



**CSC - HOSPITAL CASH INSURANCE
POLICY WORDING**

DEFINITIONS

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

Accident

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Age means completed years as at the commencement of the Policy.

Alternative treatments

Means treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

Company means "Universal Sompo General Insurance Company Limited."

Condition Precedent means a policy term or condition upon which Our liability under the policy is conditional upon.

Congenital Anomaly

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a) Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
- b) External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

Contribution

Contribution is 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.

Day means a period of 24 consecutive hours.

Daily Allowance is the amount specified as such in the Schedule

Day care centre

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- 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

**Dental Treatment**

Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Dependent Children

Means a child (natural or legally adopted) up to 25 years of age, who is financially dependent on the primary Insured or proposer and does not have his/her independent sources of income.

Dependent Parents

Means a parent who is financially dependent on You and does not have his / her independent sources of income.

Disclosure to information norm

Means that the Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Emergency Care

Means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the insured person's health.

Family Member

Means person(s) whose name are specifically appearing in the Schedule and are related to You as spouse and/or Dependent Children or Dependent Parents.

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.

Hospital

A 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 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.

Hospitalisation

Means admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

Illness

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.



- a) **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.
- b) **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
 - it continues indefinitely
 - it comes back or is likely to come back.

Insured

Means the individual whose name is specifically appearing in the Schedule herein after referred as “You”/”Your”/”Yours”/”Yourself”.

Insured Family Members

Means the individuals whose name is appearing in the Schedule and shall include Your Spouse, Dependent Children and Dependent Parents.

Intensive Care Unit

Means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

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 Event

Means any event specifically mentioned as covered under this Policy.

Insured Persons

Means person(s) whose name is/ are specifically appearing in the Schedule and are covered under the Policy.

Medical Advice

Means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Medical expenses

Means those expenses that You have 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 You had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary

Means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- is required for the medical management of the illness or injury suffered by You;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;



- must have been prescribed by a Medical Practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner

Means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and is not a member of your family.

Nominee

Means the person(s) nominated by You to receive the insurance benefits under this Policy payable on the Your death.

Notification of Claim

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Policy

Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy.

Policy Period

Means the period commencing at the Policy Period Start Date and ending at the Policy Period End Date, as specifically stated in the Schedule and for which the insurance cover will remain valid.

Portability

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.

Pre-Existing Disease

Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and/or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.

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.

Reasonable Charges

Reasonable charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

Inpatient Care

Inpatient care is the care of patients whose condition requires admission to a hospital. Progress in modern medicine and the advent of comprehensive out-patient clinics ensure that patients are only admitted to a hospital when they are extremely ill or are have severe physical trauma.

Renewal

Renewal defines 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.

Subrogation



Subrogation shall mean 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.

Sum Insured

Means the sum as mentioned in the Schedule against the respective benefit(s) which represents Our maximum liability for any or all claims under this Policy during the Policy Period.

The policy will cover all the benefits opted by the insured, preferred by the insured in one claim or in multiple claims during the policy period subject to the limit of maximum amount per policy period as per the option opted by the insured.

Unproven/Experimental treatment

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

You/Your/Yours/Yourself

Means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

We/Our/Ours/Us

Means Universal Sompo General Insurance Company Limited.

War

Means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

What will We pay? (Scope of cover)

We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay You

Section 1: Hospital Confinement Benefit: A Daily Allowance, as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalisation for a maximum number of X days as mentioned in the Schedule.

Section 2: Intensive Care Benefit : Two times the Daily Allowance, subject to maximum of X days as mentioned in the Schedule, for each continuous and completed period of 24 hours required to be spent by You/ Your Insured Family Member in the Intensive Care Unit of a Hospital during any period of Hospitalisation.

Section 3: Convalescence Benefit: If Hospital Confinement continues for a period of more than 21 consecutive days, the benefit payable will be as specified in the Schedule against this benefit. This benefit is paid once in a year for each insured event.

For purpose of avoidance of doubt, it is clarified that, if the claim becomes admissible under category II, benefit under category I would not be payable.

However Our total liability, under this Section, for payment of all claims in aggregate for the Policy Period shall not exceed the Sum Insured as stated in the Schedule.

