

## Welcome Letter

<<Date>>

<<Name and address of MPH>>

**Subject: Canara HSBC Oriental Bank of Commerce Life Corporate Group Term Plan-  
Master Policy No. <<Policy No>>**

Dear Madam,

We thank you for choosing Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited as your preferred Insurance partner to provide Corporate Group Term Plan to your employees/members.

We are pleased to enclose your Policy Pack for our Corporate Group Term Plan bearing **MASTER POLICY NO. <<>>** issued on <<date>>, comprising of the following documents:

1. Policy Document
2. Master Policy Schedule
3. First Premium Receipt
4. List of members covered / included under Master Policy (Annexure-A)
5. Complaint Redressal Procedure
6. Stamp Endorsement
7. List of documents which are attached separately along with Master Policy Pack-
  - a. Copy of your Master Proposal Form
  - b. Copy of Signed Quotation
  - c. Service request forms & formats

It is our objective to provide financial protection for your employees/members supported by the highest levels of customer service.

**Below attached is the premium summary for your reference –**

Premium Summary			
Date	Transaction Description	Credit (Receipts)	Debits (Usages)
<b>Total (in ₹)</b>			
<b>Float balance available (in ₹)</b>			
<b>(Receipts – Usages)</b>			

We request you to kindly go through the entire policy document to ensure that all details captured herein are correct. For any discrepancy found in the above mentioned documents please write to us at [grouphelpdesk@canarahsbclife.in](mailto:grouphelpdesk@canarahsbclife.in) or contact us on 1800-103-0003 or 1800-180-0003 (BSNL/MTNL) or SMS us at 97790-30003.

Yours Truly  
For Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited.

**Chirag Jain**  
**Chief Operating Officer**

## **POLICY DOCUMENT**

*Plan Name: **Canara HSBC Oriental Bank of Commerce Life Corporate Group Term Plan***

*UIN Number: **136N020V02***

*Name of Master Policy Holder: <<**MPH Name**>>*

*Master Policy No.: <<**Policy No**>>*

*Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited ("Company") has received a proposal and first premium from the Master Policyholder. The Proposal and declaration along with statements, reports or other documents leading to the issuance of this Master Policy has been accepted by the Company and the Master Policyholder as the basis of this contract. This contract will be valid in consideration of and subject to the receipt of subsequent premiums as per the payment frequency mentioned in the Master Policy Schedule annexure. The Company shall pay relevant benefits and other amounts that become payable upon occurrence of one or more events mentioned in this Master Policy on receipt of proof that is satisfactory to the Company.*

*The date of commencement of risk under this Master Policy is as set out in the Schedule.*

Chirag Jain  
Chief Operating Officer

**Canara HSBC Oriental Bank of Commerce Life Corporate Group Term Plan**

UIN: 136N020V02

**MASTER POLICY SCHEDULE****MASTER POLICY DETAILS:**

Proposal No:		Master Policy No:	
Master Policyholder:			
Address of Master Policyholder:			
Master Policy commencement date:		Annual renewal date of policy:	
Plan Type:	<b>Yearly Renewable Group Term Plan</b>	Scheme Name:	<b>Canara HSBC Oriental Bank of Commerce Life Corporate Group Term Plan</b>
Minimum Age at Entry:		Maximum Age At Entry:	
Initial No. of Members covered:		Premium Rates agreed (as per signed quotation)	
Premium Mode:		Free Cover Limit: (in ₹):	
Total Applied Sum Assured (in ₹):		Total Inforce Sum Assured (in ₹):	
*Premium charged on inforce sum assured (in ₹):		Benefit Basis:	
Spouse cover applicable		Benefit basis for Spouse	
Rider coverage (if any)		Policy expiry date unless renewed:	

\* Premium amount mentioned above is inclusive of service tax & education cess. Service Tax & education cess at the applicable rates would be charged on the premium payable under the policy.

\* Premium specified above is the amount actually adjusted against the initial members for providing inforce sum assured and not on the actual sum assured applied. The details on sum assured inforce is provided in the list of member's included as a separate annexure to the policy.

