

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

Registered Office: 2nd Floor, "DARE House", 2, N.S.C. Bose Road, Chennai – 600 001.

Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Vector Borne Diseases Insurance (Retail)

CHOHLIP21046V012021

Policy Wordings

Chola Vector Borne Diseases Insurance (Retail)

POLICY SECTIONS

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We issue this insurance policy to You and/or Your Family based on the information provided by You / Proposer in the Proposal form and premium paid by You/ Proposer. This insurance is subject to the following terms and conditions. This Policy covers on Individual Sum Insured basis and in case of family coverage on floater Sum Insured basis. The method of coverage and the Sum Insured that has been opted by you is mentioned in the Policy Schedule. The term **You/ Your / Insured Person /Insured/ Policyholder/ Proposer** in this document refers to **You and all the Insured persons** covered under this policy. The term **Insurer/ Us/ Our/ Company** in this document refers to **Cholamandalam MS General Insurance Company Limited**.

1. PERSONS WHO CAN BE INSURED

- This Insurance is available to persons aged between 03 months and 65 years (Completed age) at the commencement date of this policy.
- The Proposer should be minimum 18 years on the Commencement date of the policy.
- Insured can avail cover for all family members (Self, Spouse, Children, Parents and Parents in law) on Individual Sum Insured Basis upto a maximum of 6 members. Each covered person will have an independent Sum Insured limit within the same policy.
- Self, Spouse and Children, Parents and Parents in law upto a maximum of 6 members can be covered on Family Floater basis.

2. POLICY COVERAGE

A. If at anytime during the policy period, the Insured Person is diagnosed as suffering from any of the Vector Borne disease/illness listed below which occurs or manifests itself during the policy period, the Company shall pay a LumpSum benefit equal to 100% of Sum Insured as mentioned in the Policy Schedule and as per General Conditions of this policy.

1. Malaria
2. Dengue
3. Lymphatic Filariasis
4. Kala-azar
5. Japanese Encephalitis
6. Chikungunya
7. Zika Virus

1. Malaria :

Diagnosis of Malaria should be confirmed by a registered medical practitioner with confirmatory tests indicating presence of Plasmodium falciparum/ vivax/ malariae in the patient's blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

Continuous Hospitalization of 24 hours should be absolutely necessary along with high fever and shaking chills.

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Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be malaria and its complications, if any.

Specific exclusions for this cover:

- Any Treatment other than for malaria and its complications
- Hospitalisation less than 24 hours
- Any claim of malaria fever during the waiting period

2. Dengue :

The applicant will be eligible for the benefit pay out in case of being diagnosed with Dengue confirmed by a registered medical practitioner (RMP). Hospitalization must be absolutely necessary as advised by the RMP and the Laboratory examination result countersigned by a pathologist/microbiologist must confirm the following:

- Decreasing platelet levels- less than 100,000 cells/mm³; and
- Immunoglobulins/PCR test showing positive results for Dengue

Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Dengue in addition to the above two conditions.

Specific exclusions for this cover:

- Any Treatment other than for Dengue (as defined above)
- Hospitalisation less than 24 hours
- Any claim of Dengue fever during the waiting period

3. Lymphatic Filariasis (Payable only once in a lifetime) :

Commonly known as elephantiasis, the same must be confirmed by a registered medical practitioner and Laboratory examination result must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:

Clear and visible manifestation of the disease as follows:

- Lymphoedema,
- Elephantiasis and
- Scrotal swelling

Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Lymphatic Filariasis in addition two of the above conditions.

Specific exclusions for this cover:

- Any Treatment other than for Lymphatic Filariasis and its complications (as defined above)
- Hospitalisation less than 24 hours
- Any claim of Lymphatic Filariasis during the waiting period

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4. Kala Azar:

Visceral leishmaniosis, also known as kala-azar, is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia.

The diagnosis must be confirmed by a registered medical practitioner and by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for kala azar should clearly indicate the presence of this disease.

Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Kala Azar.

