



MAX LIFE INSURANCE COMPANY LIMITED

Regd. Office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi - 110020

Max Life Platinum Protect II

A Traditional Non-Participating Regular Pay Term Plan

UIN- [104N060V02]

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

The Company agrees to pay the benefits under this Policy on the happening of the insured event, while this Policy is in force, subject to the terms and conditions stated herein.

On examination of this Policy, if You notice any mistake or error, this Policy should be returned to Us for rectifying the same.

Signed by and on behalf of

Max Life Insurance Company Limited

A handwritten signature in black ink, appearing to read "Analjit Singh", is written over a horizontal line.

Analjit Singh
Chairman

SCHEDULE

Base Policy – Max Life Platinum Protect II

**Type of Policy – Non-Linked Non-Participating
Regular Pay Term Plan**

UIN -

Office –

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:			
Life Insured:		Age Admitted: Yes/No	
Identification Source & ID No.:		Gender:	
Date of Birth:			
Age:			
Nominee(s):		Appointee (if nominee is minor):	
Date of Birth:			
Effective Date:		Premium Payment Mode:	
Premium Payment Method:		Bill Draw Date:	
		Bank Account Number:	
Agent's name/ Broker's name:		Agent's code/ Broker's code:	
Email:		Agent's License No./ Broker's License No.:	

Address:	Mobile/ Landline Telephone Number:
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List of Coverage	Expiry Date	Insured Event	Sum Assured (INR)	Policy Term	Premium Payment Term	Annual Premium (INR)	Extra Premium (INR)	*Premium (INR)	Service Tax (INR)	Due Date When Premium is Payable/ Date When the Last Premium is Payable
Policy: Max Life Platinum Protect II	Dd/mm/yy	Death of the Life Insured								

Total Premium:

Total service tax:

Total Premium payable on the due dates along with service tax:

*Please note that the Premium is (Annual Premium plus Extra Premium) multiplied by the applicable Modal Factor.

NOTE: On examination of this Policy, if You notice any mistake or error, this Policy should be returned to Us for rectifying the same

1. DEFINITIONS AND INTERPRETATION

1.1. Definitions

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

- i. “**Age**” means the Life Insured’s age on last birthday as on the Effective Date or the previous Policy Anniversary, as the case may be;
- ii. “**Annual Premium**” means an amount specified in the Schedule, which is payable under the annual Premium payment mode under this Policy, excluding Extra Premium, if any and excluding service tax or any other taxes, cesses or levies, if any;
- iii. “**Authority**” means the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act, 1999 or any other regulatory authority regulating insurance companies in India;
- iv. “**Company**”, “**We**”, “**Us**”, “**Our**”, “**Insurer**” means Max Life Insurance Company Limited;
- v. “**Effective Date**” means the date as specified in the Schedule, on which the insurance coverage under this Policy commences;
- vi. “**Expiry Date**” means the date, specified in the Schedule, on which the Policy Term expires and this Policy terminates;
- vii. “**Extra Premium**” means an additional amount charged by Us, as per Our board approved underwriting policy, which is determined on the basis of disclosures made by You in the Proposal Form or on the basis of any other information received by Us including through medical examinations of the Life Insured in relation to this Policy;
- viii. “**Insurance Act**” means the Insurance Act, 1938;
- ix. “**Life Insured**” means the person named in the Schedule, on whose life this Policy is effected;
- x. “**Modal Factor**” means the applicable factor used by Us for determining the Premium payable by You under this Policy, if You have opted to pay the Premium in any mode other than annual Premium payment mode. The Modal Factor for semi-annual Premium payment mode is 0.52, for quarterly Premium payment mode is 0.265 and for monthly Premium payment mode is 0.09;
- xi. “**Nominee**” means the person named by You and registered with Us in accordance with Section 8.7, who is authorized to receive the death benefit under this Policy, on the death of the Life Insured;
- xii. “**Policy**” means this Max Life Platinum Protect II plan, the operation, regulation and management of which is governed by the documents comprising these terms and conditions, the Proposal Form, the Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form along with any written instructions from You subject to Our acceptance of the same;
- xiii. “**Policyholder**”, “**Proposer**”, “**You**”, “**Your**” means the person named in the Schedule who has

taken this Policy from Us;