*Chirag Jain*  
Chief Operating Officer

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**First Premium Receipt**

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Date: Master Policy No.:  
Master Policyholder: Receipt Number:  
Address:

To: <<Name of MPH>>

This is to acknowledge receipt of premium against above referred Master Policy Number, as per detail given below.

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**SUMMARY OF POLICY INFORMATION**

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Plan	Canara HSBC Oriental Bank of Commerce Life Corporate Group Term Plan
Basic Premium (in ₹)	
Service Tax @ 12% on Premium (in ₹)	
Edu. Cess @ 2% on Service Tax (in ₹)	
Secondary & Higher Cess @ 1% on Service Tax (in ₹)	
Total Premium (in ₹)*	
No of initial members covered	

Should you need any further assistance, please call us on our Toll Free No.1800-103-0003 or 1800-180-0003 (BSNL/MTNL). You may also e-mail us at [grouphelpdesk@canarahsbclife.in](mailto:grouphelpdesk@canarahsbclife.in) or SMS us at 97790-30003.

Yours Sincerely,

Authorized Signatory

**Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited**

Note: \* Subject to Direct Credit / Realization of Demand Drafts  
\*Premium rounded up to 2 decimals  
Service Tax Registration No: AADCC1881FST001.

**Annexure-A**

**List of Members covered / included in the Canara HSBC Oriental Bank of  
Commerce Life Corporate Group Term Plan**

**Master Policy No: <<Master Policy NO>>**

**Canara HSBC Oriental Bank of Commerce Life Corporate Group Term Plan  
UIN – 136N020V02**

**TERMS AND CONDITIONS**

**1. DEFINITIONS AND INTERPRETATION**

**1.1 Definitions**

In this Master Policy, unless the context requires otherwise, the following words and expressions shall have the meaning ascribed to them respectively herein below:

**Act** means the Insurance Act, 1938;

**Age** means age at last birthday;

**Annual Renewal Date** means the date of renewal of the Master Policy specified in the Master Policy Schedule;

**Authority** means the Insurance Regulatory and Development Authority or such other authority or authorities, as may be designated under the applicable laws and regulations as having authority to oversee and regulate life insurance business in India, or any other area that has an impact on the business of life insurance;

**Beneficiary** means the person or persons who has/have been nominated by the Insured Member as beneficiary/beneficiaries and whose name or names has/have been entered by the Policyholder in the Register of Insured Members.

**Claimant** means the Beneficiary or the person who is entitled to prefer a claim for Death Benefit under the Master Policy as per Clause 4 hereof;

**Company** means Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited, a company incorporated under the provisions of the Companies Act, 1956 and carrying on the business of life insurance;

**Cover End Date** means the date of the expiry of Insurance Cover provided to the Insured Member under this Policy;

**Benefit** means the benefit as defined in Clause 4 hereto which is payable by the Company to the Beneficiary of the Insured Member through the Master Policyholder upon the death of the Insured Member, as applicable, subject to terms and conditions of the Master Policy;

**Effective Date of Coverage** means the date specified towards the respective Insured Member in the Register of Insured Members on which the Insurance Cover for that respective Insured member under this Master Policy commences.

**Insurance Cover** means the cover effected hereunder on the life of the Insured Members;

**Insured Member** means any person who satisfies the eligibility criteria as mentioned in Clause 2 hereof who has been provided insurance cover under this Policy and whose name and details appear in the Register of Insured Members of the Master Policy;

**Insured Event** means the death of the Insured Member while this Policy is in force;

**Master Policy** means this **Canara HSBC Oriental Bank of Commerce Life Corporate Group Term Plan** life insurance Policy, comprising these terms and conditions, the Master Policy

Schedule, Annexure, Register of Insured Members, endorsement or addendum/s (if any), Proposal Form including other correspondence issued by the Company, all of which shall form an integral part of this Policy;

**Master Policy Commencement Date** means the date of commencement of the Master Policy as specified in the Master Policy Schedule;

**Master Policyholder** means the entity named as such in the Master Policy Schedule to whom this Policy has been issued by the Company;

**Master Proposal Form** means the proposal form submitted by the Master Policyholder pursuant to and on the basis of which this Master Policy has been issued by the Company;

**Premium** means the amount of premium specified by the Company which is payable by the Master Policyholder to the Company as per the terms of this Master Policy;