Specific exclusions for this cover:

- Any Treatment other than for Kala Azar (as stated above)
- Hospitalisation less than 24 hours
- Any claim of Kala Azar during the waiting period

5. Japanese Encephalitis:

Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. To confirm Japanese Encephalitis (JE) infection and to rule out other causes of encephalitis requires a laboratory testing of serum or preferably cerebrospinal fluid.

The diagnosis must be confirmed by a registered medical practitioner and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF)

Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Japanese Encephalitis.

Specific exclusions for this cover:

- Any treatment other than for Japanese Encephalitis (as stated above)
- Hospitalisation less than 24 hours
- Any claim of Japanese Encephalitis fever during the waiting period

6. Chikungunya:

Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash.

The diagnosis must be documented by a registered medical practitioner and by Serological tests, such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.

Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Chikungunya.

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Specific exclusions for this cover:

- Any Treatment other than for Chikungunya
- Hospitalisation less than 24 hours
- Any claim of Chikungunya during the waiting period

7. Zika Virus:

People with Zika virus disease can have symptoms like mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache.

A diagnosis of Zika virus infection should be confirmed by a registered medical practitioner and by plaque-reduction neutralization testing (PRNT). PRNT is performed by CDC or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results.

Indoor case papers should be mandatorily obtained for each claim and the diagnosis of admission should be Zika virus.

Specific exclusions for this cover:

- Any treatment other than for Zika virus (as stated above)
- Hospitalisation less than 24 hours
- Any claim of Zika virus during the waiting period

I. SPECIFIC CONDITIONS APPLICABLE TO THE COVER:

- On payment of 100% of the Sum Insured for any of the conditions listed above, the policy shall cease to exist under Individual policy. However, under a family floater cover, the policy will continue for the other members.
- The Policyholder shall have an option to renew the cover for 100% of Sum Insured immediately after a policy is terminated after admission of allowable claims under the policy on payment of applicable premium. A cooling off period of 60 days will be applicable for the immediate claimed condition under the renewed policy.

The maximum allowable number of claims applicable per policy year is as per the following table

Members Covered	Number of Members covered	Maximum allowable number of claims per policy year
Self	1	1 claim
Self + Spouse	2	1 claim

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Self+Spouse+1/2 child or parents/parents in law	3 /4	2 claims
Self+Spouse+3/4 child or/& 1/2 parents/parents in law	5/6	2 claims

Optional Cover (on payment of additional Premium)**B. Restoration Benefit:**

In consideration of payment of additional premium, it is hereby agreed and understood that upon payment of any claim against any one of the listed condition, Sum Insured will be restored upto 100% and the policy shall continue until allowable number of claims as specified below is paid under the policy or end of the policy term whichever is earlier.

The maximum allowable number of claims per policy year including Restoration benefit is as per the following table

Members Covered	Number of Members covered	Maximum allowable number of claims per policy year
Self	1	2 claims
Self + Spouse	2	2 claims
Self+Spouse+1/2 child or parents/parents in law	3 /4	6 claims
Self+Spouse+3/4 child or/& 1/2 parents/parents in law	5 /6	6 claims

Under restored cover, the Insured will be covered against all conditions except the condition for which the claim was made. The claimed condition will be covered after 60 days cooling off period post restoration.

Further, the cooling off period will continue to the next policy year, in case of policy renewal falling within this period.

Under Family Floater cover, other members will be continuously covered for all the conditions without any cooling off period.

II. GENERAL CONDITIONS APPLICABLE TO THE COVER:

1. The Insured Person should have been hospitalized for a minimum period of 24 hours for any of the listed conditions to be eligible for claim payment under the policy.

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2. In the event of death of the Insured due to the covered conditions after getting hospitalized and if all terms and conditions such as minimum period of hospitalisation, waiting period, definitions, exclusions are met, claim shall be payable to the Proposer or the Nominee under the policy.
3. Claim payment against 'Lymphatic Filariasis shall be paid only once in the entire lifetime of the Insured.
4. Policyholder shall have an option to renew the policy immediately after a policy is terminated after admission of the maximum number of allowable claims on payment of applicable premium.

