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## ASSET SERVICE PROVIDER LIABILITY INSURANCE

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This is **Your** Asset Service Provider Liability Insurance Policy in respect of **Contract** sold/offered to the **Customers** during the **Period of insurance** which has been issued by **Us** relying on the Information disclosed by **You** in **Your Proposal** for this **Policy** or its preceding **Policy**/Policies of which this is a Renewal. The Insurance Covers under this **Policy** are afforded solely with respect to claims first made against **You** during the **Period of Insurance** and reported to **Us** as required by this **Policy** in consideration of the premium paid in respect of such **Contract** subject to **Policy** terms, conditions, exceptions and limitations or endorsed upon in future.

### **I. DEFINITIONS:**

As used in this **Policy**, the **following** terms shall have the respective meanings set forth below: -

**Accident** - A sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Act of God** - An Accident or Event resulting from natural causes, without human intervention, and one that could not have been prevented by reasonable foresight or care. For the purpose of this **Policy** Act of God includes Lightning, Earthquake, Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood & Inundation.

**Agreed Value** - This is the value agreed at the time of issuance of **Policy** and remains fixed during the **Period of insurance** and is paid in the event of Total loss/Theft.

**Burglary** - An Act involving the unauthorized entry to or exit from Customer Home/premises or attempted thereat by unexpected, forcible, visible and violent means, with the intent to commit an Act of **Theft**.

**Contract** - **Service Contract/Protection Plan/Any other Name** by which such programs are sold/offered by **You** to **Your Customer**.

**Contract Period** - Period mentioned in the **Contract** during which **Contract** remains valid.

**Customer** - Any person/entity who has purchased **Contract** from the insured.

**Deductible** - The amount stated in the **Schedule**, which shall be borne by **You** first in respect of every claim made under this **Policy**.

**Depreciation** - The reduction in value of product insured due to Ageing, Use, Wear & Tear or Obsolescence.

**Family** - **Customer, Customer's** Spouse, Children and any other persons who resides with **Customer** without paying a commercial rent.

**Manufacturer Warranty** - The Original Warranty provided by the Manufacturer in respect of a **Product**.

**Manufacturer's Warranty Period** - The uninterrupted period of the **Manufacturer's Warranty** as stated in the original official **Manufacturer's Warranty**.

**Market Value** - It represents the replacement value of the insured **Product** by new less deduction for any advancement, wear and tear and/or depreciation.

**Mechanical/Electrical/Electronic breakdown** - Means the Mechanical, Electrical and/or Electronic Defects and / or Failure

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of a **Product** that cause it not to function in its intended manner.

**Misplacement** – Unintentionally leaving the insured **Product** at a place whereby **Customers** have permanently lost it.

**Official Channels** – Manufacturer, Manufacturer's subsidiary company, Authorized Dealer / Distributor appointed by the Manufacturer or its subsidiary located within India and independent service providers.

**Policy** – This Asset Service Provider Liability Insurance Policy Which **You** have purchased from **Us**, to indemnify against claims made under any **Contract** sold/offered by **You** to **Customers**.

**Period of Insurance** – The period between the commencement date and the expiry date shown in the **Schedule**, both days inclusive.

**Product** – **Electrical / Electronic / Mechanical Product** which is described in the **schedule** annexed herewith.

**Proposal** – Application form in written or electronic form furnishing all material information to **Us** by **You** or any person or entity authorised by **You** for issuance of **Policy**.

**Proposer** – Entity who has applied for insurance.

**Replacement value** – It represents the cost of replacement of the insured **Product** by new.

**Schedule** – This is part of **Your Policy**. The document states the **Product** covered, the **Period of Insurance**, Coverages, specific terms and conditions and the **Sum insured**.

**Sum insured** – It is the aggregate amount of each Contract covered in the **Policy** which is our maximum liability that **We** will pay.

**Theft** – An act of directly or indirectly and illegally permanently depriving **Customer** and/or **Customer's Family** of the possession of the insured **Product** by any person by violent or forceful means or otherwise.

**We/Our/Us** – DHFL General Insurance Limited.

**You/Your** – The entity named as Insured in the **Schedule**.

## **II. COVERAGES:**

**We** will pay the liability arising out of the **Contract** sold/offered to **Your** customers within the **Period of insurance** in respect of loss or damage to the covered **Product** due to the following subject to terms, conditions, exceptions and limitations of this **policy**.

### **A. Screen Damage (For Items with Digital Screen)**

**We** will pay for physical loss or damage to the screen and display of the covered **Product** resulting from an accident during the **Contract Period**.