**Register of Insured Members** means a register maintained by the Company containing the details of each Insured Member, including but not limited to name, Age, sex, Sum Assured in respect of each Insured Member, Effective Date of Coverage and any special conditions, if applicable to such Insured Member;

**Sum Assured** means the amount specified in the Register of Insured Members of the Master Policy which is payable as per the terms of the Master Policy upon the death of an Insured Member;

## 1.2 Interpretation

This Master Policy is divided into numbered clauses for ease of reference and reading. Except as stated, these divisions and the corresponding clause headings do not limit the Master Policy or its interpretation in any way. Unless the context requires otherwise, words of one gender shall include the other gender and the singular shall include the plural and vice versa and references to any statute include subsequent changes to that statute.

## 2. ELIGIBILITY CRITERIA FOR AN INSURED MEMBER

2.1 A person shall be eligible to become an Insured Member if such person is:

- (i) a natural person; and
- (ii) above or equal to the minimum age at entry and below or equal to the maximum age at entry as specified in the Policy Schedule;
- (iii) the employee of the Master Policyholder and his/her provident fund is deducted by the Master Policyholder under Provident Fund Scheme in case of Master policy issued in lieu of EDLI;
- (iv) an employee with the Master Policyholder;

2.2 A person shall automatically cease to be an Insured Member at the date earliest of:

- (i) the day following expiry of Cover End Date; or
- (ii) a claim received in respect such Insured Member for benefits under this Policy, irrespective of whether the claim is admitted or not; or
- (iii) the Insured Member ceases to comply with the Eligibility Criteria prescribed in Clause 2.1
- (iv) Master Policyholder surrenders the Master Policy.
- (v) the date of lapsation of the Master Policy

### **3. INSURANCE COVER UNDER MASTER POLICY**

- 3.1 The Company may cover a person under this Master Policy who satisfies the eligibility criteria as provided in Clause 2 of this Master Policy after receipt of the Insured Member details as per the requirements of the Company along with the requisite amount of Premium in advance.
- 3.2 Every Insured Member or Master Policyholder on behalf of Insured member shall produce evidence of insurability in the form and manner prescribed by the Company before effecting the insurance cover on his/her life under this Master Policy or before effecting any increase in Sum Assured, if any.

### **4. DEATH BENEFITS**

- 4.1 Subject to the provisions contained herein and fulfillment of the terms and conditions of this Master Policy, upon the death of the Insured Member, the Company will make payment of the Sum Assured pertaining to the deceased Insured Member, subject to Clause 4.4 and conditions provided herein:
- 4.1.1 Upon the satisfactory proof of the death of the Insured Member, its cause and receipt of documents required under this Master Policy, the Company shall pay the Sum Assured applicable to the respective deceased Insured Member, to the Beneficiary through Master Policyholder, subject to other provisions of this Master Policy.
- 4.1.2 No Death Benefit shall be payable under this Master Policy if the death of the Insured Member occurs on a date prior to the Effective date of Coverage or after the Cover End Date or in circumstances specified in Clause 11.5.
- 4.2 Subject to the provisions contained herein and fulfillment of the terms and conditions of this Master Policy and Master Policy Schedule having made all due payments of Premium, the Company agrees to pay the Sum Assured to the Beneficiary through Master Policyholder as specified in the Register of Insured Members of the Master Policy.
- 4.3 **Payment of Death Benefit**
- 4.3.1 The Master Policyholder shall endeavor within 60 days of the death of an Insured Member to intimate the Company in writing and in the form and manner specified by the Company to claim Death Benefit. The Company shall pay the Sum Assured to the Beneficiary through Master Policyholder subject to following terms:
- (i) The Master Policyholder provides the Company with such information and/or documentation that the Company may request in order to establish the fact of, date of, circumstances relating to and cause of death of the Insured Member and the Company's liability hereunder;
  - (ii) The Master Policyholder shall cooperate and assist the Company in any investigation that the Company may decide to undertake in respect of the circumstances leading to death of the Insured Member;
  - (iii) The Master Policyholder agrees to indemnify and keep indemnified and hold the Company free and harmless from and against any and all demands, liabilities, losses, expenses, costs or claims which arise from, in relation to or are howsoever connected with or attributable to payment of Sum Assured by the Company to the Master Policyholder.
  - (iv) A discharge or receipt by the Master Policyholder of the death benefits payable under the policy shall be a good, valid and sufficient discharge to the Company for all purpose.

