



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,  
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in  
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

### Kind Attention : Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.



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### Customer Information Sheet - FAMILY ACCIDENT CARE INSURANCE POLICY

Unique Identification No. : SHAHLIP21042V012021

S.No.	Title	Description	Refer to Policy Clause Number
	Product Name	FAMILY ACCIDENT CARE INSURANCE POLICY	
1	What am I covered for	a. Accidental Death	II (1)
		b. Permanent Total Disablement	II (2)
2	What are the Major Exclusions in the policy	I. All Pre-existing conditions	III (3)
		II. Self inflicted injuries	III (4)
		III. Participation in riots, Biological nuclear and chemical terrorism and nuclear perils	III (7), III (8.d)
		IV. Participation in Hazardous sports/activities	III (10)
		The exclusions given above are only a partial list. Please refer the policy clause for the complete list.	
3	Waiting Periods	Initial Waiting Period	No waiting periods applicable for this policy
		Specific Waiting Period	
4	Payment Basis	Fixed amount on the occurrence of a covered event	
		Accidental Death	II (1)
		Permanent Total Disablement	II (2)
5	Loss Sharing	In case of a claim, this policy required you to share the costs	No cost sharing applicable for this policy

S.No.	Title	Description	Refer to Policy Clause Number
6	Renewal Conditions	Life long renewal subject to payment of renewal premium in full before the due date	IV (15)
		Grace period of 30 days for renewing the policy is provided	
7	Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	IV (13)
8	Claims	For Cashless Service	Not Applicable
		For Reimbursement of claim	IV (1)
9	Policy servicing /Grievances / Complaints	Company Officials IRDAI/(IGMS/Call Centre) Ombudsman	IV (23)
10	Insured's Rights	Free Look	IV (11)
		Implied renewability	IV (15)
		Migration and Portability	Not Applicable
		Increase in SI during policy term	Not Applicable
		Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	IV (1)
11	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non disclosure may result in claim not being paid	IV (5)
		Disclosure of Material Information during the policy period such as change in occupation	IV (7)
<b>(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail</b>			



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### FAMILY ACCIDENT CARE INSURANCE POLICY Unique Identification No. : SHAHLIP21042V012021

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance

The Company subject to terms and conditions set out in the Policy agrees, to pay the sum insured, upon the happening of the event.

#### I. DEFINITIONS OF WORDS AND EXPRESSIONS

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

**Accident / Accidental** means a sudden, unforeseen and involuntary event caused by external visible and violent means.

**Age** means the age of the insured person on his/her completed years as recent birthday as per the English Calendar

**Company** means Star Health and Allied Insurance Company Limited

**Condition Precedent** shall mean a policy term or condition upon which the insurer's liability under the policy is conditional upon.

**Dependent Child** means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income and not over 25 years of age

**Disclosure of information norm** means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Family** means Insured Person, spouse, dependent children between 16 days and 25 years of age. The number of dependent children in a Family size is limited to a maximum of 3 children.

**Grace Period** means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

**Grievous Injury** means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

**Hazardous Sport / Hazardous Activities** means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

**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.

**Insured Person** means the name/s of persons shown in the schedule of the Policy.

**Pre-Existing Disease** means any condition or ailment or injury or related condition(s) for which the insured person had signs or symptoms and/or were diagnosed and/or received medical advice /treatment within 48 months prior to insured person's first policy with any Indian Insurance Company

**Permanent Total Disablement** means total and irrevocable loss of :-

1. Sight of both eyes or;
2. Physical separation of two entire hands or;
3. Physical separation of two entire foot or;
4. One entire hand and one entire foot or;
5. Sight of one eye and loss of one hand or;
6. Sight of one eye and loss of one entire foot or;
7. Use of two hands or;
8. Use of two feet or;
9. Use of one hand and one foot or;
10. Sight of one eye and use of one hand or;
11. Sight of one eye and use of one foot.

