

my:jeevika Cash@hospital Micro Insurance
Policy Wording

I. PREAMBLE

The Insured named in the Schedule has, by a Proposal, declaration and/or medical reports which shall be the basis of the contract and shall be deemed to be incorporated herein, applied to L & T General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth.

Subject to the terms, conditions, exclusions, stipulations and definitions contained herein or endorsed or otherwise expressed hereon, if during the **Policy Period**, the Insured/Insured Person shall contract any disease or illness or suffer any injury and is required to undergo treatment by way of i) Hospitalisation in any Hospital/Nursing Home in India (hereinafter called "Hospital") upon the advice of a duly qualified Medical Practitioner, the Company agrees to pay the Insured/Insured Person or his/her nominee, **Benefits** by way of daily cash, as per the coverage defined under this Policy, not exceeding the **Sum Insured** under each specific plan, for all claims during such **Policy Period**.

II. DEFINITIONS

Following words and expressions which are defined to bear the same meaning wherever they appear in this Policy:

1. **"Accident"** An accident is a sudden, unforeseen and involuntary event caused by external and visible means.
2. **"Disease"** means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner to that effect.
3. **"Hospital/Nursing Home"** means an establishment in India for indoor medical care and treatment of patients which:
 - i. is registered with the appropriate local authorities as such and benefits from the supervision of a Medical Practitioner on a 24 hour basis, or
 - ii. complies with at least the following criteria:
 - i) it has at least 10 inpatient beds ii) it has a fully equipped operating theatre where surgery is performed;
 - iii) it employs qualified nursing staff on a 24 hour basis;
 - iv) maintains daily records of patients.
 - iii. By the nature of the medical treatment provided is an establishment properly recognised as a Hospital/Nursing Home within the locality and fulfills all the demands ordinarily or customarily of a Hospital for medical treatment, and where all medical treatment is administered by a Medical Practitioner, and is not, a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel, health spa, massage center or any similar establishment.
4. **"Illness"** means sickness or disease first diagnosed during the Policy period for which immediate treatment by a Medical Practitioner is necessary.
5. **"Injury"** means physical injury caused by unintended means during the Policy period.

6. **"In-patient"** Inpatient care means treatment for which the Insured/Insured Person has to stay in a hospital for more than 24 hours for a covered event.
7. **"Insured/Insured Person"** means the person(s) named in the Schedule to this Policy, having a place of residence in India, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
8. **"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 the insured;
 - 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.
9. **"Medical Practitioner"** means a person who holds a degree/ diploma of a recognised institution and is registered with the Medical Council in respective states of India, and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner includes a Physician, specialist and surgeon, provided that this person is not a member of the Insured/Insured Person's family.
10. **"Policy"** includes the Proposal Form and any declarations made along with the Schedule and any Endorsement.
11. **"Policy Period"** means the period between the inception date and the expiry date of the policy as specified in the Schedule to this Policy or the date of cancellation of this policy, whichever is earlier.
12. **"Pre-existing condition"** means any disease/illness/injury or related condition for which Insured/Insured Person had signs or symptoms, and / or diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first Policy taken from the Company.
13. **"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.
14. **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.
15. **"Sum Insured"** means, subject to terms, conditions and exclusions of this Policy, i) the Sum Insured representing the Company's maximum liability for any or all claims during the Policy Period specified in the Schedule to this Policy separately in respect of the Insured/ Insured Person.

In the event of a claim being admitted under this Policy, the Sum Insured for the remaining Policy Period shall stand correspondingly reduced by the amount of claim paid (including 'taxes') or admitted and shall be reckoned accordingly.

16. **"Surgical operation"** means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a Hospital/Nursing Home by a Medical Practitioner.

III. SCOPE OF COVER

The Company hereby agrees to pay in respect of an admissible claim, a Hospital Cash **Benefit** subject to the **Sum Insured**, limits, terms, conditions and exclusions contained or otherwise expressed in this Policy.