What will We not Pay?

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:



1. If You are presently covered and have been continuously covered without any break under:
 - i) an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital,
OR
 - ii) any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:
 - a) The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance policy;
AND
 - b) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance policy (other than as a result of the application of Cumulative Bonus), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.
2. Treatment of following diseases within the first one year from the commencement of the Policy, will not be payable:
 - Cataract
 - Benign Prostatic Hypertrophy
 - Myomectomy, Hysterectomy unless because of malignancy
 - Hernia, Hydrocele
 - Fistula in anus, Piles
 - Arthritis, gout, rheumatism
 - Joint replacements unless due to accident
 - Sinusitis and related disorders
 - Stones in the urinary and biliary systems
 - Dilatation and curettage
 - Skin and all internal tumors/cysts/nodules/polyps of any kind including breast lumps unless malignant/ adenoids and hemorrhoids
 - Dialysis required for chronic renal failure
 - Surgery on tonsils and sinuses
 - Gastric and Duodenal ulcers

However, the waiting period of 1 year will not apply if You were insured continuously and without interruption for at least 1 year under any other Indian insurer's similar health insurance policy from us or any of the Indian insurers.

You will be given the Portability credit of the waiting period based on the number of years of continuous and uninterrupted insurance cover

3. Any Sickness that has been classified as an Epidemic by the Central or State Government.
4. General debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilisation or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure
5. Sickness requiring Hospitalisation within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption with the Company or the policy is a renewal of similar health insurance policy from any of the other Indian insurers and We have accepted your proposal with portability.
6. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured.
7. Payment of compensation in respect of injury, hospitalisation resulting -
 - a. From intentional self-injury, suicide or attempted suicide.
 - b. Self-exposure to needless perils except in an attempt to save human life.
 - c. Whilst under the influence of liquor or drugs or other intoxicants.
 - d. Emotional distress
 - e. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.



- f. Directly or indirectly, caused by venereal disease, AIDS or insanity.
- g. Arising or resulting from committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
- h. Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.
- i. Due to war or ionizing radiation or nuclear perils.
- j. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus personnel or any such occupations of similar hazard.
- k. Congenital anomalies or any complications or conditions arising therefrom; or
8. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy (except Ectopic Pregnancy)
9. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
10. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
11. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
12. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology
13. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
14. All kind of Alternate Treatment

CLAIMS PROCEDURE

1. Method of Assessment and Payment of claim

For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year of the occurrence of Hospitalisation

In the event that a claim becomes payable under the terms of the Policy, We shall make such payment by way of cheque or electronic fund transfer or demand draft at Our option.

2. Limitation Period

We shall not be liable for any loss or damage after expiry of 12 months from happening of the medical contingency unless claim is subject of pending action of court or arbitration.

3. The steps for lodging the claim shall be as under:

1. Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause
2. Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation

Claim Documents

- a. Photo copy of bills, receipt and discharge certificate/card from the Hospital.
- b. Photocopy of F.I.R. copy in case of an accident.
- c. Complete set of Hospital/medical records

If required, You/ Your Family Member must agree to be examined by a Medical Practitioner of Our choice at Our expense.

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document.

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by



You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

4. Position after claim

We shall have no liability under this Policy, once the Maximum Limit of Liability (Sum Insured) as stated in the Policy Schedule with respect to any of the Sections, is exhausted by You or Your Insured Family Member.

5. Claim Payment:

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

PART III OF POLICY

STANDARD TERMS AND CONDITIONS

1. Material change

You shall immediately notify Us in writing of any material change in the risk and cause at Your own expense.

2. 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 You or anyone acting on Your 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 be forfeited.

3. Claims in Two Policy Period:

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/ due date of premium of health insurance policy, if not received earlier.

4. Cancellation/termination

By You

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:

Cancellation Period				
Cover Period	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 months to 1 year
Refund	75%	50%	25%	0%

By Us

We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.



5. Policy Disputes

It has been agreed between the parties that any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to be adjudicated or interpreted in accordance with Indian Laws and only competent Indian courts shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

6. Discount(s) under the Policy

Family discount:

We shall provide a discount of 5% on the total premium of the policy including the family members.