**Policy** means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.

**Sum insured** means the amount of insurance for which the premium is paid.

**Standard type aircraft / Sea Craft** means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

#### II. COVERAGE

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury solely and directly from Accident caused by external, violent and visible means and if such accident causes

1. **Death** of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay as compensation, 100% of the Sum Insured stated in the Schedule or
2. **Permanent Total Disablement** of the Insured Person within 12 Calendar months from the Date of Accident, then the Company will pay as compensation, 100% of the Sum Insured stated in the Schedule, provided that the disability is confirmed and claimed within 60 days from the occurrence of disablement.

##### Note :

- a. Where the insured person is a Dependent Child, the compensation for 1 or 2 above will be 25% of the sum insured stated in the Schedule. Thereafter the policy will continue until expiry for the balance sum insured for the other Insured Persons.
- b. Where a claim is admitted / admissible under 1 or 2 above, the policy cannot be renewed for such relevant person

#### III. Exclusions

The Company shall not be liable to make any payments in respect of:

1. Any Claim relating to events occurring outside the Period of Insurance.
2. Any claim arising out of Accident of the Insured Person from
  - a. Intentional self injury / suicide or attempted suicide or
  - b. Whilst under the influence of intoxicating liquor or drugs or
  - c. Indulging in self endangerment unless in self defense or to save human life.

3. Any claim arising out of accident attributable to pre-existing conditions, if proven
4. Any claim arising out of suicide or attempted suicide self inflicted injuries.
5. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
6. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
7. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
8. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
  - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
  - b. Nuclear weapons material
  - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
  - d. Nuclear, chemical and biological terrorism
9. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
10. Participation in Hazardous Sport / Hazardous Activities
11. Persons who are physically challenged, unless specifically agreed and endorsed in the policy.
12. Any loss arising out of the Insured Person's actual or attempted commission of or willful, participation in an illegal act or any violation or attempted violation of the law.

#### IV. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS UNDER THIS POLICY)

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. **Obligations of the Insured Person:** Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company within one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
  - a. Claim intimation:  
Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.
  - b. Documents to be submitted for claims are  
Duly completed claim form and

##### For Death Claims

- Death Certificate / proof of accident.
- Post-mortem Certificate, if conducted
- FIR (wherever required)
- Police Investigation report (wherever required)
- Viscera Sample Report (wherever required)
- Forensic Science Laboratory report (wherever required)
- Legal Heir Certificate
- Succession Certificate (wherever required)

##### For Disability Claims:

- Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its percentage.

**Note:** The Company reserves the right to call for additional documents wherever required.

2. **Claims Settlement:** Benefits payable under this policy will be paid within 7 days from the time of receipt of all documents the Company requires.

**Note:** The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy

3. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
4. **Geographical Scope:** The insurance cover applies Worldwide.
5. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form or at the time of claim, personal statement, declaration and 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 Person or any one acting on his behalf to obtain any benefit under this Policy.
6. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to admission of any liability of the Company to make any payment under this Policy.
7. **Material change:** The Insured Person shall immediately notify the Company in writing of any change in his / her business or occupation or physical defect or infirmity with which he/she has become affected since the payment of last premium.
8. **Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's death or on payment of 100% Sum Insured whichever is earlier.
9. **Duties of the insured on occurrence of event :** On the occurrence of any event, within the scope of cover under this Policy the Insured Person / representative shall file / submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.

If the Insured Person/representative does not comply with the provisions of this Clause or other obligations cast upon the Insured Person/representative under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall become forfeited.

10. **Fraudulent claims :** If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall become forfeited and the policy will be cancelled without any refund of premium.
11. **Free Look Period:** At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case , the premium refund shall be as follows :  
If the Insured has not made any claim during the free look period, the Insured shall be entitled to –
  - 1) a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges  
or
  - 2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover  
or
  - 3) where only a part of the insurance coverage has commenced , such proportionate premium commensurate with the insurance coverage during such period.