- xiv. **“Policy Anniversary”** means the annual anniversary of the Effective Date;
- xv. **“Policy Term”** means the term of this Policy as specified in the Schedule, at the Effective Date;
- xvi. **“Policy Year”** means a period of 12 (Twelve) months commencing from the Effective Date and every Policy Anniversary thereafter;
- xvii. **“Premium(s)”** means an amount specified in the Schedule, payable by You to Us, by the due dates and in the manner specified in the Schedule, to secure the benefits under this Policy, excluding service tax or any other taxes, cesses or levies, if any;
- xviii. **“Premium Payment Term”** means the term as specified in the Schedule, during which the Premiums are payable by You to Us under this Policy;
- xix. **“Proposal Form”** means the form filled in and completed by You, giving full particulars, for the purpose of obtaining insurance coverage under this Policy;
- xx. **“Reduced Insurance Cover Benefit”** means the benefit payable under this Policy in accordance with Section 3.2;
- xxi. **“Reduced Sum Assured”** means the amount payable in accordance with Section 3.2.2;
- xxii. **“Schedule”** means the schedule and any endorsements attached to and forming part of this Policy and if an updated Schedule is issued, then the Schedule which is latest in time; and
- xxiii. **“Sum Assured”** means the guaranteed amount as specified in the Schedule, which is payable on the death of the Life Insured.

1.2. Interpretations

- i. References to the masculine or the singular will include references to the feminine and the plural, and vice versa.
- ii. References to any statute or statutory enactment shall include re-enactment or amendment to the same.
- iii. Section headings are for sake of reference only and have no interpretive value.
- iv. Reference to days, unless context otherwise requires, means calendar days only.

2. ELIGIBILITY

- 2.1. The Policy has been written on a single life basis.
- 2.2. The minimum Age of the Life Insured on the Effective Date should be 18 (Eighteen) years.
- 2.3. The maximum Age of the Life Insured on the Effective Date should be 60 (Sixty) years.
- 2.4. The maximum Age of the Life Insured on the Expiry Date cannot exceed 75 (Seventy Five) years.

3. BENEFITS

3.1. Death Benefit

3.1.1. Subject to Sections 3.2, 4, 5, 8.4, 8.5 and 8.11 below and provided the insurance coverage under this Policy is in force, then, upon the death of the Life Insured during the Policy Term, We shall pay the Sum Assured to a person specified under Section 4.1.

3.2. Reduced Insurance Cover Benefit

3.2.1. If this Policy has been issued with a Policy Term of 20 (Twenty) years or 25 (Twenty Five) years or 30 (Thirty) years and if You have paid the due Premiums for at least 15 (Fifteen) consecutive Policy Years from the Effective Date, then, in the event of non-payment of the future due Premiums by You to Us, this Policy will not lapse and will continue with Reduced Sum Assured in accordance with Section 3.2.2.

3.2.2. The Reduced Sum Assured will be determined in the Policy Year in which the payment of due Premiums is discontinued by You, as a percentage of the Sum Assured, in accordance with the table below:

Reduced Sum Assured as % of Sum Assured			
Policy Year of discontinuance of Premium	Policy Term		
	20	25	30
16	50.0%	35.0%	25.0%
17	55.0%	39.0%	28.3%
18	60.0%	43.0%	31.7%
19	65.0%	47.0%	35.0%
20	70.0%	51.0%	38.3%
21		55.0%	41.7%
22		59.0%	45.0%
23		63.0%	48.3%
24		67.0%	51.7%
25		71.0%	55.0%
26			58.3%
27			61.7%
28			65.0%
29			68.3%
30			71.7%

3.3. Maturity Benefit

3.3.1. This Policy does not acquire any maturity value throughout the Policy Term and therefore, there is

no amount payable to You by Us upon maturity of this Policy. This Policy and all the rights under this Policy shall extinguish on the Expiry Date.