The Hospital Cash Allowance up to a maximum limit as specified in the schedule to this Policy, for the duration as per the Plan selected shall be payable subject to hospitalization for a minimum period of 24 hours.

| Benefit Structure | | | |
|----------------------------------|--------------------|------------------|----------------------|
| Age group | Silver Plan | Gold Plan | Platinum Plan |
| 0.5* to 60 yrs | Rs 250/- per day | Rs 500/- per day | Rs 1000/- per day |
| Above 60 yrs | Rs 125/- per day | Rs 250/- per day | Rs 500/- per day |
| Maximum Amount per Policy Period | Rs 7,500/- | Rs 15,000/- | Rs 30,000/- |

*6 months

IV. EXCLUSIONS

The Company 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:

- Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre-existing Hypertension /Diabetes.
- 30 Days Waiting Period: Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.
- Two Year Exclusions:
Treatment of Congenital Internal Diseases, any type of Migraine /Vascular head ache, Varicose Veins/Varicose Ulcers, Stones in the Urinary and Biliary systems, Surgery on Tonsils / Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/ Nodules / Polyps, any type of Breast Lumps, Spondylosis / Spondilitis, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee / Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases (if caused other than excluded under exclusion 2 above), any type of Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any joint during the first two years of the operation of the Policy with us.
- Treatment arising from or traceable to pregnancy / childbirth. This exclusion will not apply to Ectopic Pregnancy.
- Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
- Dental treatment or surgery of any kind unless requiring Hospitalisation.
- Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.
- Confinement in Hospital arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus

(LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

9. Confinement at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
10. Directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
11. Directly or indirectly caused by or arising from or attributable to:
 - a) Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or by Nuclear weapons/materials; or
 - b) Radioactive contamination, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
12. Any routine or preventative examinations, vaccinations, inoculation or screening.
13. Outpatient treatment charges or Day Care Procedures.
14. Sex change or treatment, which results from, or is in any way related to, sex change.
15. Hormone replacement therapy.
16. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.
17. Treatment of psychiatric, mental or nervous conditions, insanity.
18. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident or as a treatment of cancer or burns.
19. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from, or related to, such abuse or addiction.
20. Any illness or hospitalisation arising or resulting from the Insured/Insured person or any of his family members committing any breach of law with criminal intent.
21. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
22. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
23. Any treatment received outside India.
24. Any stay in hospital as a donor.
25. Any form of Non-Allopathic treatment, Naturopathy, hydrotherapy, Ayurvedic, Homeopathy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.
26. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
27. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
28. Any fertility, sub-fertility or assisted conception operation.
29. Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
30. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard or participating or involvement in naval, military or air force operation.

V. CLAIMS PROCEDURE

It is a condition precedent to the Company's liability that upon the discovery or happening of any disease/illness/injury that may give rise to a claim under this Policy, the Insured/Insured Person shall:-

1. Claim Notification

Give immediate notice to the Company, by calling the Help Line number as specified in the Policy or in writing to the address shown in the Schedule with particulars as below.

- Policy Number,
- Name of the Insured/Insured Person
- Nature of disease/illness/injury,
- Name and address of the attending Medical Practitioner/Hospital
- Any other relevant information

Please intimate your claim to us/TPA at least 72 hours prior to hospitalization in case of planned treatment and in case of emergency treatment, within 24 hours of hospitalization.

2. Claim Processing

i) The Insured/Insured Person shall after intimation as aforesaid, further submit within 30 days of discharge from Hospital the following:-

- Duly filled claim form(s)
- Discharge/card from the Hospital /Medical Practitioner indicating the number of days of stay.

iii) The Insured/Insured Person shall at any time as may be required authorise and permit the Company or anyone deputed by them in this behalf to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim.

Where the documents submitted for claim are required for a claim under any other reimbursement policy, the documents will be returned after the processing of the claim on request of the insured. Alternatively if the claim is submitted to another insurer/TPA for processing under an indemnity policy, attested copies from the Insurer/TPA may be provided with a copy of such indemnity policy.