**4.3.2 In case of claim for Death Benefits, the following documents are required to be submitted to the Company:**

- (i) Death certificate issued by municipal authorities along with Age Proof;
- (ii) Company Specific Claim formats duly completed and signed – Claimants Statement, Physician’s Statement, Treating Hospital Certificate / Hospital Records;
- (iii) Post-mortem/ chemical viscera report (if performed)
- (iv) Police reports (First information report, Panchnama, Police Investigation Report, Police Final Report) only in case of unnatural or accidental deaths.
- (v) Leave records

4.3.3 Notwithstanding anything contained in Clause 4.3.2 above, depending upon the cause or nature of the claim, the Company reserves the right to call for other and/or additional documents or information, including documents/information concerning the title of the Claimant, to the satisfaction of the Company for processing the claim.

**4.3.4 Mode of payment of Death Benefits**

All Death Benefits and other sums under this Master Policy shall be payable in the manner and currency permitted under the Regulations.

**4.4 Increase/Decrease of the Sum Assured**

4.4.1 The Sum Assured for the Insured Members can be increased or decreased during the Policy Term, subject to the following:

- (i) The increase or decrease in the sum assured shall be within the limits and as per the Sum Assured criteria pre-defined by the Company;
- (ii) Receipt of additional premium by the Company on account of increase in the Sum Assured;
- (iii) Intimation by the Company to the Master Policyholder confirming the Increase or Decrease in the Sum Assured.

4.4.2 The Company shall refund the premium (if any) on account of decrease in the Sum Assured at the end of the Policy year or shall adjust the same in the renewal premium payable under this Master Policy.

4.4.3 The premium payable on account of the increase in the Sum Assured shall be calculated on pro-rata basis.

**4.5 Discharge**

Any discharge given by the Master Policyholder or Claimant, or by any person authorized by the Master Policyholder or Claimant in writing in respect of the Death Benefits or the sums payable as mentioned in the Register of Insured Members of the Master Policy shall constitute a valid discharge to the Company in respect of such payment. The Company’s liability towards

the said Insured Member under Master Policy shall be automatically discharged by such payment.

## **5. PREMIUM**

- 5.1** The Master Policyholder shall pay the due premium on behalf of the Insured Member covered under this Master Policy. The Company reserves the right to revise its existing premium rates and insurability condition at the time of renewal of the Master Policy.
- 5.2** The Company reserves the right to increase the Premium rates for person/s who in the opinion of the Company's underwriters pose higher risk to the Company. In such an event, the revised rates quoted by the Company shall apply for such Insured Members.
- 5.3** If any person is admitted as a Insured Member under this Master Policy after the Master Policy Commencement Date, a proportionate premium shall become payable by the Master Policyholder to cover for the period from Effective date of coverage of the said admitted Insured Member till the next annual date of renewal of the Master Policy as agreed by the Master Policyholder.
- 5.4** If any Insured Member disqualifies the Eligibility Criteria as specified under Clause 2.1 above, and the Insured Members ceases to be a member of the Master Policy, the premium paid for the unexpired period of risk will be refunded by the Company at the end of the Master Policy Term or adjusted in the renewal premium.

## **6. AGE ADMISSION**

The Age of the Insured Member is admitted on the basis of the declaration made by the Insured Member in the member data details submitted by Master Policyholder. If the Age of the Insured Member is found to be different from that declared in the member data details, the Company may, adjust the Premiums and/or the Death Benefits and/or recover the additional amounts, if any, as it deems fit. Insurance Cover of the Insured Member shall however become void from the Effective Date of Coverage, if at any time the Age of the Insured Member is found to be higher than the maximum or lower than the minimum entry Age that was permissible under this Master Policy at the time of Master Policy Commencement Date.

## **7. ASSIGNMENT**

Neither this Master Policy nor the benefits payable hereunder to an Insured Member are assignable.