3.4. **Surrender Benefit**

3.4.1. This Policy does not acquire any surrender value throughout the Policy Term and therefore, there is no amount payable to You upon surrender of this Policy. This Policy and all the rights under this Policy shall extinguish on surrender of this Policy.

4. **PAYMENT OF BENEFITS**

4.1. Subject to Sections 3, 5, 8.4, 8.5 and 8.11, the benefits are payable under this Policy only on submission of satisfactory proof of the Life Insured's death to Us. The benefits under this Policy shall be payable to:

- i. the Policyholder, if the Policyholder and the Life Insured are different; or
- ii. Nominee(s), in case of the death of the Life Insured, if the Policyholder and the Life Insured are same and provided a valid nomination has been recorded with Us in accordance with Section 8.7; or
- iii. assignee(s), where an assignment and/or an endorsement has been recorded with Us in accordance with Section 8.8; or
- iv. proving executors, administrators or other legal representatives who have obtained representation to Your estate from a competent court, if You or the Nominee are not living at that time; or
- v. such person or persons as directed by a court of competent jurisdiction in India, limited at all times to the monies payable under this Policy.

4.2. Any benefit/ claim payment under this Policy shall be made by Us in Indian Rupees or in any other currency in accordance with the applicable guidelines issued by the Reserve Bank of India from time to time.

4.3. Once the benefits under this Policy are paid to a person specified in Section 4.1, the same shall constitute a valid discharge of Our liability under this Policy.

5. **CLAIM PROCEDURE**

5.1. For processing a claim request under this Policy, We will require all of the following documents:

- i. claimant's statement in the prescribed form;
- ii. original Policy document;
- iii. death certificate issued by the local/municipal authority (only in the case of the death of the Life Insured);
- iv. identity proof of the beneficiary including Nominee(s) bearing their photographs and signatures (only in the case of the death of the Life Insured); and

v. any other documents or information required by Us for assessing and approving the claim request.

5.2. We reserve the right to scrutinize the documents submitted by the claimant and/or investigate the cause of death of the Life Insured/Policyholder and deny the claim partially or completely on the basis of Our scrutiny of the documents or investigation, as the case may be. We shall only pay the appropriate benefits under this Policy subject to Our satisfaction:

- i. that the benefits have become payable as per the terms and conditions of this Policy; and
- ii. of the bonafides and credentials of the said person or persons claiming the benefits under this Policy.

5.3. Any person claiming the benefits under this Policy can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches and offices.

6. PREMIUMS

6.1. The Premiums under this Policy can be paid by You annually, semi-annually, quarterly or monthly as per the Premium payment mode that You have chosen.

6.2. You have an option to change the Premium payment mode by submitting a written request to Us. Any change in the Premium payment mode will result in a change in the Premium amount basis the applicable Modal Factors. A change in Premium payment mode shall be effective only on the Policy Anniversary following the receipt of such request.

6.3. The Premiums are to be paid by You by the due dates and in the manner specified in the Schedule.

6.4. You can pay the Premiums at any of Our offices or through our website www.maxlifeinsurance.com or by any other means, as informed by Us from time to time. Any Premium paid by You through a cheque or any other instrument/ medium will be deemed to have been received only after the same has been fully realized and credited to Our bank account.

6.5. The Premium payment receipt shall be issued in Your name, which shall be subject to realization of cheque or any other instrument/medium.

7. TAXES

7.1. All Premiums are subject to applicable taxes, cesses, levies including service tax, education cess, etc. which shall be entirely borne by You and will be paid by You along with the Premium. If any imposition (tax or otherwise) is levied on Us by any statutory or administrative body under this Policy, We reserve the right to claim the same from You. Alternatively, We have the right to deduct the amount from the benefits payable by Us under this Policy.