### **B. Liquid Damage**

**We** will pay for loss or damage to the covered **Product** resulting from an accidental ingress of any type of liquid or water during the **Contract Period**.

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### **C. Accidental Damage**

**We** will pay for physical loss or damage to the covered **Product** resulting from an accident during the **Contract Period**.

#### **Specific Exclusion:**

Any loss falling under Screen damage (For Items with Digital Screen) and Liquid Damage.

### **D. Burglary or Theft**

**We** will pay for loss or damage to the covered **Product** due to an act of **Burglary** or **Theft** during **Contract Period**.

### **E. Fire & Act of God Perils**

**We** will pay for loss or damage to the covered **Product** caused by Fire and **Act of God** Perils during **Contract Period**.

### **F. Extended Warranty(After expiry of Manufacturer's warranty)**

**We** will pay for loss or damage to the covered **Product** due to mechanical, electrical and electronic breakdown arising out of Manufacturing defects or faulty workmanship to the extent provided under Manufacturer's Warranty supported by an invoice. This cover will commence on the expiry of the **Manufacturer's warranty** period and continues for the period of cover mentioned in this **Policy**.

## **III. CONTRACT:**

The **Contract** may only be purchased within a specified period of purchase of a covered **Product**, either new or refurbished, as mentioned in the schedule, and in case of Extended Warranty cover is valid only if:

- 1) The **Product** is manufactured in India or is legally imported in India & sold through **Official Channels** supported by an invoice & **Manufacturer's Warranty**.
- 2) The Product is purchased new and is supported by **Manufacturer's Warranty** of duration specified in the schedule.
- 3) Manufacturer's Warranty remains valid throughout its validity period.

## **IV. EXCLUSIONS:**

### **a) Exclusions specific to the policy which cannot be waived**

We shall not be liable in respect of

1. Loss or Damage caused by any process of cleaning, dyeing or bleaching, restoring, servicing, wear & tear, preventative maintenance, repairing or renovation or deterioration arising from moth, vermin, insects or mildew or any other gradually operating cause.
2. a) Loss or damage whether directly or indirectly arising from War, Warlike operations, Act of Foreign Enemy, Hostilities

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(whether war be declared or not), Civil war, Rebellion, Insurrection, Civil Commotion, Military or Usurped Power, Seizure, Delay, Capture, Confiscation, Arrests, Restraints and Detainment by the order of any Government authority.

b) Any loss or damage directly or indirectly arising from Nuclear Weapons/Material/Radiations.

3. Consequential loss or legal liability of any kind.
4. Any Unexplained Loss/Damage/Disappearance of the covered **Product**.
5. Loss or damage to the covered **Product** due to unlawful act or illegal activities including criminal acts or intentional or fraudulent act by **You** or **Your** representative or **Customer** including **Family** member, domestic help or staff member of **Customer**.
6. Loss or damage to the covered **Product** due to misuse, reckless, abusive, willful or intentional conduct associated with handling and use of the covered **Product**.
7. Any latent / inherent defect or Recall Campaign in the event of mass failure of the **Products** covered or any use other than in accordance with manufacturer's recommendation or use of any accessory which has not been approved by the manufacturer with the covered **Product**.
8. Any Pre-existing conditions, damages or cosmetic loss or damage including but not limited to peeling of paint, improper storage, scratches and dents that do not otherwise affect the functionality of the covered item.
9. **Product** covered with a Unique Identification Number that has been altered, defaced or removed, or has been modified to alter its functionality or capability without the written permission of manufacturer.
10. Theft from any vehicle except vehicle of fully enclosed type having all the doors, windows and any other openings securely locked and properly fastened.
11. Loss damage directly or indirectly caused by, consisting of, or arising from: a) any functioning or malfunctioning of the internet or similar facility, or of any intranet or private network or similar facility, b) any corruption, destruction, distortion, erasure or other loss or damage to data, software, or and kind of programming or instruction set, c) loss of use or functionality whether partial or entire of data, coding, program, software, any computer or computer system or other device dependent upon any microchip or embedded logic, and any ensuing liability or failure of the Insured to conduct business d) Malfunctioning or deterioration in the performance of **Product** insured by unauthorized software/virus, software updates.
12. Loss or damage covered under Manufacturer warranty.
13. Loss or Damage to **Product** insured whilst in the custody of any person other than **Customer, Customer's Family** or employee.
14. Loss or damage to **Product** insured due to moisture where there is no physical ingress of water and loss or damage due to heat/smoke unless there is an actual fire.
15. **Terrorism Damage Exclusion Warranty:** Notwithstanding any provision to the contrary within this insurance it is agreed that this insurance excludes loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

For the purpose of this endorsement an act of terrorism means an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in

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connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the company alleges that by reason of this exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the insured.

