

Group Out-patient Insurance plan – Policy Wordings

Apollo Munich Health Insurance Company Limited will cover all the Insured Persons under this Policy up to the limit as defined in Certificate of Insurance. Coverage under this policy is available only in our/Partner network. The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Policy, your payment of premium and realization thereof by us and your statements in the proposal /enrolment form which is the basis of this Policy.

Section 1 Outpatient Consultations

This benefit covers unlimited Outpatient consultations by a general Medical Practitioner(s) or a specialist Medical Practitioner(s) in a policy year.

For Regulator’s Reference: following options are available to choose from.

1. Upon choosing below option, consultations for respective specialty gets limited to 5 in number.

	5 nos of consultation
Gynaecology	
Pediatrics	
Oncology	
All others	

2. Cost of each consultation is limited to INR XX.
Options available for group to choose from: INR 300, 500, 1000, 1500, 2500

Section 2 Optional Benefits

a) Diagnostics

This benefit covers unlimited outpatient diagnostic tests in a policy year.

For Regulator’s Reference: following option is also available.

1. Cost of each diagnostic procedure is limited to INR XX.
Options available for group to choose from: INR 300, 500, 1000, 1500, 2500

b) Pharmacy

This benefit covers pharmacy expenses up to a limit of XX.

For Regulator’s Reference:

Following options are available for group to choose from. All amounts are in INR.

1000, 2500, 5000, 7500, 10000, 15000

Section 3 Exclusions

a) Waiting Periods

Waiting period applicable under this policy is XX

For Regulator’s reference:

Waiting period options available under this policy are 0, 7 and 30 days.

b) General Exclusions:

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

Non Medical Exclusions	i) Breach of law: Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
Medical Exclusions	ii) Substance abuse by insured and de-addiction programs for insured person: Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies. iii) Inpatient treatment and daycare procedures will not be covered. iv) Naturopathy treatment(s) will not be covered.

Section 4 General Conditions

a) Condition precedent

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the policy period as mentioned in policy schedule. The policy will be issued for a period for 1-year period. Benefits will be applicable on Policy Year basis. There would be no carry forward of any benefits to the next year.

b) Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India

c) Insured Person

1. Only those persons named as Insured Persons in the certificate of insurance shall be covered under this Policy. Any eligible person may be added at renewal after his application has been accepted by Us and premium has been received. Member addition is allowed only at renewal and not during the policy period. Any Insured Person in the policy has the option to migrate to similar indemnity health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will refund the premium on pro rata basis received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

d) Supporting Documentation & Examination

In case of reimbursement claims, the Insured Person shall provide Us with any documentation and information We may request to establish the circumstances of the claim under Plan its quantum or Our

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liability for the claim within 15 days of Our request. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:

- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
- ii) Original Bills (consultation bill; pharmacy purchase bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.

The Insured Person additionally hereby consents to:

- i) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
- ii) Being examined by any doctor We authorise for this purpose when and so often as We may reasonably require and at Our cost.

e) Claims Payment

- i) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of an Insured Person, We will make payment to the Nominee (as named in the Schedule) or assignee as the case may be. In absence of nominee or assignee and You are deceased, We will make payment to the Your legal heir, executor or appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iii) Payments under this Policy shall only be made in Indian Rupees irrespective of the location of accident which has given rise to the claim.
- iv) We shall make the payment of claim that has been admitted as payable by Us or reject the claim as per the Policy terms and conditions within 30 days of receipt of last necessary document(s). All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- v) Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days , We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- vi) The assignment of benefits of the policy shall be subject to applicable law.

f) Non Disclosure or Misrepresentation:

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an

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Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- cancelled ab initio from the inception date or the renewal date (as the case may be) upon 30 day notice by sending an endorsement to Your address shown in the Schedule or the policy may be modified by Us with the consent of the customer.
- and the claim under such Policy if any, shall be rejected/repudiated forthwith.

g) Dishonest or Fraudulent Claims:

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:

- cancelled ab-initio from the inception date or the renewal date (as the case may be) upon 30 day notice by sending an endorsement to Your address shown in the Schedule or the policy may be modified by Us with the consent of the customer.
- all benefits payable, if any, under such Policy shall be forfeited with respect to such claim.

h) Other Insurance

If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen Policy.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. . In such cases, the respective insurers may then settle the balance of the claimed amount as per the limits and according to terms of the respective Policy. This clause will be applicable for the indemnity section of the policy

i) Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change that We make will be evidenced by a written endorsement signed and stamped by Us.

j) Renewal

This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in a dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

We are NOT under any obligation to:

- i) Send renewal notice or reminders.
 - ii) Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits if any provided the policy has been maintained without a break as per portability guidelines.
- i). We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

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- ii). All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy.
- iii). We may vary the renewal premium payable with the approval of the IRDA.

k) Change of Policyholder

The Policyholder may be changed only at the time of renewal. The new policyholder must be a member of the Insured Person’s immediate family. Such change would be subject to Our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break. The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

l) Notices

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement
- ii) Us, shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers, other person/ entity is authorised to receive any notice on Our behalf.

m) Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

n) Termination

You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy Period	
Length of time Policy in force	% of premium refunded
Upto 1 Month	75.00%
Upto 3 Months	50.00%
Upto 6 Months	25.00%
Exceeding 6 Months	Nil

We shall terminate this Policy for the reasons as specified under aforesaid section Non-Disclosure or Misrepresentation & section Dishonest or Fraudulent Claims of this Policy and such termination of the Policy shall be ab initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule, without refunding the Premium amount.