7.2. Tax benefits and liabilities under this Policy are subject to prevailing tax laws. Tax laws and the benefits arising from the same are subject to change. You are advised to seek the opinion of Your tax advisor in relation to applicable tax benefits and liabilities.

8. GENERAL PROVISIONS

8.1. **Free Look Period**

8.1.1. You have a period of 15 (Fifteen) days from the date of receipt of this Policy to review the terms and conditions of this Policy. If You disagree to any of the terms or conditions of this Policy, You have an option to return the original Policy to Us by stating the objections/ reasons for such disagreement. Upon return of this Policy by You, this Policy shall terminate forthwith and all rights, benefits including death benefit and interests under this Policy shall cease immediately. We will only refund the 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.

8.2. **Suicide Exclusion**

8.2.1. Notwithstanding anything stated herein, if the Life Insured commits suicide, whether sane or insane, within 12 (Twelve) months from the Effective Date or the date of revival of this Policy, all risks and benefits under this Policy shall cease and no benefits are payable under this Policy. In such an event, We will only pay the total Premiums received by Us to a person specified under Section 4.1.

8.3. **Loans**

8.3.1. You are not entitled to any loans under this Policy.

8.4. **Declaration of the Correct Age and Gender**

8.4.1. Declaration of the correct Age and gender of the Life Insured is important for Our underwriting process, before issuance of this Policy. The Premiums are calculated on the basis of the Age and gender of the Life Insured. If the Age and/or gender declared in the Proposal Form is found to be incorrect at any time during the Policy Term or at the time of claim, We may:

- i. revise the Premium and/or applicable benefits payable under the Policy in accordance with the premium and benefits that would have been payable, if the correct Age and gender of the Life Insured would have made him eligible to be covered under this Policy on the Effective Date; or
- ii. cancel the Policy, subject to Section 45 of the Insurance Act, if the correct Age and gender of the Life Insured would have made him ineligible to be covered under this Policy on the Effective Date.

8.5. **Full Disclosure and Incontestability**

8.5.1. Insurance is a contract of utmost good faith and We rely and trust upon Your representations. This Policy has been underwritten and issued by Us based on the information provided by You in/ with the Proposal Form. In case of any concealment, non-disclosure, fraud or misrepresentation, We reserve the right to cancel this Policy, subject to such concealment, non-disclosure, fraud or misrepresentation being established by Us in accordance with Section 45 of the Insurance Act.

8.5.2. We also draw Your attention to Section 45 of the Insurance Act which states as follows:

“No policy of life insurance effected 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 for insurance 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 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 policyholder and that the 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 he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.”

8.6. **Fraud**

8.6.1. If You or anyone acting at Your direction or within Your knowledge, or any person under or in respect of this Policy makes or advances any claim knowing it to be false or fraudulent in any way, then, We shall cancel this Policy immediately, subject to such fraud being established by Us in accordance with Section 45 of the Insurance Act.

8.7. **Nomination**

8.7.1. In the Proposal Form, You can nominate a person as Your Nominee in accordance with Section 39 of the Insurance Act. The person named by You in the Proposal Form or the person who has been nominated and registered with Us at a later date as Your Nominee(s), shall be the person to whom the death benefit under this Policy will be paid in the event of death of the Life Insured.

8.7.2. A change in nomination may be made by You at any time during the Policy Term by informing Us in writing and registering the same with Us.

8.7.3. Where the Nominee is a minor, You are required to appoint an appointee to receive the benefits in the event of the Life Insured's death during such time the Nominee remains a minor. In case of a minor Nominee, You must inform Us of the name and relationship of the appointee to receive the benefits on behalf of the minor Nominee.

8.7.4. While processing the claim request for the death benefit under this Policy, the Nominee will be required to produce all the necessary documents to give valid discharge for the payment of the death benefit secured under this Policy.