The above list is only indicative. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the assessment of loss. Verification carried out if any will be done by Professional Investigators or member of the Service Provider and costs for such investigations shall be borne by the Company.

3. Condition Precedent

The due intimation, submission of documents and compliance with requirements by Insured/Insured Person as mentioned above shall be essential failing which Company shall not be bound to entertain a claim. Undue delay in submission of documents may prejudice a claim.

4. Claim Settlement

The Company shall within a period of 30 days on receipt of final completed set of documents/investigation reports (if applicable) offer settlement of the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of 30 days of the receipt of the final completed set of documents/investigation reports (if applicable), in accordance with the provisions of Protection of Policyholders' Interest Regulations 2002.

VI. General Conditions**1. Duty of Disclosure**

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements or misrepresentation, mis-description or non-disclosure of any material particulars or if any material information had been withheld in the Proposal Form, personal statement, declaration or other

documents, or if a claim found to be fraudulent or any fraudulent means or device is used by the Insured/ Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.

Material information to be disclosed includes every matter that the Insured/Insured Person knows, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to the Company's decision to accept the risk of insurance and if so on what terms. The Insured must exercise the same duty to disclose those matters to the Company before the renewal, extension, variation, endorsement or reinstatement of the Contract which may lead to adjustment in the scope of cover and/or premium, if necessary, accordingly.

2. 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/Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Notice of Charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured/Insured Person or his/her nominees or his/her legal representative or to the Hospital/Nursing Home, as the case may be, of any Benefit under the Policy shall in all cases be an effectual discharge to the Company.

5. Electronic Transactions

The Insured/Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of this Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of section 41 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured/Insured Person.

6. 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/Insured Person or anyone acting on his / her behalf to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons. All sums paid under this Policy shall be repaid to the Company by all Insured Persons who shall be jointly liable for such repayment.

7. Cancellation/Termination

The Company may at any time, cancel this Policy, on grounds of misrepresentation, fraud non disclosure of material fact or non co-operation of the insured, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured/Insured Person at his/their last known address in which case the Company shall not be liable to repay the premium for the unexpired term. The Insured/Insured Person

may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales.

| Period On Risk | Rate Of Premium Refunded |
|----------------------|--------------------------|
| Up to 1 month | 75% of annual rate |
| Up to 3 months | 50% of annual rate |
| Up to 6 months | 25% of annual rate |
| Exceeding six months | Nil |

However, in case of a valid claim having being paid or reported under this Policy, there would be no refund of premium.

A minimum premium of Rs 50 per policy will be retained by the Company.

8. Law and Jurisdiction

No claim shall be payable under this Policy for any treatment or expenses outside India. All claims shall be payable in India and in Indian Rupees only. The laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy or any claim thereunder.

9. If a claim is rejected or partially settled and is the not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and liability of the Company extinguished and shall not be recoverable thereafter.

10. Renewal

a. The Company shall not be bound to give notice that renewal is due.

b. If the Insured desires renewal he/she shall apply to the Company for the same prior to expiry of the Policy Period of Insurance.

c. The Insured/Insured Person shall disclose to the Company in writing of any material change in the health condition at the time of seeking renewal of this Policy, irrespective of any claim arising or made and upon such disclosure the Company shall be entitled to modify or vary the terms of insurance and/or premium, if necessary, accordingly. Failure to comply with this Condition would render any renewal voidable at the option of the Company.

d. Renewals are deemed to be continuous when received within a period of 15 days from the date of expiry of last policy subject however to the effective policy inception date being reckoned from such period when the renewal premium is received by the Company. Policy would be considered as a fresh policy if there would be break of fifteen or more days between the previous policy expiry date and current policy start date. The Company however shall not be liable for any claim arising out of an ailment suffered or hospitalisation commencing during the period between the expiry of previous policy and date of commencement of subsequent Policy.

e. Where an Insured Person is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such policy period as the first policy with us.

f. A Policy shall be ordinarily renewable for the lifetime of an Insured/Insured Person unless-

- any fraud, misrepresentation or suppression by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto due to non co-operation of the Insured or

- the Company has discontinued issue of the particular type of Policy, in which event the Insured shall have the option of renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy.