3. DEFINITIONS

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in the 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:

1. **Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period
2. **Claims Team** means the Claims administration team within Chola MS General Insurance Company
3. **Commencement Date** means the commencement date of this Policy as specified in the Policy Schedule.
4. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
5. **Cooling off Period** means no claim period of 60 days, which will be applicable from the date of admission of a claim against a covered condition. The same condition will not be covered during the cooling off period during the policy period and/or on renewal.
6. **Dependents** means only the family members / extended family members listed below, who is related to the Primary Insured.
 - Your legally married Spouse as long as he or she continues to be married to you
 - Your natural or legally adopted Children.
 - Your natural parents or parents that have legally adopted you
 - Parents in Law as long as your spouse continues to be married to you
7. **Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us
8. **Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition

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9. **Disclosure to information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
10. **Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing.
11. **Excluded hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital.
12. **Floater Sum Insured** means the Sum Insured as specified in the Policy Schedule and is available for any one or all members of the family who have been mentioned as Insured Persons in the Schedule for one or more claims during the period of Insurance.
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 *preexisting diseases*. Coverage is not available for the period for which no premium is received.
14. **Hospital** means any institution established for inpatient 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 qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - 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 makes these accessible to the insurance company's authorized personnel
15. **Hospitalisation** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
16. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a. **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.
 - b. **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,

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and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires rehabilitation for the patient or for the patient to be specially trained to cope with it—it continues indefinitely—it recurs or is likely to recur.

17. **Inception Date** means the commencement date of the coverage under this Policy as specified in the Policy Schedule
18. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
19. **Medical Practitioner** is 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 its scope and jurisdiction of license.
The registered Practitioner should not be the insured or close family members of the insured. For the purpose of this definition, close family members would mean and include the Insured person's Spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.
20. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
21. **OPD treatment** means the 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.
22. **Policy period** means the period between the commencement date and earlier of
 - i. The Expiry Date specified in the Schedule
 - ii. The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Conditions
 - iii. On payment of maximum allowable number of claims under the policy
23. **Policy Schedule** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
24. **Portability** means the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

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25. **Proposal Form:** The form in which the details of the insured person are obtained for a Health Insurance Policy. This also includes information obtained over phone or on the internet and stored on any electronic media and forms basis of issuance of the policy
26. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
27. **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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
28. **Sum Insured** means the amount shown in the Policy Schedule which shall be our maximum liability under section 2 of the policy. In relation to individual policy it is our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period and in relation to a Family Floater it is our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Period.
29. **Waiting period** refers to the period during which we shall not be liable to make any payment for any claim for treatment. This is not applicable if caused directly due to an accident during the policy period.

4. WAITING PERIODS & GENERAL EXCLUSIONS

A. Waiting Periods:

Waiting Period: The Company shall not be liable for any claim arising for listed conditions diagnosed within 15 days from the first policy commencement date with Us.

Special conditions applicable for the 15 days waiting period:

- a. The initial waiting period of 15 days will be increased to 60 days, if the insured is suffering from any of the listed condition other than Lymphatic Filariasis at time of taking the policy.
- b. In case the insured is suffering from Lymphatic Filariasis at time of the taking the policy, Lymphatic Filariasis will be excluded from the policy and for all other listed conditions the waiting period would be increased to 60 days.
- c. In case of continuous renewals (fresh policy taken within 30 days of the end of the previous policy) without a claim the initial waiting period would be waived off.