## **8. SURRENDER**

The Master Policyholder can surrender the Master Policy anytime during the Policy Term, however, there is no Surrender value under this Master Policy. On surrender, the Master Policy shall be terminated and cannot be revived thereafter. Further, the Sum Assured under the policy ceases the moment the policy is surrendered and no death benefit is payable under the Master Policy thereafter.

## **9. GRACE PERIOD, TERMINATION AND RENEWAL OF THE MASTER POLICY**

- 9.1 In the event of the Master Policyholder's failure to pay the Premiums due on the premium due date, the Company will allow a Grace Period of 15 days for monthly premium mode and 30 days for all other modes. After the expiry of the Grace Period without payment of the Premium in full, the Insurance Cover under the Master Policy shall be deemed to have automatically lapsed as at the Due Date and all liability of the Company under this Policy shall cease as on the Due Date.
- 9.2 In the event of any claim under Clause 4 during the Grace Period, Benefit shall be payable as per the terms and conditions mentioned herein, subject to receipt of due premiums under the Master Policy.
- 9.3 Subject to the terms and conditions mentioned herein, the Master Policy shall continue to be in force for a period of 1 (one) year from the Master Policy Commencement Date and can be subsequently renewed on each anniversary date and payment of the renewal premium determined by the Company.

## **10. REVIVAL OF THE MASTER POLICY**

Subject to the approval of the Company and the prevailing rules of the Company pertaining to revival of the Insurance Cover under this Master Policy, the Master Policy may be revived within 2 years from the date of lapse of the Master Policy.

## **11. General Conditions**

- 11.1 **No Participation in surplus or Profits.** This Master Policy does not confer any rights on the Master Policyholder nor any Insured member to participate in surplus or profits of the Company.
- 11.2 **Review, revision.** The Company reserves the right to review, revise, delete and / or alter any of the terms and conditions of this Master Policy, including without limitation the Death Benefits, with the approval of the Authority.
- 11.3 **List of Beneficiary.** The Master Policyholder shall maintain the beneficiary details of the Insured Members covered under the Master Policy.
- 11.4 **Register of Insured Members.** The Register of Insured Members at the inception of this Policy is attached to this Master Policy as **Annexure I**. The Register of Insured Members will be updated from time to time by the Company in its Policy Administration System by addition or deletion of Insured Members as applicable, and a copy of such updated register shall be provided to the Master Policyholder at such times as may be agreed between the Master Policyholder and the Company.

### **11.5 Exclusions**

#### **11.5.1 Suicide exclusion**

If an Insured Member commits suicide for any reason, while sane or insane, within one year from the Effective Date of Coverage or from the reinstatement of the Insurance Cover, the Death Benefit under this Policy shall not be payable and the Insurance Cover for the Insured Member under this Master

Policy shall automatically cease. This clause is applicable only in case of schemes with voluntary participation. This clause shall not be applicable in case the Master Policy is issued on account of a takeover from existing scheme. In case this clause is applicable the Company shall refund 80% of the premium paid for the respective Insured Member, provided the Master Policy is in force on the date of death of the said Insured Member.

11.6 **Loans:** No loans will be admissible under this Master Policy.

11.7 **Misrepresentation of Facts:** In issuing this Master Policy the Company has relied on the accuracy and completeness of information provided by the Master Policyholder in the member data details and/or any other declarations or statements made or as may be made hereafter by the Master Policyholder. Subject to the provisions of the applicable Regulations including Section 45 of the Act, in the event any such information, declaration or statement is found to be false or incorrect or any material information is found to be withheld or misrepresented, the respective Insurance Cover under the Master Policy shall become null and void from commencement, and the Company shall cease to be liable for payment of any Death Benefits under the same.

## 12. GENERAL PROVISIONS

12.1 **Release and discharge:** The Insurance Cover for an Insured Member will terminate automatically on payment of the Death Benefits as specified in the Registered of Insured Members issued by the Company under the Master Policy and the Company will be relieved and discharged from all obligations under the Insurance Cover.

12.2 **Limitation of Liability:** The Maximum liability of the Company under this Master Policy in respect of an Insured Member shall not, in any circumstances, exceed the amount of Death Benefit provided to such Insured Member. The Company's liability in respect of a Death Benefit shall end on the Cover End Date or on payment of the Sum Assured applicable on the date of death of an Insured Member to the Master Policyholder in case claim admitted by the Company.

