



PART A

FORWARDING LETTER (WITH FREE LOOK CLAUSE)

<Name of the Policyholder>

<Address>

Branch Name:

Policy No.: <_____>

Telephone: <_____>

Email ID: <_____>

Dear Mr/Ms. <Name of the Customer>,

Thank You for opting **Max Life Comprehensive Accident Benefit Rider** (A Non Linked Non Participating Individual Pure Risk Premium Health Insurance Rider). We request you to go through the enclosed Rider.

The enclosed Rider documents explain all the features, benefits and terms in a simple manner.

On examination of the Rider, if You notice any mistake or error, please contact Our customer helpdesk or Your agent immediately on the address as mentioned below and return the Rider to Us for rectification.

You have a period of 15 (Fifteen) days (30 (Thirty) days (if the Rider has been sourced through distance marketing modes) from the date of receipt of the Rider to review the terms and conditions of the Rider. If You disagree to any of the terms or conditions, You have the option to return the original Rider documents to Us, by stating the objections/reasons for such disagreement. Upon return, this Rider will terminate forthwith and all rights, benefits and interests under the Rider will cease immediately. We will only refund the Rider Premiums received by Us, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any.

We will be delighted to offer You any further assistance or clarification You may require about the Rider. Please feel free to get in touch with Us for any Rider related or claim related services through the below mentioned contact details.

Yours Sincerely,

Max Life Insurance Company Limited

<NAME>

<DESIGNATION>

Agent's name/ Intermediary name:

Mobile/Landline Telephone Number:

Address:

Max Life Insurance Company Limited

Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India

Phone: 4219090 Fax: 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1860 120 5577

Regd Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144533

Visit Us at: www.maxlifeinsurance.com E-mail: service.helpdesk@maxlifeinsurance.com

IRDAI Registration No: 104

Corporate Identity Number: U74899PB2000PLC045626



PREAMBLE TO THE RIDER

MAX LIFE INSURANCE COMPANY LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Punjab -144533

Max Life Comprehensive Accident Benefit Rider

(A Non-Linked Non Participating Individual Pure Risk Premium Health Insurance Rider)

UIN: 104B025V03

Max Life Insurance Company Limited has entered into this contract of insurance on the basis of the information given in the Proposal Form together with the Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule below.

We agree to pay the benefits under the Rider on the happening of the insured event, while the Policy and Rider is in force subject to the terms and conditions stated herein.

Signed by and on behalf of
Max Life Insurance Company Limited

Place of Issuance: Gurugram, Haryana

POLICY SCHEDULE

Policy

Type of Policy

Policy UIN

Office

Rider Name – Max Life Comprehensive Accident Benefit Rider

Type of Rider – A Non-Linked Non Participating Individual Pure Risk Premium Health Insurance Rider

Rider UIN - 104B025V03

Policy No./ Proposal No.:		Client ID:		
Date of Proposal:				
Policyholder/Proposer:			Age Admitted: Yes/No	
PAN:			Gender:	
Identification Source & I.D No.:			Tel No./Mobile No.:	
Relationship with Life Insured:			Email:	
Date of Birth:				
Address (For all communication purposes):				
Life Insured:			Age Admitted: Yes/No	
Identification Source & ID No.:			Gender:	
Date of Birth:				
Age:				
Address:				
Nominee(s):			Guardian (if Nominee is minor):	
Nominee (s)Name	Relationship of Nominee(s) with Policyholder:	Date of Birth: Of Nominee	Age:	% share
Date of Commencement of Risk under Rider:			Premium Payment mode:	
Date on which Survival Benefit is payable: N/A				
Premium Payment Method:			Bill Draw Date:	
			Bank Account Number:	
Agent's name/ Intermediary name:			Agent's code/ Intermediary code:	
Email:			Agent's/ Intermediary License No.:	
Address:			Mobile/Landline Telephone Number:	
Details of Sales Personnel (for direct sales only):				