In the event, any portion of this endorsement is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

16. Costs if no fault is found in the **Product**.
17. Damage/failure caused before or during **Product** delivery.
18. Replacement of any consumable item or accessory or software. These include, but are not limited to - plugs, fuses, batteries, light bulbs, light covers, cables, filters, attachments, belts, toner, ribbons, drums, tapes and items of similar nature.
19. Costs arising from incorrect installation, modification or maintenance, use of batteries, charger and / or accessories not approved by the manufacturer, incorrect electrical leads or connection.

**b) Exclusions specific to the policy which can be waived on additional premium**

20. Loss or damage due to Riot, Strike or Malicious Act, to the **Product** insured.
21. Loss or damage to Battery internal or external to the covered **Product**.
22. Any loss of covered product owing to a **Theft** or **Burglary** from the insured premises if left unoccupied for more than 30 days.
23. Any loss or damage due to Misplacement of covered **Product**.
24. Loss or damage caused by Electrical, Mechanical and Electronic breakdown of covered **Product**.

**V. GENERAL CONDITIONS:**

**Conditions Precedent/During the Contract**

1. **Reasonable Care - Customer** shall take all reasonable steps to safeguard the **Product** covered against any loss or damage.
2. **Duty of Disclosure** - This **Policy** shall be void and all premium paid hereon shall be forfeited to **Us** in the event of misrepresentation, mis description or non-disclosure of any material fact.
3. **Condition precedent** - This **Policy** requires fulfilment of the terms and conditions of this **Policy** and payment

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of premium. This is a precondition to any liability under the **Policy**.

4. **Cancellation** - **We** may at any time cancel this **Policy**, by giving 15 days' notice in writing to **You** at **Your** last known address on the grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation. **You** may also give a 15 days' notice in writing to **Us** for the cancellation of this **Policy**.
5. **Effect of Cancellation** - Upon Cancellation of this **Policy**, **We** shall cease to insure **You** for liability under **Contract** sold/offered by **You** after the cancellation date, but the provisions of this **Policy** shall continue to govern the respective rights and obligation of the parties hereto in relation to each outstanding **Contract** sold/offered by **You** prior to the date of cancellation until such **Contract** terminates in accordance with its terms.
6. **Contract Cancellation** - **You** may cancel **Contract** with **Your Customer** at any time during the currency of the **Policy** and **You** will be eligible for pro-rata refund from the date of cancellation.
7. **Geographical Territory** - This **Policy** applies only to **Products** which are purchased and repaired within India.
8. **Jurisdiction Clause** - It is hereby declared and agreed that in case of any claim arising in respect of the **Product** hereby insured, the same shall be settled and paid in India and further that all legal proceedings in respect of any such claim shall be instituted in a competent court in India only and claim would be paid in Indian Rupee only.
9. **Contract Transfer** - **Contract** is not transferable to another person/entity in case ownership in the **Product** is transferred during the **Period of insurance**.
10. **Changes in Contract** - No changes may be made in the terms of the **Contract** during its validity period unless approved by **Us** in writing. No amendment, modification or waiver of any term or condition hereof or obligation hereunder shall be valid unless agreed by **Us**.
11. **Notices** - All notices and other communications provided for in this **Policy** shall be in writing and shall be deemed to have been duly given if (i) delivered personally, (ii) sent by prepaid courier, with a record of receipt, or (iii) mailed by registered or certified mail, return receipt requested, in each case to the appropriate authority at the respective address. Each notice or communication shall be deemed to be effective when given, unless otherwise specified herein.

#### **Conditions When a Claim Arises**

#### **12. Claim Procedure**

##### **A) In the event of any circumstances likely to give rise to a claim You must:**

- (i) Intimate us as soon as reasonably possible, but in any event within 7 days of the date of the incident.
- (ii) In the event of **Burglary/Theft/Misplacement**, lodge complaint with the local police immediately, if covered under the **Policy**.
- (iii) Take all reasonable steps to recover **Product** insured which has been lost and protect /safe guard damaged **Product** from further loss or damage.
- (iv) Provide all proofs, certificates, evidence, assistance or information which **We** may reasonably require.