8.7.5. We do not express any opinion on the validity or legality of the nomination made by You.

8.8. **Assignment**

8.8.1. You may assign this Policy either by an endorsement on the Policy document or by way of a separate legal instrument in accordance with Section 38 of the Insurance Act, in favour of a person named by You whereby the beneficial interest, right and title under this Policy are transferred to such person. In either case, it must be signed by the assignor stating the fact of assignment.

8.8.2. You may assign this Policy by informing Us in writing, which We shall duly record upon receipt of Your information in this behalf. You should submit the notice of assignment (including any change thereof) for registration with Us.

8.8.3. An absolute assignment shall automatically cancel a nomination except any assignment in Our

favour, in accordance with Section 39 of the Insurance Act.

8.8.4. In registering an assignment, We do not accept any responsibility or express any opinion as to its validity or legality.

8.8.5. Assignment is not permitted if this Policy is taken under the Married Women's Property Act, 1874.

8.9. **Upon Death of Policyholder and Change in the Policyholder**

8.9.1. If You and the Life Insured are different then, upon Your death, no benefits shall become payable under this Policy. Your legal heirs may continue to avail the benefits under this Policy, by paying the due Premium(s) to Us and by submitting the requisite documents as specified by Us and subject to other conditions prescribed by Us from time to time.

8.9.2. You may request Us to make the Life Insured, the Policyholder under the Policy by giving Us prior written notice provided that the Life Insured shall not become the Policyholder unless the Life Insured meets all our eligibility criteria in accordance with Our guidelines and policies and We have issued a written endorsement under the Policy confirming the change in the Policyholder.

8.9.3. From the date of Our written endorsement confirming the Life Insured as the Policyholder, You shall automatically cease to have any rights, benefits or obligations under the Policy and all rights, benefits and obligations shall vest entirely with the Life Insured.

8.10. **Grace Period**

8.10.1. We will allow a grace period of 15 (Fifteen) days if You have chosen monthly mode for payment of the Premium and 30 (Thirty) days, if You have chosen any other mode, from the due date of the unpaid Premium, for paying the overdue Premium to Us. During the grace period, We will accept the overdue Premium without any interest and the insurance coverage under this Policy will continue.

8.10.2. During the grace period, if the overdue Premium is not paid and the Life Insured dies, then, We will pay the death benefit under this Policy, after deducting the said overdue Premium (along with the service tax or any other taxes, cesses or levies, if any) from the amount payable under this Policy. However if Reduced Insurance Cover Benefit in accordance with Section 3.2 is payable under this Policy, then, upon the death of the Life Insured, the Reduced Sum Assured is payable without deduction of future due Premiums.

8.11. **Lapsation of Policy**

8.11.1. Subject to Section 3.2, if the Premium (along with the service tax or any other taxes, cesses or levies, if any) is not received by Us by the end of the grace period as specified in Section 8.10 above, this Policy shall lapse and no benefits under Section 3 shall be payable under this Policy and no rights can be exercised by You till the revival of the Policy.

8.11.2. If You revive this Policy in accordance with Section 8.12 below, then, the benefits and the rights under this Policy shall be revived.

8.11.3. However, if this Policy has been issued with a Policy Term of 20 (Twenty) years or 25 (Twenty Five) years or 30 (Thirty) years and provided the insurance coverage under this Policy is in force,

if You have paid the due Premiums for at least 15 (Fifteen) consecutive Policy Years from the Effective Date, then, in the event of non-payment of the due Premiums by You to Us, till the expiry of the grace period as specified in Section 8.10 above, then, this Policy shall not lapse and shall be eligible for the Reduced Insurance Cover Benefit in accordance with Section 3.2.

8.12. **Revival of Policy**

8.12.1. A lapsed Policy can be revived at Our discretion, within 2 (Two) years from the due date of the first unpaid Premium:

- i. on receipt of Your written request to revive this Policy by Us;
- ii. if You produce an evidence of insurability at Your own cost which is acceptable to Us; and
- iii. on payment of all overdue Premiums (along with the service tax or any other taxes, cesses or levies, if any) to Us with late fee and/ or interest at such a rate as may be determined by Us from time to time.