List of coverage	Rider Expiry Date	Insured Event	Rider Sum Assured (INR)	Rider Term	Premium Payment Term	Rider Premium	GST** and any other taxes, cesses & levies	Modal Factors	Total Rider Premium along with applicable taxes, cesses and levies payable as per Premium payment mode selected	Due Date when Rider Premium is payable/Date when the Last Premium is payable
						A (INR)	B (INR)	C	D= [(A+B)*C] (INR)	
Rider (s)	Dd/mm/yy	As per Section 2 of Part C								

**GST includes IGST, SGST, CGST, UGST (whichever is applicable) and applicable cesses

PART B

DEFINITIONS APPLICABLE TO YOUR RIDER

The words and phrases listed below shall have the meanings attributed to them, wherever they appear in this Rider, unless the context otherwise requires:

1. **"Accident"** means a sudden, unforeseen and involuntary event caused by external, visible and violent means;
2. **"Age"** means the age of the Life Insured as at last birthday;
3. **"Company", "We", "Us", "Our"** means Max Life Insurance Company Limited;
4. **"Death by an Accident"** means death of the Life Insured directly caused by an Injury resulting from an Accident, as revealed by an autopsy, within 180 (One Hundred Eighty) days from the date of such an Accident but before the Rider Expiry Date, occurring independently of any physical or mental Illness or any other causes;
5. **"Dismemberment"** means an Injury caused to the Life Insured due to an Accident occurring independently of any other causes, which within 180 (One Hundred Eighty) days from the date of such an Accident results in any one or more of the following impairments:
 - a. irrecoverable loss of entire sight in both eyes; or
 - b. amputation or loss of use, of both hands at or above the wrists; or
 - c. amputation or loss of use, of both feet at or above the ankles; or
 - d. amputation or loss of use, of one hand at or above the wrist and one foot at or above the ankle.
6. **"Date of Commencement of Risk under Rider"** means the date, as specified in the Schedule/endorsement, on which the coverage under this Rider commences;
7. **"Illness"** means a sickness or disease or pathological condition leading to the impairment of normal physiological function, which manifests itself during the Rider Term and requires medical treatment;
8. **"Injury"** means an accidental physical bodily harm excluding Illness or disease solely and directly caused by an external, violent and visible and evident means which is verified and certified by a Medical Practitioner;
9. **"Life Insured"** means the person named in the Schedule, on whose life the Base Policy and this Rider has been taken;
10. **"Medical Practitioner"** shall mean a person who holds a valid registration from the Medical Council of any State or Medical Council of India or any other such body 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, provided such Medical Practitioner is not the Life Insured covered under this Rider or the Policyholder or is not a close family member, relative (by blood), spouse of the Life Insured and/or the Policyholder or a Medical Practitioner employed by the Policyholder/ Life Insured;
11. **"Rider Expiry Date"** means the date as specified in the Schedule/ endorsement, on which the Rider Term expires and this Rider terminates;
12. **"Rider Premium"** means the amount payable to Us by You on the due dates and in the manner, as specified in the Schedule/ endorsement to secure the benefits payable under this Rider;
13. **"Rider Sum Assured"** means the amount as specified in the Schedule/ endorsement, which is payable on the Death by an Accident or Dismemberment of the Life Insured by Us;
14. **"Rider Term"** means the term of this Rider as selected by You at the time of the submission of the Proposal and as specified in the Schedule/ endorsement provided the minimum term is 10 (Ten) years and maximum term is 40 (Forty) years; and
15. **"You", "Your", "Proposer", "Policyholder"** means the person named in the Schedule/ endorsement, who has taken this Rider from Us, provided such a person is also the policyholder under the Base Policy.

RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT

1. ELIGIBILITY FOR RIDER BENEFITS

The Age of the Life Insured on the Date of Commencement of Risk under the Rider should be between 18 (Eighteen) years and 60 (Sixty) years (both inclusive).

