

Group Personal Accident Policy
Policy Terms & Conditions

This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full in respect of the Insured Persons and the terms, conditions and exclusions of this Policy.

The group administrator's/Master Policyholder's role is that of only a facilitator in offering a group cover and facilitating insurance services including claims from a central point.

This Policy is valid for the period as specified in the Schedule or the Certificate of Insurance.

The terms listed in Section 5 (Definitions) and which have been used elsewhere in the Policy in Initial Capital letters shall have the meaning set out against them in Section 5, wherever they appear in the Policy.

I. Benefits

The in-built Benefit listed below is available to all Insured Persons. The Schedule or the Certificate of Insurance will specify which of the Cover Benefits are in force and available for the Insured Persons under the Policy.

Claims made in respect of an Insured Person for the in-built Benefit listed below or any of the Cover Benefits applicable to the Insured Person shall be subject to the availability of the Sum Insured, applicable sub-limits for the Benefit/Cover Benefit claimed and the terms, conditions and exclusions of this Policy.

All claims must be made in accordance with the procedure set out in Section 3.

In-Built Benefits:**a. Accidental Death Benefit**

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured.

If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this Benefit and claims already admitted under the Policy in respect of the Insured Person will cumulatively exceed the Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.

On the acceptance of a claim under this Benefit and payment being made under any applicable Cover Benefits, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

Cover Benefits:**1. Permanent Total Disability:**

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured:

Nature of Permanent Total Disability

Total and irrecoverable loss of sight in both eyes
Loss by physical separation or total and permanent loss of use of both hands or both feet
Loss by physical separation or total and permanent loss of use of one hand and one foot
Total and irrecoverable loss of sight in one eye and loss of a Limb
Total and irrecoverable loss of hearing in both ears and loss of one Limb/ loss of sight in one eye
Total and irrecoverable loss of hearing in both ears and loss of speech
Total and irrecoverable loss of speech and loss of one Limb/ loss of sight in one eye

Nature of Permanent Total Disability

Permanent, total and absolute disability (not falling under any one the above) which results in the Insured Person being unable to engage in any employment or occupation or business for remuneration or profit, of any description whatsoever which results in Loss of Independent Living

If the Certificate of Insurance specifies that the PTD Sum Insured is in force for the Insured Person, then on acceptance of a claim in respect of the Insured Person under this Cover Benefit We will pay the PTD Sum Insured specified in the Certificate of Insurance in addition to the Sum Insured.

For the purpose of this Cover Benefit:

1. **Limb** means a hand at or above the wrist or a foot above the ankle;
2. **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

This Cover Benefit will be payable provided that:

- a. The Permanent Total Disability continues for a period of at least 180 days from the commencement of the Permanent Total Disability, and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;
- b. If the Insured Person suffers Injuries resulting in more than one of the Permanent Total Disabilities specified in the table above, then Our maximum, total and cumulative liability under this Cover Benefit shall be limited to the Sum Insured and PTD Sum Insured, if applicable.
- c. If a claim is accepted under this Cover Benefit in respect of an Insured Person and the amount due under this Cover benefit and claims already admitted under the Policy in respect of the Insured Person will cumulatively exceed the Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.
- d. If We have admitted a claim for Permanent Total Disability in accordance with this Cover Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies;
- e. On the acceptance of a claim under this Cover Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person after the payment of any other applicable Cover Benefits.

2. Permanent Partial Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table below:

Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
i. Total and irrecoverable loss of sight in one eye	50%
ii. Loss of one hand or one foot	50%
iii. Loss of all toes - any one foot	10%
iv. Loss of toe great - any one foot	5%
v. Loss of toes other than great, if more than one toe lost, each	2%
vi. Total and irrecoverable loss of hearing in both ears	50%
vii. Total and irrecoverable loss of hearing in one ear	15%
viii. Total and irrecoverable loss of speech	50%
ix. Loss of four fingers and thumb of one hand	40%
x. Loss of four fingers	35%
xi. Loss of thumb- both phalanges	25%
xii. Loss of thumb- one phalanx	10%

Nature of Permanent Partial Disability	Percentage of the Sum Insured payable
xiii. Loss of index finger-three phalanges	10%
xiv. Loss of index finger-two phalanges	8%
xv. Loss of index finger-one phalanx	4%
xvi. Loss of middle/ring/little finger-three phalanges	6%
xvii. Loss of middle/ring/little finger-two phalanges	4%
xviii. Loss of middle/ring/little finger-one phalanx	2%

This Cover Benefit will be payable provided that:

- The Permanent Partial Disability continues for a period of at least 180 days from the commencement of the Permanent Partial Disability and We are satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement;
- If the Insured Person suffers a loss that is not of the nature of Permanent Partial Disability specified in the table above, then the independent medical advisors will determine the degree of disability and the amount payable, if any;
- We will not make any payment under this Cover Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;
- If a claim is accepted under this Cover Benefit in respect of an Insured Person and the amount due under this Cover benefit and claims already admitted under the Policy in respect of the Insured Person will cumulatively exceed the Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.
- On the acceptance of a claim under this Cover Benefit, the Insured Person's insurance cover under this Policy shall continue, subject to the availability of the Sum Insured.

