event of a Claim.

**Critical illness Claims:**

- i. Certificate from the attending Doctor of the Insured confirming,
  - a) Name of the Insured;
  - b) Name, date of occurrence and medical details of the Insured Event
  - c) Confirmation that the Insured Event does not relate to any Pre-Existing Illness or an Illness or Injury which existed within the first 90 days of commencement of Policy Period.
- ii. Duly completed claim form;
- iii. Original Discharge Certificate/ Card from the hospital/ Doctor;
- iv. Original investigation test reports & indoor case papers if required.

**Death Claims:**

- a) Duly filled up claim form
- b) Death Certificate and Original FIR
- c) Original Panchnama
- d) Post mortem report

**Permanent Total Disablement Claims:**

- a) Duly filled original Claim Form
- b) Claim Intimation
- c) FIR – Attested or Original
- d) Final Police Report / Original Panchnama
- e) Certificate of from government hospital doctor confirming the nature and degree of disability
- f) Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
- g) Diagnostic reports
- h) Photograph of the injured reflecting disablement

**Company's obligations**

1. Company shall settle claim(s), including its rejection, within 30 (thirty days) of the receipt of the last necessary claim document.
2. Company shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability) with respect to any of the Sections, is exhausted by Insured.
3. All admissible claim(s) under this Policy shall be paid by Company within 7 working days from date of acceptance of such a claim. In case of delay in the payment, Insurer shall be



liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Company.

4. The company shall condone delay on merit for delayed claims where the delay is proved to be beyond Insured's control.

**General Conditions Applicable To Both The Sections:-**

**1) Notice:**

Every notice and communication to the Company required by this Policy shall be in writing.

**2) Mis-description:**

This Policy shall be void abinitio and premium paid shall be forfeited by Us in the event of misrepresentation, mis-description or non-disclosure of materials facts by You. Non- disclosure shall include non-intimation of any circumstances which may affect the acceptance of the proposal and Insurance cover granted.

**3) Fraud**

All benefit under this Policy shall be forfeited and the Policy shall be treated as void, in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

**4) Cancellation/ termination**

**By Insured**

The Insured may also cancel this Policy by giving fifteen (15) days' notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period his Policy has been in force at the Company's short period scale

<b>Expired Period</b>	<b>Premium Retained</b>
Upto 1 month	25% of the Annual Premium
Above 1 month and upto 3 months	50% of Annual Premium
Above 3 months and upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

**By Company**

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form or non-cooperation by the Insured/ Policyholder, by giving fifteen (15) days' notice in writing by registered post / acknowledgement due post to the Insured at his last known address in which case this Policy shall be null and void and premium paid shall be forfeited to the Company.

**5) Renewal**

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. Also Company may exercise option not to renew the policy on



grounds of fraud misrepresentation, or suppression of any material fact either at the time taking the Policy. A Grace Period of 30 days is allowed for renewal of the Policy. This will be counted from the day immediately following the premium due date during which a payment can be made to renew or continue the Micro Insurance Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing condition / Diseases. The continuity of coverage for all the covers under the expiring policy will be subject to receiving appropriate premium for the same. Coverage is not available for the period for which no premium is received and Company has no liability for the claims arising during this period.

#### 6) **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 to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. 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 provided, if the Company has disputed or not accepted liability under or in respect of this Policy

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

#### 7) **Disclaimer Clause**

In case of any claim under the Policy which is not admitted by Us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

#### 8) **Geographical Limit:**

The Geographical Limit of this Policy and jurisdiction shall be India except Personal accident cover, under which Accidental Bodily Injuries sustained during the Policy Period anywhere in the World (subject to the travel and other restrictions that the Indian Government may impose) are covered.

All claims under this Policy shall be settled in Indian Rupees only.

#### 9) **Policy Disputes**

It has been agreed between the parties that though the geographical scope of the Policy is Worldwide, any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to be adjudicated or interpreted in accordance with Indian Laws and only competent Indian courts shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or



adjudicated in accordance with the law and practice of such Court.

**10) Nomination**

The Policy has provision of nomination, In absence of Your declaring Nomination at the time of Proposal, then all benefits accrued under the Policy if any, shall be given to Your legal heir/dependents.

**11) Notices and Claims**

Any notice, direction or instruction given under this Policy shall be in writing, and sent to:

**Universal Sampo General Insurance Co. Ltd.**

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710

**Toll Free Numbers:** 1800-200-5142

**Landline Numbers:** +91 22 39635200

**E-mail Address:** [contactus@universalsampo.com](mailto:contactus@universalsampo.com).

**Fax Numbers:** 1800-200-9134

**Note:** Please include your policy number for any communication with us.

**12) Grievances**

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting our website or write to us on [contactus@universalsampo.com](mailto:contactus@universalsampo.com).

Senior Citizen Grievance

USGI has established a dedicated team of personnel to address the health insurance related claims and grievances of senior citizens. Direct Nos. 022-39171324, 022-39171375

**Level 1 –**

- You may also contact the Branch from where You have bought the Policy or the Complaints Coordinator who can be reached at Our Registered Office.
- You may also contact on our- Toll Free Numbers: 1800-200-5142 or on chargeable numbers at +91 22 39635200 .; and also send us fax at: 1800-200-9134

**Level 2 -**

You can also visit our Company website and click under links [Grievance Notification](#)

You can also send direct mail to the concerned authorities at [grievance@universalsampo.com](mailto:grievance@universalsampo.com)

If the issue still remains unresolved, You may, approach: -

- IRDAI- IGMS - <http://igms.irda.gov.in> for grievances redressal
- Insurance Ombudsman for the redressal of Your grievance.

The details of Insurance Ombudsman are available below and are also available on

<http://www.gbic.co.in/ombudsman.html>

**AHMEDABAD**

Office of the Insurance Ombudsman,  
6th Floor, Jeevan Prakash Bldg,  
Tilak Marg, Relief Road,  
Ahmedabad - 380001.

**BENGALURU**

Office of the Insurance Ombudsman,  
Jeevan Soudha Building, PID No. 57-27-N-19  
Ground Floor, 19/19, 24th Main Road,



<p>Tel nos: 079-25501201/02/05/06 email: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a></p>	<p>JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></p>
<p><b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a></p>	<p><b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a></p>
<p><b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a></p>	<p><b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a></p>
<p><b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></p>	<p><b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></p>
<p><b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></p>	<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:Bimalokpal.jaipur@gbic.co.in">Bimalokpal.jaipur@gbic.co.in</a></p>
<p><b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336</p>	<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341</p>



<p>Email: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a></p> <p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p>	<p>Email: <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></p> <p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></p>
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