Free look period shall not be applicable at the time of renewal

**12. Disclosure to information norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim.

**13. Cancellation/termination :** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form and/or claim form at the time of claim or non-co-operation of the insured person, by sending the Insured 15 days notice by registered letter to the Insured person's last known address and no refund of premium will be made. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

\*Short period scales:

Policy Term 1 Year	
Period on risk	Rate of premium to be retained
Up to one month	25% of the policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium
Policy Term 2 Years	
Period on risk	Rate of premium to be retained
Up to one month	20% of the policy premium
Exceeding one month up to 3 months	30% of the policy premium
Exceeding 3 months up to 6 months	40% of the policy premium
Exceeding 6 months up to 9 months	50% of the policy premium
Exceeding 9 months up to 12 months	60% of the policy premium
Exceeding 12 months up to 15 months	70% of the policy premium
Exceeding 15 months up to 18 months	80% of the policy premium
Exceeding 18 months up to 21 months	90% of the policy premium
Exceeding 21 months	Full Policy Premium

**14. Currency for payments:** All claims payable shall be paid in Indian Rupee only.

**15. Renewal Clause** The policy will be renewed except on grounds of misrepresentation / fraud committed.

A grace period of 30 days from the date of expiry of the policy is available for renewal. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer.

Renewal premium is subject to change with prior approval from the Regulator. Change of options/plans within same product is permissible only at the time of renewal.

**16. Modification of the terms of the policy:** The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance

**17. Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company

**18. Arbitration clause:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the

decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referred to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

#### 19. IMPORTANT NOTE

- Where the policy is issued for more than 1 year, the Sum Insured is for each year, without any carry over benefit thereof
- The policy is issued on floater basis, the Sum Insured and other related benefits float amongst the insured persons.
- The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
- The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
- The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the company for necessary compliance by all stake holders

**20. Policy Disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

**21. Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile / email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Chennai-600034., Toll free fax no: 1800 425 5522 Email: [support@starhealth.in](mailto:support@starhealth.in)

**22. Customer Service:** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

**23. Grievances :** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

**Grievance Department,** Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Or Call 44-28243921 during normal business hours. Or Send e-mail to [grievances@starhealth.in](mailto:grievances@starhealth.in) Senior Citizens may call 044-28243923

In the event of the following grievances:

- any partial or total repudiation of claims by an insurer;
- any dispute regard to premium paid or payable in terms of the policy;
- any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- delay in settlement of claims;
- non-issuance of any insurance document to customer after receipt of the premium.

the Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

## List of Insurance Ombudsman

<p><b>AHMEDABAD</b></p> <p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201 / 02 / 05 / 06 Email: bimalokpal.ahmedabad@ecoi.co.in</p> <p><b>JURISDICTION:</b> Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</p>	<p><b>BENGALURU</b></p> <p>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p> <p><b>JURISDICTION:</b> Karnataka.</p>	<p><b>BHOPAL</b></p> <p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p> <p><b>JURISDICTION:</b> Madhya Pradesh Chattisgarh.</p>	<p><b>BHUBANESHWAR</b></p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p> <p><b>JURISDICTION:</b> Orissa.</p>
<p><b>CHANDIGARH</b></p> <p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p> <p><b>JURISDICTION:</b> Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union territory of Chandigarh.</p>	<p><b>CHENNAI</b></p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p> <p><b>JURISDICTION:</b> Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>	<p><b>DELHI</b></p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@ecoi.co.in</p> <p><b>JURISDICTION:</b> Delhi</p>	<p><b>ERNAKULAM</b></p> <p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p> <p><b>JURISDICTION:</b> Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p><b>GUWAHATI</b></p> <p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p> <p><b>JURISDICTION:</b> Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p><b>HYDERABAD</b></p> <p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p> <p><b>JURISDICTION:</b> Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>	<p><b>JAIPUR</b></p> <p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p> <p><b>JURISDICTION:</b> Rajasthan.</p>	<p><b>KOLKATA</b></p> <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p> <p><b>JURISDICTION:</b> West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>
<p><b>LUCKNOW</b></p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> <p><b>JURISDICTION:</b> Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p><b>MUMBAI</b></p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p> <p><b>JURISDICTION:</b> Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>	<p><b>NOIDA</b></p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p> <p><b>JURISDICTION:</b> State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, 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><b>PATNA</b></p> <p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building., Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> <p><b>JURISDICTION:</b> Bihar and Jharkhand.</p>
	<p><b>PUNE</b></p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p> <p><b>JURISDICTION:</b> Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>		