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**B) The documents normally required to be submitted in the event of a claim are –**

- Duly completed Claim form
- Copy of FIR (in case of Burglary/ Theft)
- Estimate of loss / repairs
- Invoice/ Bills/Receipts
- Final Report (in case of Burglary/ Theft)
- Any other details/documents called for a specific loss

**C) Claim Payment –**

All admissible claims under this **Policy** shall be settled by **Us** within 30 working days from the date of receipt of all requisite claim/ investigation papers.

**D) Basis of Indemnity**

**(i) Total Loss / Constructive Total Loss**

In the event of Total loss / Constructive Total Loss, we will pay Agreed value/ Market Value/ Replacement value as the case may be as mentioned in the schedule. Appropriate depreciation/deductible/salvage value, where applicable and as mentioned in the schedule will be deducted. Charges payable to arrange for the repair technician to visit the premises where the **Product** has been installed or pick-up and drop charges will also be payable, if mentioned in the **Schedule**.

We reserve the right to replace your **Product** covered by a **Product** of same make / model / specification / age. Our maximum liability to pay will not exceed the sum insured during the **Period of insurance**.

Your **Product** Insured will be deemed a Constructive Total loss when the aggregate cost of retrieval and / or repair exceeds the sum insured less applicable depreciation, if any, as per terms and conditions of the policy.

**(ii) Partial Loss**

In the event of partial loss of or damage to any **Product** insured, **We** will pay the cost and expense of repair to restore it to its condition immediately prior to the event that gave rise to the claim under the **Policy**. Depreciation/Deductible/Salvage value where applicable and as mentioned in the **Schedule** will be deducted. Charges payable to arrange for the repair technician to visit the premises where the **Product** has been installed or pick-up and drop charges will also be payable, if mentioned in the **Schedule**. **Our** maximum liability to pay will not exceed the **Sum insured** during the **Period of insurance**.

**13. Condition of Average –** Unless specifically stated in the **Schedule**, If the **Sum insured** is less than the amount required to be insured as per provisions hereinabove, **we** will pay only such proportion as the **Sum insured** bears to the amount required to be insured. Every **Product** if more than one shall be subject to this condition separately.

**14. Contribution –** If at the time of the happening of any loss or damage covered in this **Policy** there shall be subsisting any other insurance of any nature whatsoever covering the same, whether effected by **You** or not, then **We** shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.

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15. **Subrogation** - Unless specifically stated otherwise in the **Schedule**, **You** will at **Our** expense do and concur in doing and permit to be done all such acts and things that may be necessary or reasonably required by **Us** for the purpose of enforcing any right and remedies or obtaining relief or indemnity from other parties to which **We** shall be or would become entitled or subrogated upon **We** paying for or making good any loss or damage under this **Policy** whether such acts and things shall be or become necessary or required before or after **Your** indemnification by **Us**.
16. **Fraud** - If any claim under this **Policy** shall be in any respect fraudulent or if any fraudulent means or devices are used by **You, Customer** to obtain any benefit under this **Policy**, all benefits and rights under the **Policy** shall be forfeited.
17. **Arbitration** - Should any dispute arise between **You** and **Us** on the quantum of amount payable, liability being otherwise admitted by **Us**, such dispute will be referred to Arbitration proceedings in accordance with Arbitration and Conciliation Act of 1996 as amended from time to time. Further the making of an award by Arbitrator(s) shall be a condition precedent to any right of action or suit by **You** against **Us**.
18. **Disclaimer** - If **We** shall disclaim **Our** liability in any claim, and such claim shall not have been made the 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**.

#### **Conditions for renewal of the contract**

19. **Renewal Notice** - The Company is not bound to accept any renewal premium or give notice that renewal is due. Under normal circumstances, renewal will not be refused except on the grounds of moral hazard, misrepresentation or fraud of the Insured.

#### **VI. ENDORSEMENT:**

##### **1. Deletion of Coverage**

It is understood and agreed that Coverage # ..... stands deleted and hence not covered under the scope of the policy. Subject otherwise to the terms, conditions, limitations and exceptions of the Policy.

##### **2. Deletion of Exclusion:**

It is understood and agreed that exclusion # ..... stands deleted and hence covered under the scope of the policy.

Subject otherwise to the terms, conditions, limitations and exceptions of the Policy.

##### **3. Reinstatement of Sum Insured**

The insurance cover will be maintained to the full extent of the respective sums insured at all times during the period of insurance of this policy in consideration of which, upon the settlement of any loss under this policy, pro-rata premium at the policy rate for the unexpired period for the amount of such loss paid (not exceeding the respective sum insured) shall be payable by You to Us. The additional premium referred to above shall be deducted from the net claim amount payable under the policy. Provided that Our liability will be limited to twice the respective Sum Insured during the entire period of insurance in respect of any loss or damage.