2. RIDER BENEFITS

- 2.1. **Benefit payable in case of Death by an Accident:** During the Rider Term, upon the Death by an Accident of the Life Insured, We will pay the Rider Sum Assured to a person to whom the benefits under the Base Policy are payable, subject to the condition that the Base Policy and this Rider are in force.
- 2.2. **Dismemberment Benefit:** During the Rider Term, if the Life Insured suffers an Accident, which independently of any other causes, results in the Dismemberment of the Life Insured, We will pay the Rider Sum Assured to the Policyholder, subject to the condition that the Base Policy and this Rider are in force.
- 2.3. Once We have paid the Rider Sum Assured, in the event of Death by an Accident or Dismemberment of the Life Insured, the same shall constitute a valid discharge of Our liability under this Rider and this Rider shall automatically terminate.

3. EXCLUSIONS

Notwithstanding anything to the contrary stated herein, a person to whom the benefits are payable under the Base Policy will not be entitled to any benefits under this Rider, if the Death by an Accident or the Dismemberment of the Life Insured is directly or indirectly, voluntarily or involuntarily, due to or caused, occasioned, accelerated or aggravated by any of the following:

- 3.1 intentional self-inflicted Injury, suicide or attempted suicide by the Life Insured, whether sane or insane at that time; or
- 3.2 the Life Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Medical Practitioner; or
- 3.3 Injuries resulting from war (declared or undeclared), invasion, civil war, riots, revolution or any warlike operations; or
- 3.4 participation by the Life Insured in a criminal or unlawful act with criminal intent; or
- 3.5 service in the military/ paramilitary, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict; or
- 3.6 participation by the Life Insured in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided that the Life Insured does not, at that time, have any duty on board such aircraft; or
- 3.7 the Life Insured engaging in or taking part in professional sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; or bungee-jumping; or
- 3.8 any radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.

4. PREMIUM

- 4.1. You can pay the Rider Premiums in annual or semi-annual or quarterly or monthly payment modes, as specified in the Schedule/ endorsement provided the Rider Premium payment mode under this Rider shall always be same as that of the Base Policy. The Rider Premium may change, if the Rider Premium payment mode is changed by You.
- 4.2. Regular Rider Premiums, as specified in the Schedule/ endorsement are payable under this Rider on the due dates and in the manner, as specified in the Schedule/ endorsement provided the due dates of payment of Rider Premium within the Rider Term are same as that of the Base Policy.
- 4.3. All Rider Premiums are subject to applicable taxes, cesses and levies, if any, which shall be entirely borne by You and will be paid to Us along with the Rider Premiums. If any imposition (tax or otherwise) is levied on Us by any statutory or administrative body under this Rider, We reserve the right to claim the same from You. Alternatively, We have the right to deduct the same from the benefits payable by Us under this Rider.
- 4.4. This Rider can be added or removed from the Base Policy anytime during the Policy Year. If this Rider is added in between 2 (Two) Policy Anniversaries, then for the first Policy Year, You will be required to pay the proportionate Rider Premium for the remaining period of that Policy Year.

5. GRACE PERIOD

- 5.1. We will allow a grace period of 15 (Fifteen) days if You have chosen monthly mode for payment of the Rider Premium and 30 (Thirty) days, if You have chosen any other mode, from the due date of the unpaid Rider Premium, for paying the overdue Rider Premium to Us. During the grace period, We will accept the overdue Rider Premium without any interest and the insurance coverage under this Rider will continue.
- 5.2. During the grace period, if the overdue Rider Premium is not paid and upon the Death by an Accident of the Life Insured, We will pay the Rider Sum Assured after deducting the said overdue Rider Premium from the amount payable under this Rider.

6. SURVIVAL BENEFIT

No survival benefits are payable under this Rider.

PART D

SERVICING CONDITIONS APPLICABLE TO THE RIDER

1. SURRENDER VALUE

No surrender value is payable under this Rider.

2. LOANS

You are not entitled to any loans under this Rider

3. LAPSE AND REVIVAL OF THIS RIDER

3.1. If the Rider Premium (along with the applicable taxes, cesses and levies, if any) is not received by Us till the end of the grace period, this Rider shall lapse and no benefits shall be payable under this Rider.

3.2. If You revive this Rider in accordance with this Section, then, the benefits and the rights under this Rider shall be revived.