3. Temporary Total Disability:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the disability of the Insured Person which prevents the Insured Person from engaging in any employment or occupation on a temporary basis, then We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance for the duration that the Temporary Total Disability continues.

This Cover Benefit will be payable provided that:

- This Cover Benefit shall not be paid for the minimum number of days specified in the Certificate of Insurance from the date of commencement of Temporary Total Disability;
- This Cover Benefit shall not be paid in excess of the Insured Person's base income at the time of injury excluding overtime, bonuses, tips, commissions, or any other compensation for the period specified in the Certificate of Insurance;
- If the Insured Person is disabled for a part of the period specified in the Certificate of Insurance, then only a proportionate part of the benefit for the specified period will be payable.
- We will not make any payment under this Cover Benefit if We have already paid or accepted any claims under the Policy in respect of the Insured Person and the total amount paid or payable under the claims is cumulatively greater than or equal to the Sum Insured for that Insured Person;
- If a claim is accepted under this Cover Benefit in respect of an Insured Person and the amount due under this Cover benefit and claims already admitted under the Policy in respect of the Insured Person will cumulatively exceed the Sum Insured then Our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.

4. Child Education Cover:

We will pay the amount specified in the Certificate of Insurance at the frequency specified in the Certificate of Insurance in respect of each surviving Dependent Child, irrespective of whether the child is an Insured Person under this Policy.

For the purpose of this Cover Benefit:

Dependent Child means a child of the Insured Person who is less than Age 25 and does not have any independent source of income.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the in-built Benefit (Accidental Death) or Cover Benefit 1 (Permanent Total Disability) in respect of that Insured Person;
- b. The amount payable under this Cover Benefit will be in addition to the amount payable under the in-built Benefit (Accidental Death) or any other applicable Cover Benefits;
- c. We shall not be liable to accept a claim under this Cover Benefit in respect of more than 2 Dependent Children of the Insured Person.

5. Medical Expenses Reimbursement:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to be Hospitalized or under Day Care Treatment, then We will reimburse the costs incurred on Medical Expenses up to the limit specified in the Certificate of Insurance including the Post-Hospitalization Medical Expenses incurred for up to 90 days following the Insured Person's discharge from Hospital.

The Company shall also indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

This Cover Benefit will be payable provided that:

- a. The Hospitalization or Day Care Treatment is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- b. The Insured Person is admitted to Hospital and/or undergoes Day Care Treatment within 7 days of the occurrence of the Accident;
- c. We will reimburse only those Medical Expenses that are Reasonable and Customary Charges.

6. Hospital Fixed Allowance:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to be Hospitalized for at least the minimum number of consecutive days specified in the Certificate of Insurance, then We will pay the amount specified in the Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- b. The Insured Person is admitted to Hospital within 7 days of the occurrence of the Accident;
- c. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

7. Global Coverage:

If this Cover Benefit is in force for the Insured Person, then Section 4.e of the General Terms & Conditions in the Policy shall be deleted in entirety and replaced with the following:

This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular Benefit/Cover Benefit or definition or by Us through an endorsement. All payments under this Policy will only be made in the currency specified in the Schedule.

8. Disappearance Cover:

If an Insured Person disappears during the Coverage Period due to an Accident followed by a forced landing, stranding, sinking or wrecking of a conveyance, earthquake or flood during the Coverage Period and is legally declared dead (declared death in absentia or legal presumption of death) We will pay the amount specified in the Certificate of Insurance to the Nominee.

This Cover Benefit will be payable provided that:

- a. The Insured Person's disappearance is certified in writing by the local police authorities at the place of disappearance;
- b. On the acceptance of a claim under this Cover Benefit, all cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

9. Repatriation of Mortal Remains:

We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance for transportation of mortal remains from the place of death to the residence of the Insured Person.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the in-built Benefit (Accidental Death) in respect of that Insured Person;
- b. The amount payable under this Cover Benefit will be in addition to the amount payable under the in-built Benefit (Accidental Death) or any other applicable Cover Benefits;
- c. The death of the Insured Person occurred in a location that is not the city/place of residence of the Insured Person.