7. 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 referable to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

8. Free Look-up period

1. The Policy shall have a free look period. The free look period shall be applicable at the inception of the policy and:
 - a) You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable
2. If You have not made any claim during the free look period, You shall be entitled to
 - a. A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
 - b. Where the risk has already commenced and the option of return of the policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

9. Renewal

1. This policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You
2. Renewal of the policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of renewal.
3. We also agree that We shall not deny the renewal of the policy on the ground that You made a claim or claims in the previous or earlier .
4. We shall provide for a mechanism to condone a delay in renewal up to 30 days from the due date of renewal without deeming such condonation as a break in policy. However coverage shall not be available for such period.
5. Premium of the Policy may be revised if subject to approval from IRDAI.
6. We also agree that no loading on premium shall be applicable on Your individual claims experience basis.



10. Contribution: The conditions of contribution shall not apply to this Policy.

11. Subrogation: You shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. You shall not prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You.

12. Portability

1. If You were insured continuously and without a break under another similar Indian retail health insurance policy with Us or any other Indian General Insurance company, it is understood and agreed that:
 - a) If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance but not earlier than 60 days;
 - b) This benefit is available only at the time of renewal of the existing health insurance policy.
 - c) The Portability Benefit shall be applied subject to the following:
 - i) Your proposal shall be subject to Our medical underwriting
 - ii) Any modification or amendment in the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time, shall apply as on the date of proposal.

15. Nomination

The Policy has provision of nomination, in absence of Insured's declaring Nomination at the time of proposal, then all benefits accrued under the Policy if any, shall be given to the legal heir/ dependants.

16. TPA and Our Network Providers: For assisting you during claims related services, we have engaged a Third Party Administrator and we have also tied-up with a lot of hospitals all over India for securing you a cashless claims processing if you so desire.

The details of the TPA and the list of such hospitals empanelled by us (the Network Providers) can be found at our website www.universalsompo.com

17. Three Month Notice: We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We shall adhere to the following:

- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the renewal date and We shall provide You with an option to migrate to a substitute product offered by Us, subject to portability conditions.
- iii. Policies whose renewal will be within 90 days of withdrawal will be given choice for one time renewal of existing policy, others will have the choice to migration to substitute health insurance policy/modified product.



18. Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

Universal Sompo General Insurance Co. Ltd.

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710

Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030

Landline Numbers: (022)-27639800 or (022)-39133700 (Local Charges Apply)

E-mail Address: contactus@universalsompo.com

Fax Numbers: (022)39171419

Note: Please include your policy number for any communication with us.

Claims Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800-200-5142 or on chargeable numbers at (022) – 39635200 or email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

19. Grievances

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting our website or write to us on contactus@universalsompo.com.

Level 1 –

You may also contact the Branch from where You have bought the Policy or the Complaints Coordinator who can be reached at Our Registered Office.

You may also contact on our- Toll Free Numbers: 1800-200-5142 or on chargeable numbers at 022 – 39635200; and also send us fax at: 1800-200-9134

Level 2 -

You can also visit our Company website and click under links [Grievance Notification](#)

You can also send direct mail to the concerned authorities at- grievance@universalsompo.com

If the issue still remains unresolved, You may, , approach: -

- IRDAI- IGMS - <http://igms.irda.gov.in> for grievances redressal
- Insurance Ombudsman for the redressal of Your grievance.

The details of Insurance Ombudsman are available below and are also available on

<http://www.gbic.co.in/ombudsman.html>

AHMEDABAD	BENGALURU
Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road,Ahmedabad - 380001. Tel nos: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@gbic.co.in	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in
BHOPAL	BHUBANESHWAR
Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market,	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455



UNIVERSAL SOMPO GENERAL INSURANCE CO LTD

<p>Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in</p>	<p>Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in</p>	<p>CHENNAI 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@gbic.co.in</p>
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in</p>	<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in</p>
<p>HYDERABAD 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in</p>	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in</p>
<p>ERNAKULAM 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@gbic.co.in</p>	<p>KOLKATA 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@gbic.co.in</p>
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