If the Company has discontinued issue of the particular type of Policy, the Insured shall have the option of renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy.

g. The Company reserves its rights to vary the premium from time to time subject to approval of IRDA.

Portability Option: All policies are portable wef 1st July 2011. Insured may approach another insurer well before the expiry date to avoid any break in coverage.

11. Continuity

Where the product is offered to the customers of a specific institution, with which the insurer has a tie up either individually or as a group cover, continuity of benefits will be provided under the same or similar policies available with the Insurer during such period in the event that such tie-up has been discontinued or the employee/member has moved out of the group.

12. Notice

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

13. Grievance Redressal Procedure

For any grievance related to Delay in settlement or against decision on any claim, Premium, Non-issue or Interpretation of Policy terms, or such other grievances the Insured/Insured Person may write to:

The Grievance Officer

L&T General Insurance Company Limited

601-602, 6th Floor, Trade Centre, Bandra Kurla Complex, Bandra East, Mumbai 400051

Helpline Number- <<toll free no>> or write to The Grievance Officer at <<abc@ltinsurance.com>>

In case the Insured/Insured Person is not satisfied with the decision of the above office, or have not received any response within 10 days, the Insured/Insured Person may contact the following official for resolution: Head-Customer Services, 601-602, 6th Floor, Trade Centre, Bandra Kurla Complex, Bandra East, Mumbai 400051. Helpline Number- <<toll free no>> or write to Head-Customer Services at <<abc@ltinsurance.com>>

In case the Insured/Insured Person is not satisfied with the decision/resolution the Insured/Insured Person may the Insured/Insured person may be entitled to approach the Insurance Ombudsman.

The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.

The details of the Insurance Ombudsmen and their jurisdiction are as listed below

| Ombudsman Offices | |
|---|---|
| Areas of Jurisdiction | Addresses of the Ombudsman Offices |
| State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu. | AHMEDABAD 2nd Floor, Ambica House, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rdiffmail.com |
| States of Madhya Pradesh and Chattisgarh. | BHOPAL 1st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, |

| | |
|---|---|
| | BHOPAL-462 011 Tel: 0755 - 2769200, Fax: 0755-2578103 Email:insombmp@satyam.net.in |
| State of Orissa. | BHUBANESWAR 62, Forst Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net |
| States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh. | CHANDIGARH S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 0172- 2706196 EPBX:0172-2706468 Fax: 0172-2708274 |
| State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). | CHENNAI Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email:insombud@md4.vsnl.net.in |
| States of Delhi and Rajasthan. | DELHI 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: insombudsmandel@netcracker.com |
| States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry. | HYDERABAD 6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599 Email:insombud@hd2.vsnl.net.in |
| State of Kerela and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry. | KOCHI 2nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmandkochi@hclinfinet.com |
| States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands. | KOLKATTA North British Building 29, N S Road, 3rd Floor, KOLKATTA-700 001 Tel: 22212666, 22212669, Fax:033-22212668 |
| States of Uttar Pradesh and Uttaranchal. | LUCKNOW Jeevan Bhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: ioblko@sancharnet.in |
| States of Maharashtra and Goa. | 3rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com |
| States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland | GUWAHATI Aquarius Bhaskar Nagar, R G Baruah Road, |

| | |
|---|---|
| and Tripura. | GUWAHATI 781 021 Tel: 2413525 EPBX:0361-2415430 Fax: 0361-2414051 |
| Address and contact number of Governing Body of Insurance Council | Secretary General Governing Body of Insurance Council 5 th Floor, Royal Insurance Building, 14 Jamsedji Tata Road, Churchgate, Mumbai 400020 022-22817515 Email: inscoun@vsnl.net |

14. IRDA Regulations: This Policy is subject to Regulations of IRDA (Protection Of Policyholder's Interest) Regulations, 2002 as amended from time to time.