B. General Exclusions:

The policy does not cover any losses caused due to the following:

1. Any treatment taken for any disease other than the conditions listed in policy coverage.
2. Any condition with respect to the covered benefits, for which the insured had was diagnosed, and/or received medical advice/treatment within the waiting period.
3. Admission to hospital for less than 24 hours

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4. Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union.
5. Any treatment taken on OPD basis
6. Hospitalisation primarily for any purpose which in routine could have been carried out on an OPD basis and which is not followed by an active treatment or intervention during the period of hospitalisation.
7. Treatment in any hospital or any other provider network that We blacklisted as listed in our website www.cholainsurance.com. However, this exclusion will not apply in case of emergency hospitalisation, subject to verification of claim.
8. Any treatment other than Allopathy.

5. GENERAL CONDITIONS:

I. CONDITIONS PRECEDENT TO THE CONTRACT

1. Change of Address / Contact details

It is in the **Insured person's** interest to intimate us if there is any change in residential address and phone numbers.

2. Disclosure to information norm

The **policy** shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure of any material, particular in the proposal/enrolment form, personal statement, declaration or other connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the **Insured/Policy Holder** or any one acting on his behalf to obtain any benefit under this **Policy**.

The **Insured** is under obligation to inform the **Insurer** in writing on the changes to his health status affecting any claim.

3. Misdescription

In the event of misrepresentation, mis-description or non-disclosure of any material fact by the Insured person(s), the policy shall be void and all premium paid hereon shall be forfeited to the Company and no claim shall be payable under the policy.

4. Free Look Period

The Insured shall be allowed a period of 15 days from the date of receipt of this policy to review the terms and conditions of the policy and to return the same if not acceptable.

The Insured can return the policy within 15 days of its receipt if he/she is not satisfied with its coverage or terms and conditions. In such a case the policy will be cancelled from date of cancellation request received at Insurer's office provided no claim is reported and considered.

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Refund of premium would be after retaining charges towards medical tests, stamp duty charges and pro-rata premium from the risk start date till date of cancellation.

II. CONDITIONS APPLICABLE DURING THE CONTRACT

5. Notification

- a) Any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as specified in the Policy Schedule.
- b) Any and all notices and declarations for the attention of the Policy holder or any or all of the insured Persons shall be in writing and shall be sent to the Policy holder's/Insured's address as specified in the Schedule.

6. Transfer

Transferring of interest in this Policy to anyone else is not allowed

7. Nomination

The **Insured person** is entitled to nominate the person/ persons to whom the money secured by the Policy shall be paid in the event of his death as per the provisions of Section 39 of the Insurance Act, 1938. In case the nominee is a minor, the Insured can appoint a person who will receive the money secured by the policy in the event of the Insured's death during the minority of the nominee.

The details of nomination provided by the Insured will be acknowledged by the **Company** in the Policy Schedule issued by the Company. The Insured is entitled to modify the nomination at any time and the Company upon request shall make the necessary endorsement in the Policy.

8. Fraud

If the **Policy holder** or **Insured Person(s)** or his dependents shall:

- a) Make or advance any claim knowing the same to be false or fraudulent in amount or otherwise, and/or
- b) Permit another to use his ID Card or use another's ID Card
- c) Do/ omit to act in manner abetting fraud against Us,

This Policy shall be null and void ab initio in relation to that Insured Person/Policy Holder. All claims or payments due shall be forfeited and all payments made by us shall be repaid in full by the policy holder or Insured who shall be jointly and severally liable for the same.

9. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

10. Entire Contract

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The **Policy** constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the **Insurer** shall be evidenced by a duly signed and sealed **endorsement** on the **Policy**.

11. Territorial Limits

The Insurer's liability to make any payment shall be for diagnosis and treatment within India. However, this limit shall not be applicable if the diagnosis and treatment is taken in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union.

12. Assignment:

The policy can be assigned subject to applicable laws.