3.3. A lapsed Rider can be revived, at Our discretion, within 5 (Five) consecutive years from the due date of first unpaid Rider Premium:

3.3.1. On receipt of Your written request to revive the Rider;

3.3.2. If You produce an evidence of insurability (in form of declaration of health condition and/or relevant medical reports) at Your own cost which is acceptable to Us; and

3.3.3. On payment of all overdue Rider Premiums to Us with late fee and interest at such rates as may be determined by Us. Currently the applicable late payment fee is as below:

No. of days between date of Revival and date of lapse of Policy	Revival Late Fee Basis	Currently Applicable Revival Late Fee*
0-60	Nil	0.00%
61-180	RBI Bank Rate + 1% p.a. (compounded annually on due Premiums)	8.00%
>180	RBI Bank Rate + 3% p.a. (compounded annually on due Premiums)	9.90%

*Note: The current applicable revival late fee is effective 1st July 2019 and is based on RBI Bank rate of 7.0% p.a. prevailing as at 5th April 2016. The ‘RBI Bank Rate’ for the financial year ending 31st March (every year) will be considered for determining the revival late fee and the same shall be made effective w.e.f. 01st July every year. The revival late fee is revised only if the ‘RBI Bank Rate’ changes by 1% or more from the ‘RBI Bank Rate’ used to determine the prevailing revival late fee (reviewed on every 31st March). For further details and the revival late fee applicable as on date, please refer to our website www.maxlifeinsurance.com.

3.4. The revival of the lapsed Rider shall take effect only after We have approved the same in accordance with Our board approved underwriting policy and communicated Our decision to You in writing. All benefits under this Rider will be restored upon such revival.

3.5. If a lapsed Rider is not revived within the prescribed period allowed for revival, then, this Rider shall terminate and no benefits shall be payable under this Rider.

4. TERM AND TERMINATION OF THE RIDER

4.1. This Rider will be effective on and from the Date of Commencement of Risk under the Rider and shall remain valid till the Rider Expiry Date.

4.2. Notwithstanding anything contained above, this Rider shall automatically terminate on the happening of any of the following events:

4.2.1. on the Rider Expiry Date or upon the Policy Anniversary immediately following and coinciding with the Life Insured attaining the Age of 75 (Seventy Five) years, whichever is earlier; or

4.2.2. if the lapsed Base Policy is not revived in accordance with the provisions of the Base Policy or has expired or has become paid-up or surrendered or cancelled or terminated in any manner for whatever reason; or

4.2.3. on the death of the Life Insured due to any cause; or

4.2.4. upon payment of the Rider Sum Assured for a valid claim as specified in this Rider or on the date of repudiation of the claim (in case of death of the Life Insured) in accordance with the terms of this Rider; or

4.2.5. upon cancellation/ termination of this Rider by Us on grounds of misrepresentation, fraud, non-disclosure or non-cooperation by You and/or the Life Insured; or

4.2.6. on the due date of the last unpaid Rider Premium, where We receive Your written request for cancellation of this Rider other than the request for cancellation of the Rider during the free look period.



PART E

RIDER CHARGES

APPLICABLE FEES/ CHARGES UNDER THIS RIDER

This Rider is a non-linked non-participating individual pure risk premium health insurance Rider therefore, Part E is not applicable to this Rider.