12.3 **Grievance Redressal /Complaints:** Any grievance or complaints to the Company must be made in writing and delivered to the address of its Grievance Redressal Officer, which is currently:

Complaint Redressal Unit  
Canara HSBC Oriental Bank of Commerce Life Insurance Company Limited  
Unitech Trade Center, 2nd Floor,  
C- Block, Sushant Lok , Ph - I, Sector - 43,  
Gurgaon, Haryana - 122009  
India  
Resolution Centre : 1800-10-30003  
Email id: [cru@canarahsbclife.in](mailto:cru@canarahsbclife.in)

Any change in the address or details above will be communicated by the Company to the Master Policyholder in writing.

#### **12.4 Taxes, duties and levies**

It shall be the sole responsibility of the Master Policyholder/Claimant to ensure compliance with all applicable provisions of the Regulations, including taxation laws, and payment of all applicable taxes in respect of the Premiums and Death Benefits or other payouts made or received by the Master Policyholder/Claimant under this Policy and the Company does not accept any liability or responsibility in this regard. Except as may be specifically required by the Regulations, the Company shall not be responsible for any tax liability arising in relation to this Master Policy, the Premiums payable or the Death Benefits or other payouts made in terms of this Master Policy. The Company shall be entitled to deduct such amounts towards taxes, duties or such other levies as may be required from any sum received by it or payable under this Master Policy, and deposit the amount so deducted with the appropriate government or regulatory authorities.

#### **12.5 Disclosure of information**

If the Master Policyholder or Beneficiary or anyone acting for them or with their knowledge makes any false or fraudulent claim with the Company for payment of Death Benefit hereunder, then the Insurance Cover in respect of Insured Member in respect of whom the false/fraudulent claim was made shall become void and Premiums received in respect of such Insured Member shall stand forfeited in favour of the Company.

#### **12.6 Loss of Master Policy document – issue of duplicate**

The Company will replace a lost Master Policy Document/ Certificate of Insurance when satisfied that it is lost. However, the Company reserves the right to make such investigations into and to call for such evidence of the loss of the Master Policy Document/ Certificate of Insurance, at the Master Policyholder's/ Insured Member's expense, as the Company considers necessary before issuing a duplicate Master Policy Document/ Certificate of Insurance. The Company has the right to charge a fee for the issue of a duplicate Master Policy/ Certificate of Insurance. It is hereby understood and agreed that Master Policyholder/ Insured Member will indemnify the Company and hold the Company harmless against any claims, costs, expenses, awards or judgments arising out of or howsoever connected with the original Master Policy/ original Certificate of Insurance or arising out of issuance of duplicate Master Policy/ duplicate Certificate of Insurance.

#### **12.7 Terms & Conditions, Schedule, Endorsements etc to form part of Contract**

This Master Policy comprising of the terms and conditions set forth herein, the Master Policy Schedule and the endorsements, if any, made on or applicable to this Master

Policy, the Master Proposal Form or any other document executed under this Master Policyholder including quote questionnaire shall form an integral part and the entire contract, evidenced by this Master Policy. The liability of the Company is at all times subject to the terms and conditions of this Master Policy and the endorsements made from time to time.

#### **12.8 Governing Law and Jurisdiction**

This Master Policy shall be governed by and interpreted in accordance with the laws of India.

#### **12.10 Free Look Period**

The Master Policyholder shall have the option to request for cancellation of the Insurance Cover by returning the original Master Policy along with a written request stating the reasons for objection to the Master Policyholder, within a period of 15 days from the receipt of the Master Policy. If the Master Policyholder requests for cancellation of the Master Policy as mentioned above, the Company shall terminate the Master Policy and shall return premiums paid by the Master Policyholder subject to deduction of proportionate risk premium for the period on cover and expenses incurred on medical examinations of the Insured Members and stamp duty charges.

Refund premium under freelook option = (Premium Received) – (Stamp Duty + Medical Expenses (if any) + Pro Rata Risk Premium)

#### **12.11 Section 45 of the Act**

No policy of life insurance effected before the commencement of this Act shall, after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the Proposal Form or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the Master Policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Master Policyholder and that the Master Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of Age at any time if it is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the Master Policy are adjusted on subsequent proof that the Age of the life insured was incorrectly stated in the Proposal Form.