III. CONDITIONS WHEN A CLAIM ARISES

13. Claim procedure:

a) Claims notification:

Upon diagnosis / occurrence of the listed conditions in the policy, the insured should intimate the claim to Chola MS within 15 days by telephone through toll free number (**1800-208-5544**) or in writing by email (customercare@cholams.murugappa.com) / letter). The intimation should contain the following information:

- Insured details (Name /Age/Gender)
- Contact no & E-Mail ID.
- Policy Number.
- Illness contracted.
- Ailment / Diagnosis

b) Claims procedure:

- The insured / claimant shall provide the Insurer with details of the claim to be paid listed below under claim documentation of the policy within 30 days from the date of discharge of the defined illness. Failure to furnish such details within such time as required shall not invalidate or reduce the claim, if the Insured person is able to satisfy the Company that it was not reasonably possible to do so within such time.
- The Insurer shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity of the Insured Person's claim, and may for these purposes require the Insured Person to be examined by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary.
- The Insurer shall only make payment to the insured person or nominee whose name is mentioned in the Policy Schedule.

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Toll free: 1800 208 5544, T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5550

E: customercare@cholams.murugappa.com; website: www.cholainsurance.com

IRDA Regn. No.123; PAN AABCC6633K CIN U66030TN2001PLC047977



Chola Vector Borne Diseases Insurance (Retail)

CHOHLIP21046V012021

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- The insured shall obtain and furnish to the Company copy of all bills, receipts and other documentation upon which a claim is based. Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'.

c) Claims documentation :

Upon diagnosis of the listed condition and subject to the conditions mentioned in the policy, Insured has to submit the following claim documents to Chola MS.

- Duly filled & signed claim form which can be downloaded from our website www.cholainsurance.com or collected from local Chola MS Office
- Detailed attending physician's report / consultation papers mentioning the past medical and surgical history of the patient with duration of the ailment and confirming the diagnosis / Diagnosis Certificate from Specialist.
- All supporting lab reports supporting the diagnosis
- Detailed discharge summary / Operation theatre notes whichever is applicable
- Proof of identity and residence of the Insured.

d) Claim Settlement:

1. We shall settle claims, including its rejection, within thirty days of the receipt of last 'necessary' document.
2. However, where the circumstances of a claim warrant an investigation in the opinion of the insurer, it 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, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.
3. In case of delay in the payment, the Company shall be liable to pay penal interest at a rate which is 2% above the Bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
4. There is no TPA tie –up envisaged for this product. Any arrangement in future will be disclosed in the Policy to the Policy holders.
5. In case of multiple Vector Borne Disease policies are opted by single Insured Person from Chola MS, our maximum liability for claim towards a single hospitalisation shall be restricted to sum Insured for Rs.75,000/- (all policies put together)

Chola MS customer support operates 24 /7 basis and the con tact details are as followed for any queries / grievances:

Toll Free Phone No : **1800-208-5544**

E-Mail : help@cholams.murugappa.com

Address of Chola MS Health Claims Office:

Cholamandalam MS General Insurance Company Limited

Chola MS HELP – Health Claims Department

New No.319, Old No.154, Shaw Wallace Building,

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2nd Floor, Thambu Chetty Street, Parry's Corner,
Chennai - 600001

Customer Care Toll Free No: 1800-208-5544

E-Mail: help@cholams.murugappa.com

14. Delay in intimation of claim

It is essential and imperative that any loss or claim under the **policy** has to be intimated to us strictly as per the policy conditions to enable us to appoint investigator wherever deemed necessary for loss assessment. This will enable us to render prompt service by way of quick and fair settlement of claim, which is our primary motto.

Any genuine delay, beyond the **Insured's** control will definitely not be a sole cause for rejection of the claim. However any undue delay which could have otherwise been avoided at Insured's end and especially if the delay has hindered conducting investigation on time to make proper assessment, to mitigate further loss, if any may not only delay the claim settlement but also may result in claim getting rejected on merits.

15. Authority to Obtain Records

The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which the claim has been lodged. If required, the **Insured Person** should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.