PART F

GENERAL TERMS & CONDITIONS OF THE RIDER

1. CLAIM PROCEDURE

- 1.1. A person claiming benefits under this Rider must notify Us in writing within 90 (Ninety) days from the date of Death by an Accident or Dismemberment of the Life Insured. Failure to do so may invalidate a claim under this Rider. We may at Our discretion condone the delay in notifying a claim, if it is proved by a person claiming benefits under this Rider that the delay was due to a reason beyond control, subject to such conditions as We may prescribe at the time.
- 1.2. We will require the following documents in case of Death by an Accident of the Life Insured:
 - i. claimant's statement in the prescribed form;
 - ii. original Policy and Rider document;
 - iii. death certificate issued by the local/ municipal authority;
 - iv. attending physician's statement;
 - v. employer's certificate;
 - vi. a copy of the first information/ post mortem report along with viscera/ histopathology report (wherever applicable);
 - vii. attested copies of photo-identity proof of the claimant and documents establishing the right of the claimant; and
 - viii. any other documents/information required by us for assessing and approving the claim request. Standardized claim documents can be downloaded from Our website.
- 1.3. We will require the following documents in the case of Dismemberment of the Life Insured:
 - i. claimant's statement in the prescribed form;
 - ii. original Policy and this Rider document;
 - iii. attending physician's statement and copies of all the recent treatment/ hospitalization records
 - iv. a copy of the first information report (wherever applicable);
 - v. certificate by a Medical Practitioner confirming Dismemberment of the Life Insured; and
 - vi. any other documents/information required by us for assessing and approving the claim request. Standardized claim documents can be downloaded from Our website.
- 1.4. Subject to satisfaction of the conditions specified in this Rider, including submission of proof satisfactory to Us as to the occurrence of the Death by an Accident or Dismemberment of the Life Insured and on the submission of the documents as specified above, as the case may be, We will pay the Rider Sum Assured under this Rider.
- 1.5. In the event of any delay on Our part in processing the claim for a reason other than the claim payment which cannot be made due to any reason of a proper identification of the beneficiary in the payment of the due claim amount, then, We shall be liable to pay an interest from the date of receipt of last necessary document at a rate which is 2% (Two percent) above the bank rate prevalent at the beginning of the financial year in which the claim has fallen due.

2. DECLARATION OF THE CORRECT AGE

Declaration of the correct Age and/ or gender of the Life Insured is important for Our underwriting process and calculation of Premiums payable under the Rider. If the Age and/or gender declared in the Proposal Form is found to be incorrect at any time during the Rider Term or at the time of claim, We may revise the Premium with interest and/or applicable benefits payable under the Rider in accordance with the premium and benefits that would have been payable, if the correct Age and/ or gender would have made the Life Insured eligible to be covered under the Rider on the Date of Commencement of Risk under the Rider.

3. FRAUD, MISREPRESENTATION AND FORFEITURE

Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is as prescribed under the Base Policy for reference]*

4. NOMINATION

Please refer to the nomination provisions as specified in the Base Policy wherein You can nominate a person as Your Nominee in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time.

5. ASSIGNMENT

For any assignment, the assignment provisions as specified in the Base Policy shall be applicable.

6. INTERPRETATIONS

- 6.1. References to the masculine or the singular will include references to the feminine and the plural, and vice versa.
- 6.2. References to any statute or statutory enactment shall include re-enactment or amendment to the same.
- 6.3. Section headings are for ease of reference only and have no interpretive value.
- 6.4. Reference to days, unless the context otherwise requires, means calendar days only.
- 6.5. We agree to provide to You, the benefits under this Rider, while this Rider and the Base Policy are in force.
- 6.6. In addition to these terms and conditions, this Rider shall also be governed by the terms and conditions of the Base Policy and any other rider attached to the Base Policy.
- 6.7. Words and expressions used in this Rider and not defined herein, but defined in the Base Policy shall have, where the context so permits, the meaning assigned to them in the Base Policy.
- 6.8. If there is any inconsistency between the provisions of the Base Policy and this Rider, the provisions of this Rider shall prevail with respect to the matters dealt with in this Rider.

PART G

GRIEVANCE REDRESSAL MECHANISM AND OMBUDSMAN DETAILS

1. DISPUTE REDRESSAL PROCESS UNDER THE RIDER

1.1. All consumer grievances and/or queries may be first addressed to Your agent or Our customer helpdesk as mentioned below:

Max Life Insurance Company Limited
Plot 90A, Sector 18, Gurugram, 122015, Haryana, India
Helpline No. – 1860 120 5577
Email: service.helpdesk@maxlifeinsurance.com

1.2. If Our response is not satisfactory or there is no response within 15 (Fifteen) days:

1.2.1. the complainant or his legal heirs may file a written complaint with full details of the complaint and the complainant's contact information to the following official for resolution:

Chief Customer officer,
Max Life Insurance Company Limited
Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India
Helpline No. – 1860 120 5577
Email: manager.services@maxlifeinsurance.com;