o) Free Look Period

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Section 5 Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- Def. 1. **Age or Aged** means completed years as at the Commencement Date.
- Def. 2. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- Def. 3. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 4. **Clinical establishment** means a hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognised system of medicine established and administered or maintained by any person or body of persons, whether incorporated or not; or A place established as an independent entity or part of an establishment referred to above in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of a laboratory or other medical equipment, are usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not and shall include a clinical establishment owned, controlled or managed by the Government or a department of the Government, a trust, whether public or private; a corporation (including a society) registered under a Central, Provincial or State Act, whether or owned by the Government; a local authority and a single doctor but does not include the clinical establishment owned, controlled or managed by the Armed forces.
- Def. 5. **Condition Precedent** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 6. **Contribution means** essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
- Def. 7. **Co-payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- Def. 8. **Dental treatment** means treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- Def. 9. **Dependent Child or Children** means Your Children Aged between 91 days and 25 years at the commencement of the Policy Period if they are unmarried, still financially dependent on You and have not established their own independent households.
- Def. 10. **Dependents** means only the family members listed below:
- i) Your legally married spouse
 - ii) Your children Aged between 91 days and 25 years if they are unmarried, still financially dependant on You and have not established their own independent households;
 - iii) Your natural parents or parents that have legally adopted You, provided that:
 - a) The parent was below 65 years at his initial participation in the EverydayCare Policy, and
 - b) Your Parent-in-law as long as Your spouse continues to be married to you and were below 65 years at their initial participation in the plan.
 All Dependent parents must be financially dependent on You.

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- Def. 11. **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.
- Def. 12. **Family Floater** means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.
- Def. 13. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.
- Def. 14. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 15. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- i. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics: -it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests-it needs ongoing or long-term control or relief of symptoms-it requires your rehabilitation or for you to be specially trained to cope with it continues indefinitely-it comes back or is likely to come back.
- Def. 16. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 17. **Insured Person** means You and the persons named in the Schedule.
- Def. 18. **Medical Advice** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 19. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- a) Pre- Hospitalisation Medical Expenses means the Medical expenses incurred immediately before the Insured Person is Hospitalised, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company
 - b) Post- Hospitalisation Medical Expenses means Medical expenses incurred immediately after the insured person is discharged from the hospital provided that:

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- iii. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required and
 - iv. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company
- Def. 20. **Medical Practitioner** Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.
- Def. 21. **Network Provider or Network centre** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility
- Def. 22. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network.
- Def. 23. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def. 24. **Outpatient Treatment** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- Def. 25. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 26. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 27. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 28. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- Def. 29. **Pathology means** laboratory testing of blood and other bodily fluids, tissues, and microscopic evaluation of individual cells
- Def. 30. **Radiology** means the branch of medicine that deals with diagnostic images of anatomic structures through the use of electromagnetic radiation or sound waves and that treats disease through the use of radioactive compounds. Radiologic imaging techniques include x-rays, CAT scans, PET scans, MRIs, and ultrasonograms
- Def. 31. **Reasonable and Customary Necessary** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/ injury involved.
- Def. 32. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods
- Def. 33. **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 34. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited
- Def. 35. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section 6 Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Apollo Munich through:

- Website : www.apollomunichinsurance.com
- Toll Free : 1800-102- 0333
- Fax : 1800- 425- 4077
- Courier : Claims Department,
Apollo Munich Health insurance Co. Ltd
Ground floor, Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,

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Road No. 2, Banjara Hills,
Hyderabad-500 034

Or

Claims Department
Apollo Munich health insurance Co. Ltd.
iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase – III,
Gurgaon-122016, Haryana

Section 7 Grievance Redressal Procedure

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Our website : www.apollomunichinsurance.com
- E-mail : customerservice@apollomunichinsurance.com
- Toll Free : 1800-102-0333
- Fax : +91-124-4584111
- Courier : Any of Our Branch office or Corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

The Grievance Cell, Apollo Munich Health Insurance Co. Ltd., iLABS Centre, 2nd & 3rd Floor, Plot No 404 - 405, Udyog Vihar, Phase – III, Gurgaon-122016, Haryana

Section 8 Insurance Ombudsman

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Address of Contact Details of Ombudsman Centres			
<p>Office of the Executive Council of Insurers (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel: 26106671/ 6889. Email id: inscoun@ecoi.co.in Website: www.ecoi.co.in</p>			
<p>If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.</p>			
<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel nos: 079-25501201/02/05/06 email:</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL - 462 003. Tel: 0755 - 2769201/ 9202 Fax: 0755 - 2769203</p>	<p>Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001.</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel: 022 - 26106960/ 26106552</p>

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<p>bimalokpal.ahmedabad@gbic.co.in</p>	<p>Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Tel: 0522 - 2231331/ 2231330 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Fax : 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel: 0674 - 2596455/2596003 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017. Tel:- 0172 - 2706468/2772101 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302 005. Tel: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411 030. Tel: 020 - 32341320 Email: bimalokpal.pune@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel: 044 - 24333668/24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002. Tel: 011 - 23234057/23232037 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560 025. Tel: 080 - 26652049/26652048 Email: bimalokpal.bengaluru@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201 301. Tel: 0120 - 2514250/51/ 53 Email: bimalokpal.noida@ecoi.co.in</p>
<p>Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, S.S. Road, GUWAHATI - 781 001. Tel: 0361 - 2132204/ 5 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD- 500 004. Tel: 040 - 65504123/23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800 006. Tel: 0612 - 2680952 Email id: bimalokpal.patna@ecoi.co.in</p>	

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<p>Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, ERNAKULAM-682 015. Tel: 0484 - 2358759/ 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ ecoi.co.in</p>	<p>Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R.Avenue, KOLKATA - 700072 Tel: 033 - 22124339/ 22124346 Fax: 22124341 Email: bimalokpal.kolkata@ ecoi.co.in</p>		
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