If required the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense

16. Disclaimer of claim

It is also hereby further expressly agreed and declared that if we shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a Court of law or pending reference before Ombudsman, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

IV. CONDITIONS FOR RENEWAL OF THE CONTRACT

17. Renewal of Policy

- a. We agree to renew your policy unless on grounds of moral hazard, misrepresentation, fraud or non-cooperation by the Insured.
- b. This policy can be renewed for a period of 12 / 24 / 36 months subject to payment of premium prior to expiry of the policy and not later than 30 days grace period posts the expiry of the policy. We condone the delay and renew the policy with continuity benefits. However, no coverage shall be available during the grace period of 30 days.
- c. The claims if any occurring during the period of break in insurance shall not be payable under the renewed policy.
- d. The company reserves its rights to vary the premium from time to time subject to approval of IRDA.
- e. In case the policy was purchased through any bank or such Institution selling insurance on our behalf the policy can be renewed through the same channel or directly in case the said channel is discontinued at the time of

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renewal. Insured shall not stand to lose any benefit in case of such direct renewals for which otherwise the Insured is entitled to.

- f. If the insured was covered under a group policy with us and the cover is terminated due to the insured ceasing to be a member of the group then the insured can take a fresh Individual / Family policy without any break in policy period or with break not exceeding 30 days grace period of such termination of cover to avail the continuity benefit which would accrue as if the Insured was covered by the original policy.
- g. When an insured Person is added to this Policy either by way of endorsement or at the time of renewal the exclusion and waiting periods will be applicable to that insured person considering such policy period as the first policy with us.

18. Product Revision:

Any revision or modification in the policy subject to the approval from Insurance Regulatory and Development Authority of India shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification.

19. Withdrawal of the Product :

This product may be withdrawn from the market by informing Insurance Regulatory and Development Authority of India giving details of the product and the reasons for withdrawal. We will intimate the Insured person in writing about such withdrawal 3 months prior to the renewal date. The Insured person will have the option to migrate to another policy with similar covers if available with the company. This will be subject to portability conditions laid down by IRDA.

20. Sum Insured Enhancement:

Sum Insured can be enhanced only at the time of renewal subject to reported claim status and health condition of the insured. If you decide to increase the sum insured at the time of renewal, the Sum Insured revision is subject to written application and our acceptance.

21. Portability

On renewal from any other Indian insurer's Individual / Family floater health insurance policy with similar type of cover with same Sum insured, Continuation of benefits would be ensured for the following.

- a. **15 days Waiting Period:** A waiting period of 15 days would be considered to have been served if You were insured continuously and without interruption for at least 1 year under another Indian insurer's individual health / Family Health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital.

22. Cancellation of cover

This **policy** may be cancelled by us on account of misrepresentation, fraud, and non-disclosure of material facts or non cooperation of the Insured by giving 15 days written notice delivered to, or mailed to the Insured persons' last address as shown in the records. In the event of such cancellation on the grounds of misrepresentation or fraud or non disclosure of material facts, the policy shall be void, no refund of premium shall be made and no claim shall be payable under the policy.

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In the event of cancellation on the grounds of non cooperation, the **company** shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation subject to no claim under the policy.

The **Insured Person** may also cancel the policy at any time in which event, the company shall be entitled to retain premium at Short Period Scale for the expired portion on the date of cancellation. Any excess premium available with us after adjustment at Short Period Scale as provided herein below shall be refunded to the **Insured** subject to no claim under the Policy.

Period on Risk (in Months)	Rate of Premium to be retained		
	1 Year Policy Term	2 Year Policy Term	3 Year Policy Term
1	8%	4%	3%
2	17%	8%	6%
3	25%	13%	8%
4	33%	17%	11%
5	42%	21%	14%
6	50%	25%	17%
7	58%	29%	19%
8	67%	33%	22%
9	75%	38%	25%
10	83%	42%	28%
11	92%	46%	31%
12	100%	50%	33%
13		54%	36%
14		58%	39%
15		63%	42%
16		67%	44%
17		71%	47%
18		75%	50%
19		79%	53%
20		83%	56%
21		88%	58%
22		92%	61%
23		96%	64%
24		100%	67%
25			69%
26			72%
27			75%
28			78%

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29		81%
30		83%
31		86%
32		89%
33		92%
34		94%
35		97%
36		100%

23. Arbitration

- a. Any dispute or difference between the **Insurer** and the **Insured Person** or the Policy Holder will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language and the venue will be in Chennai.
- b. It is agreed as a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
- c. If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of Chennai Courts.