1.2.2. the complainant or his legal heirs may approach the Grievance Cell of the IRDAI on the following contact details:

IRDAI Grievance Call Centre (IGCC) Toll Free No:155255 or 1800 4254 732
Email ID: complaints@irda.gov.in

1.2.3. You can also register Your complaint online at <http://www.igms.irda.gov.in/>

1.2.4. You can also register Your complaint through fax/paper by submitting Your complaint to:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Sy No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500032
Ph: (040) 20204000

1.2.5. You may approach Our Grievance Redressal Officer at - (0124) 4219090.

1.3. If You are not satisfied with the redressal or there is no response within a period of 1 (One) month or rejection of complaint by Us, the complainant or his legal heirs or nominee, or assignee may approach Insurance Ombudsman at the address mentioned in Annexure A or on the IRDAI website www.irda.gov.in, if the grievance pertains to:

- 1.3.1. delay in settlement of a claim;
- 1.3.2. any partial or total repudiation of a claim by Us;
- 1.3.3. any dispute with regard to the Premium paid or payable in terms of the Policy; or
- 1.3.4. any misrepresentation of policy terms and conditions at any time in the policy document or policy contract;
- 1.3.5. any dispute on the legal construction of the Policy in so far as such dispute relate to a claim;
- 1.3.6. policy servicing by Us, our agents or intermediaries;
- 1.3.7. issuance of insurance policy, which is not in conformity with the proposal form submitted by You;
- 1.3.8. non issuance of any insurance document after receipt of the Premium.
- 1.3.9. Any other matter resulting from violation of provisions of Insurance Act, 1938 or the regulation, circulars, Guidelines or instructions issued by the IRDAI from time to time on the terms and conditions of the policy contract, in so far as they relate to issues mentioned in this para 1.3 above.

1.4. As per Rule 14 of the Insurance Ombudsman Rules, 2017, a complaint to the Insurance Ombudsman can be made only within a period of 1 (One) year after receipt of Our rejection of the representation or after receipt of Our decision which is not to Your satisfaction or if We fail to furnish reply after expiry of a period of one month from the date of receipt of the written representation of the complainant, provided the complaint is not on the same matter, for which any proceedings before any court, or consumer forum or arbitrator is pending.

Annexure A**List of Insurance Ombudsman**

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

BENGALURU -Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Ground Floor Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: bimalokpal.bengaluru@ecoi.co.in. (State of Karnataka)

BHOPAL - Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Bhopal(M.P.)-462 003. Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in (States of Madhya Pradesh and Chattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009. Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in (State of Orissa.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.:- 0172-2706468/2706196 Fax : 0172-2708274 Email: bimalokpal.chandigarh@ecoi.co.in (States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.)

CHENNAI - Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 , Anna Salai, Teynampet, Chennai-600 018.Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@ecoi.co.in [State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).]

DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building., Asaf Ali Road, New Delhi-110 002. Tel.:- 011-2323481/23213504 Email: bimalokpal.delhi@ecoi.co.in (State of Delhi)

ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.)

GUWAHATI - Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2132204/2132205 Fax : 0361-2732937 Email: bimalokpal.guwahati@ecoi.co.in (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@ecoi.co.in (State of Andhra Pradesh, Telangana and Yanam – a part of the Union Territory of Pudhcherry.)

JAIPUR - Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302 005 Tel : 0141-2740363 Email: bimalokpal.jaipur@ecoi.co.in (State of Rajasthan)

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@ecoi.co.in (States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.)

LUCKNOW - Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@ecoi.co.in (Following Districts of Uttar Pradesh Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..)

MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@ecoi.co.in (State of Goa and Mumbai Metropolitan Region excluding Navi Mumbai and Thane)

NOIDA - Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, 201301. Tel: 0120-2514250/2514252/2514253 Email: bimalokpal.noida@ecoi.co.in (State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

PATNA - Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna – 800 006, Tel No: 0612-2680952, Email id : bimalokpal.patna@ecoi.co.in (State of Bihar, Jharkhand.)

PUNE - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan Bldg, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan peth, Pune – 411 030. Tel: 020-41312555 Email: bimalokpal.pune@ecoi.co.in (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)