8.12.2. The revival of the lapsed Policy 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 the benefits under the lapsed Policy shall be revived upon such revival without interest. If a lapsed Policy is not revived within the prescribed period allowed for revival, this Policy shall terminate on the expiry of such prescribed period for revival.

8.12.3. You have an option to revive a Policy with Reduced Insurance Cover Benefit, within 2 (Two) years from the due date of the first unpaid Premium, by:

- i. requesting Us in writing;
- ii. paying all the overdue Premiums (along with the service tax or any other taxes, cesses or levies, if any), together with interest and/ or late fee as determined by Us from time to time; and
- iii. submitting an evidence of insurability at Your own cost which is acceptable to Us.

8.12.4. The revival of the Policy with Reduced Insurance Cover Benefit 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 the benefits, which were originally payable under this Policy will be restored on such revival. However, no interest shall be payable by Us on such restoration.

8.12.5. If a Policy with Reduced Insurance Cover Benefit is not revived within the prescribed period as specified in Section 8.12.3, then, the Policy with Reduced Insurance Cover Benefit cannot be revived and will continue with the Reduced Sum Assured for the remaining part of the Policy Term.

8.13. **Electronic Transactions**

8.13.1. You will comply with all such terms and conditions as prescribed by Us from time to time, and all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centres, tele-service operations

(whether voice, video, data or any combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by Us or on Our behalf, for and in respect of this Policy, or in relation to any of Our products and services, shall constitute legally binding and valid transactions when executed in adherence to and in compliance with the terms and conditions for such facilities, as may be prescribed by Us from time to time.

8.14. Amendment

8.14.1. No amendments to this Policy will be effective, unless such amendments are expressly approved in writing by Us.

8.15. Administrative and Judicial Intervention

8.15.1. If any administrative or judicial body imposes any condition on this Policy for any reason, We are bound to follow the same which may include suspension of all benefits and obligations under this Policy.

8.16. Force Majeure

8.16.1. If Our performance or any of Our obligations are in any way prevented or hindered as a consequence of any act of God or State, strike, lock out, legislation or restriction by any government or any other authority or any other circumstances beyond Our anticipation or control, the performance of this Policy shall be wholly or partially suspended during the continuance of such force majeure. We will resume Our obligations under the Policy, to the extent possible, after the force majeure conditions ceased to exist even for the period during which the force majeure conditions existed.

8.17. Other Restrictions

8.17.1. This Policy contains no restrictions as to travel or occupation.

9. TERMINATION OF POLICY

1.1. This Policy shall terminate upon the happening of any of the following events:

- i. on the date on which We receive free look cancellation request as per Section 8.1 from You; or
- ii. upon payment of the death benefit to a person specified in Section 4.1; or the date of intimation of repudiation of the claim by Us in accordance with the provisions of this Policy; or
- iii. if this Policy is not eligible for Reduced Insurance Cover Benefit in accordance with Section 3.2 and the due Premiums have not been received by Us on the expiry of the prescribed period for revival of the lapsed Policy, in accordance with Sections 8.12.1; or
- iv. on the date of surrender of this Policy; or
- v. on the Expiry Date.

10. DISPUTE REDRESSAL PROCESS UNDER THE POLICY

- 10.1. All consumer grievances and/or queries may be first addressed to Our customer helpdesk as mentioned below or to the office address as mentioned in the Schedule:

Max Life Insurance Company Limited
Plot 90A, Sector 18, Gurgaon, 122015,
Haryana, India.
Tel No: 0124-4219090
Email: service.helpdesk@maxlifeinsurance.com

- 10.2. In case You are not satisfied with the decision of the above office, or have not received any response within 10 (Ten) days, You may contact by way of a written complaint signed by You/complainant or by Your/complainant's legal heirs with full details of the complaint and Your/complainant's contact information, to the following official for resolution:

Head, Operations Customer Services,
Max Life Insurance Company Limited
Plot No. 90A, Sector 18,
Gurgaon, 122015, Haryana, India.
Toll free No. – 1800 200 5577
Email: manager.services@maxlifeinsurance.com

- 10.3. In case You are not satisfied with Our decision, or have not received any reply from Us within a period of 1 (One) month, You may approach the Insurance Ombudsman at the address mentioned in Annexure A or at the Authority's website www.irda.gov.in, if Your grievance pertains to:

- i. any partial or total repudiation of claims by Us; or
- ii. any dispute on the legal construction of the Policy in so far as such disputes relate to claims; or
- iii. delay in settlement of claim; or
- iv. any dispute with regard to Premium paid or payable in terms of this Policy; or
- v. non issuance of any insurance document to customers after receipt of Premium.

- 10.4. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, a complaint to the Insurance Ombudsman can be made within a period of 1 (One) year after the insurer has rejected the representation or sent its final reply on the 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.

11. COMMUNICATION & NOTICES

- 11.1. Our contact details are mentioned in Section 10.1 of this Policy. For any updates, please visit Our website www.maxlifeinsurance.com. You should mention the correct Policy number for all communication(s) made by You to Us and for all Premium remittances made by You.
- 11.2. All notices meant for Us must be in writing and delivered to Our address as mentioned in Section

10.1 above, or such other address as We may notify from time to time.

- 11.3. All notices meant for You will be in writing and will be sent by Us to Your address as shown in the Schedule or as communicated by You and registered by Us. We will send You the notices by post, courier, hand delivery, fax or e-mail/electronic mode or by any other means as determined by Us. If You change Your address, or if the address of the Nominee changes, You must notify Us immediately and should ensure that the updated information has reached Us.

12. GOVERNING LAW AND JURISDICTION

- 12.1. Indian law shall govern this Policy and the relationship between You and Us.
- 12.2. This Policy and all rights, obligations and liabilities arising hereunder, shall be enforced in accordance with the laws of India.
- 12.3. The competent courts in India shall have exclusive jurisdiction in all matters and causes arising out of this Policy.

ENDORSEMENT

Total stamp value: Rs. <>

Annexure A¹

List of Ombudsman

S.No	Office of the Ombudsman	Contact Details	Areas of Jurisdiction
1.	Ahmedabad	Shri P. Ramamoorthy, Insurance Ombudsman, Office of the Insurance Ombudsman, 2 nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, Ahmedabad - 380 014. Tel.: 079-27546840, Fax: 079-27546142 Email ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2.	Bhopal	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Near New Market, Bhopal (M.P.)-462 023. Tel.: 0755-2569201 Fax: 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
3.	Bhubaneshwar	Shri B. P. Parija, Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar-751 009. Tel.: 0674-2596455 Fax: 0674-2596429 Email ioobbsr@dataone.in	Orissa
4.	Chandigarh	Shri Manik Sonawane, Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2 nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.: 0172-2706468 Fax: 0172-2708274 Email: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5.	Chennai	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4 th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel.: 044-24333668 /5284 Fax: 044-24333664 Email: chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)

¹ Source: Based on the information available at the IRDA's website www.irda.gov.in, last updated on November 7, 2012.

6.	New Delhi	Shri Surendra Pal Singh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.: 011-23239633 Fax: 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
7.	Guwahati	Shri D. C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (Assam). Tel.:0361-2132204/5 Fax: 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
8.	Hyderabad	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel: 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
9.	Kochi	Shri R. Jyothindranathan, Insurance Ombudsman, Office of the Insurance Ombudsman, 2 nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel: 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
10.	Kolkata	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4 th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel:033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
11.	Lucknow	Shri G. B. Pande, Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel: 0522 -2231331 Fax: 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
12.	Mumbai	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz (W), Mumbai-400 054. Tel: 022-26106928 Fax: 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra and Goa