24. Automatic Termination

This **policy** shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the **policy schedule**

- Upon the demise of the covered person, in which case the **Company** will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon payment of maximum allowable number of claims. However this will not affect the renewal for the subsequent period.

6. GRIEVANCES REDRESSAL MECHANISM

Mechanism for Grievance Redressal:-

As an esteemed customer of our **Company**, the **Insured** can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the **insurance policy** issued. The contact details of our office are given below for Your reference.

If any Grievances / issues on Health insurance related claims pertaining to Senior Citizens, Insured can register the complaint / grievance in 'Senior Citizen Channel' which shall be processed on Fast Track Basis by dedicated personnel

Cholamandalam MS General Insurance Company Limited

Customer services

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Toll free : 1800 208 5544

SMS : "CHOLA" to 56677* (premium SMS charges apply)

E-MAIL : customercare@cholams.murugappa.comWEBSITE : www.cholainsurance.com

If You have not received any reply from us within 3 days from the date of the lodgement of complaint or if You are not satisfied with the reply of the Company, you can contact the IRDA Grievance Call Centre at the toll free no. 155255 or email at complaints@irda.gov.in for registering the grievance or the nearest Insurance Ombudsman, whose addresses are mentioned below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2 nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380014 Tel.: 079-27546150/27546139, Fax: 079-27546142, Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janakvihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755-2769201/2769202, Fax.: 0755-2769203, Email.: bimalokpal.bhopal@ecoi.co.in
Odisha	Office of the Insurance Ombudsman, 62, Foresh Partk, Bhubhaneshwar – 750009. Tel.: 0674-2596461/2586455. Fax.: 0674-2596429. Email.: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No.101, 102 & 103, 2 nd Floor, Batra Building, Sector 17-D, Chandigarh – 160017. Tel.: 0172-2706196/2706468. Fax.: 0172-2708274,

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	Email.: bimalokpal.chandigarh@ecoi.co.in
Tamilnadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/24335284. Fax. 044-24333664, Email.: bimalokpal.chennai@ecoi.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Fax. 011-23230858, Email.: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205, Fax.: 0361-2732937, Email.: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040-65504123/23312122, Fax.: 040-23376599, Email.: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363, Email.: Bimalokpal.jaipur@ecoi.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2 nd Floor, Pulinat Bldg., Opp. Cohin Shipyard, M. G. Road, Ernakulam – 682015, Tel.: 0484-2358759/2359338, Fax.: 0484-2359336, Email.: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg, Annexe, 4 th Floor, 4, C.R. Avenue, Kolkata – 700072. Tel. 033-22124339/22124340. Fax. 033-22124341, Email.: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh, Laitpur, Jhansi, Mahoba,	Office of the Insurance Ombudsman, 6 th Floor,

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<p>Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>	<p>Jeevanbhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Fax.: 0522-2331310. Email: bimalokpal.lucknow@ecoi.co.in</p>
<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevanseva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022-26106552/26106960. Fax: 022-26106052. Email: bimalokpal.mumbai@ecoi.co.in</p>
<p>State of Uttaranchal and the following districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Baudam, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur,</p>	<p>Office of the Insurance Ombudsman, Bhagwansahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: gautambuddh Nagar, U.P – 201301. Tel.: 0120-2514250/2514251/2514253. Email: bimalokpal.noida@ecoi.co.in</p>
<p>Bihar, Jharkhand</p>	<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006, Email: bimalokpal.patna@ecoi.co.in</p>
<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>	<p>Office of the Insurance Ombudsman, JeevanDarshan Bldg, 3rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune-411030 Tel: 020-32341320, Email: bimalokpal.pune@ecoi.co.in</p>