Subject otherwise to the terms, conditions, limitations and exceptions of the Policy.

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## **VII. GRIEVANCE REDRESSAL:**

At DHFL General Insurance, **we** want **Your** relationship with insurance to soar beyond what **You** have experienced yet. To understand, appreciate, and enjoy insurance—**We** are here for **You**. **You** can connect with **Us** on the following channels.

- a. Call us on our Toll Free **1800 123 0004** (From 8 am to 8 pm) for any queries that you may have!
- b. Email your queries to **mycare@dhflinsurance.com**.
- c. For Senior Citizens, we have a special cell and our Senior Citizen Customers can email us at **seniorcare@dhflinsurance.com** for priority resolution.
- d. Visit our website **www.dhflinsurance.com** to register your policy related requests.
- e. Please walk into any of our branches or partner locations
- f. You can also dispatch your letters to us at:

**DHFL General Insurance Ltd.**  
**402, 403 & 404, A&B Wing, 4th Floor, Fulcrum,**  
**Sahar Road, Next to Hyatt Regency,**  
**Andheri (E), Mumbai - 400 099**

**We** request **You** to please mention **Your** complete details: Full Name, **Policy** Number and Contact Details in all your communications, to enable **Our** customer experience expert to connect with **You** and provide **You** with the quickest possible solution.

**We'll** make sure to acknowledge your service request within 3 working days—and try and resolve it to **Your** satisfaction within 15 working days. That's a promise!

### **Escalation**

**Level 1:** While **We** attempt to give **You** best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If **You** felt that **You** weren't offered a perfect resolution, please feel free to share **Your** feedback to **Our** Customer Experience team at [Manager.customerexperience@dhflinsurance.com](mailto:Manager.customerexperience@dhflinsurance.com)

**Level 2:** If **You** still are not happy about the resolution provided, then **You** may please write to **Our** Head Customer Experience and Redressal Manager at [Head.CustomerExperience@dhflinsurance.com](mailto:Head.CustomerExperience@dhflinsurance.com) or contact GRO at **022-40018100**.

**Level 3:** If you are not happy with the resolution, you may approach IRDAI by calling on the Toll-Free no. **155255 (or) 1800 4254 732**. You can also register an online complaint on the website <http://igms.irda.gov.in>.

If **Your** concern remains unresolved after having followed the above escalation procedure, then **You** may please approach the Insurance Ombudsman for Redressal. To know who **Your** Insurance Ombudsman is—simply refer to the list below/overleaf.

Contact details of Insurance Ombudsman are available at **Our** website [www.dhflinsurance.com](http://www.dhflinsurance.com)

**12\_Asset Liability OMBUDSMAN AND ADDRESSES:** Refer the below link

<http://ecoi.co.in/ombudsman.html>

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**NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES**

<b>S. No.</b>	<b>CONTACT DETAILS</b>	<b>JURISDICTION OF OFFICE</b>
1	<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahemdabad – 380 001. Tel.:07925501201/02/05/06 <b>Email:</b> <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></p>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	<p><b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 – 26652048 / 26652049 <b>Email:</b> <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></p>	Karnataka
3	<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 <b>Email:</b> <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a></p>	States of Madhya Pradesh and Chhattisgarh.
4	<p><b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Fax: 0674 – 2596429 <b>Email:</b> <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a></p>	State of Orissa
5	<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 <b>Email:</b> <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a></p>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

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6	<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 <b>Email:</b> <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></p>	State of Tamil Nadu and Union Territories – Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
7	<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 <b>Email:</b> <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></p>	State of Delhi
8	<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 <b>Email:</b> <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	<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 <b>Email:</b> <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam – a part of the Union Territory of Pondicherry
10	<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur – 302 005. Tel.: 0141 – 2740363 <b>Email:</b> <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a></p>	State of Rajasthan

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11	<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 <b>Email:</b> <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry
12	<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 <b>Email:</b> <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></p>	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands
13	<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 <b>Email:</b> <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></p>	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
14	<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 <b>Email:</b> <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></p>	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

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15	<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 <b>Email:</b> <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></p>	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
16	<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 <b>Email:</b> <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a></p>	States of Bihar and Jharkhand
17	<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 <b>Email:</b> <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></p>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

**IRDAI Regulation No 17:** This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

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