## COMPLAINT REDRESSAL PROCEDURE

We, at Canara HSBC Oriental Bank of Commerce Life strive to ensure that our customers get only the very best of service from us. We understand the customer's grievance and try to resolve the same by ascertaining all the facts and documents available to provide a fair resolution on the complaint.

1. In case you wish to register a complaint with us, you may visit our website, approach our Resolution Centre, Grievance Officers at Branch locations, or you may write to us at the following address:

Complaint Redressal Unit  
Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.  
Unitech Trade Centre, 2nd Floor,  
Sushant Lok, Phase-1, Sector- 43,  
Gurgaon-122009, Haryana, India  
Toll Free: 1800-103-0003 / 1800-180-0003 (BSNL/MTNL)  
Email: [cru@canarahsbclife.in](mailto:cru@canarahsbclife.in)

We shall respond to you within two weeks from the date of our receiving your complaint. Kindly note that in case we do not receive revert from you within eight weeks from the date of your receipt of our response we will treat your complaint as closed.

2. In case you do not receive a satisfactory response from us within the above timelines, you may write to our Complaint Redressal Officer at: The Complaint Redressal Officer

Complaint Redressal Officer  
Canara HSBC Oriental Bank of Commerce Life Insurance Co. Ltd.  
Unitech Trade Centre, 2nd Floor,  
Sushant Lok, Phase-1, Sector- 43,  
Gurgaon-122009, Haryana, India  
Toll Free: 1800-103-0003 / 1800-180-0003 (BSNL/MTNL)  
Email: [cro@canarahsbclife.in](mailto:cro@canarahsbclife.in)

3. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman for your State or an appropriate judicial/quasi-judicial authority having jurisdiction over the matter for redressal of your grievance.

### List of Insurance Ombudsmen

CONTACT DETAILS	JURISDICTION
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- insombahd@rediffmail.com</p>	<p>State of Gujarat and Union Territories of Dadra &amp; Nagar Haveli and Daman and Diu.</p>
<p><b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel, Bhopal – 462 011. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@airtelbroadband.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p><b>BHUBANESHWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2535220/3798/1607 Fax:- 0674-2531607 Email:- ioobbsr@dataone.in</p>	<p>State of Orissa.</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.:- 0172-2706196/5861/6468 Fax:- 0172-2708274 Email:- ombchd@yahoo.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union territory of Chandigarh.</p>
<p><b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court,4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333678/664/668 Fax:- 044-24333664 Email:- insombud@md4.vsnl.net.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p><b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- iobdelraj@rediffmail.com</p>	<p>States of Delhi and Rajasthan.</p>

CONTACT DETAILS	JURISDICTION
<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- 2132204/2131307/2132205 Fax:- 0361-2732937 Email:- ombudsmanghy@rediffmail.com</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</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.:- 040-23325325/23312122 Fax:- 040-23376599 Email:- insombudhyd@gmail.com</p>	<p>States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p><b>KOCHI</b> Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358734/759/9338 Fax:- 0484-2359336 Email:- iokochi@asianetindia.com</p>	<p>State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.</p>
<p><b>KOLKATA</b> Office of the Insurance Ombudsman, North British Bldg., 3rd Floor, 29, N. S. Road, Kolkata - 700 001. Tel.:- 033-22134869/67/66 Fax:- 033-22134868 Email:- iombkol@vsnl.net</p>	<p>States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.</p>
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2201188/31330/1 Fax:- 0522-2231310. Email:- ioblko@sancharnet.in</p>	<p>States of Uttar Pradesh and Uttaranchal.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052 Email:- ombudsman@vsnl.net</p>	<p>States of Maharashtra and Goa.</p>

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**Stamp Endorsement**

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**Master Policyholders Details:**

Name of Master Policyholder:		Master Policy No:	
Plan:	Canara HSBC Oriental Bank of Commerce Life Corporate Group Term Plan	Stamp Value (in ₹):	

**Below is the list of documents which are attached separately along with Master Policy Pack–**

- a. Copy of your Master Proposal Form
- b. Copy of Signed Quotation
- c. Service request forms & formats