10. Mobility Cover:

We will reimburse the expenses incurred up to the limit specified in the Certificate of Insurance on the purchase of support items including but not limited to crutches, artificial limbs, wheelchairs, tri-cycles intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth, imported medicines or any other item which in the opinion of the treating Medical Practitioner is necessary for the Insured Person to resume normal living following the Injury sustained in the Accident during the Coverage Period.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the Cover Benefit 1 (Permanent and Total Disability) or Cover Benefit 2 (Permanent Partial Disability) or Cover Benefit 3 (Temporary Total Disability) in respect of that Insured Person;
- b. The Medical Practitioner treating the Insured Person certifies in writing that the proposed support is medically necessary;
- c. The amount payable under this Cover Benefit will be in addition to the amount payable under the applicable Cover Benefits;

- d. We will reimburse only those expenses that are Reasonable and Customary Charges;

11. Funeral Expenses:

We will pay the amount specified in the Certificate of Insurance towards expenses on the funeral, cremation/ or burial and transportation of the body to the place of the funeral ceremony for the Insured Person.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the in-built Benefit (Accidental Death) in respect of that Insured Person;
- b. The amount payable under this Cover Benefit will be in addition to the amount payable under the in-built Benefit (Accidental Death) or any other applicable Cover Benefits.

12. Compassionate Visit:

We will reimburse an amount incurred for return economy class tickets up to the limit specified in the Certificate of Insurance for an Immediate Relative of the Insured Person to travel to the place of Hospitalization of the Insured Person.

For the purpose of this Cover Benefit:

Immediate Relative means the Insured Person's spouse, children, siblings, parents or in-laws.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the Cover Benefit 1 (Permanent and Total Disability) or Cover Benefit 2 (Permanent Partial Disability) or Cover Benefit 3 (Temporary Total Disability) or Cover Benefit 5 (Medical Expenses Reimbursement) or Cover Benefit 6 (Hospital Fixed Allowance) in respect of that Insured Person;
- b. The Insured Person is Hospitalized at a distance of at least 100 kilometres from his place of residence;
- c. The amount payable under this Cover Benefit will be in addition to the amount payable under the applicable Cover Benefits;
- d. We will reimburse only those expenses that are Reasonable and Customary Charges;
- e. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

13. Hospital Daily Allowance:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to be Hospitalized then We will pay the daily allowance amount specified in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalisation.

This Cover Benefit will be payable provided that:

- a. The Hospitalization is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- b. The Insured Person is admitted to Hospital within 7 days of the occurrence of the Accident;
- c. This Cover Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Certificate of Insurance for each Coverage Period.

- d. This Cover Benefit shall not be paid for hospitalizations which are for less than the minimum number of days specified in the Certificate of Insurance, from the date of commencement of Hospitalization;

14. Loan Protector:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period We will pay an amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan, subject to this amount not exceeding the amount specified in the Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the in-built Benefit (Accidental Death) or Cover Benefit 1 (Permanent Total Disability) in respect of that Insured Person;
- b. The amount payable under this Cover Benefit will be in addition to the amount payable under the in-built Benefit (Accidental Death) or any other applicable Cover Benefits;
- c. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Cover Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

15. Outstanding Bills Protection Benefit:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period We will pay the outstanding bills of the Insured Person up to the amount specified in the Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the in-built Benefit (Accidental Death) or Cover Benefit 1 (Permanent Total Disability) in respect of that Insured Person;
- b. The amount payable under this Cover Benefit will be in addition to the amount payable under the in-built Benefit (Accidental Death) or any other applicable Cover Benefits;
- c. The originals of the outstanding bills are submitted to Us;
- d. Any bills that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Cover Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

16. Ambulance Transportation Cover:

If the Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be transported to the Hospital by an Ambulance, then We shall reimburse the costs incurred up to the limits as specified in the Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person by Ambulance was medically necessary;
- b. The transportation was availed immediately following the Accident.

17. OPD Treatment:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to undergo OPD Treatment for any of the treatments/tests/consultations specified in the Certificate of Insurance then We will reimburse the costs incurred on Medical Expenses up to the limit specified Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. The OPD Treatment undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- b. We will reimburse only those Medical Expenses that are Reasonable and Customary Charges.

18. Modification of Vehicle/Home:

We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for improvements to be carried out in the Insured Person's residence or to the Insured Person's vehicle.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the Cover Benefit 1 (Permanent and Total Disability) or Cover Benefit 2 (Permanent Partial Disability) in respect of that Insured Person;
- b. The Medical Practitioner treating the Insured Person certifies in writing that these improvements are necessary;
- c. The amount payable under this Cover Benefit will be in addition to the amount payable under the applicable Cover Benefits;
- d. We will reimburse only those expenses that are Reasonable and Customary Charges;
- e. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

19. Emergency Medical Evacuation:

We will reimburse the costs incurred up to the limit specified in the Certificate of Insurance for the air or surface transportation of the Insured Person (and an attending Medical Practitioner if it is certified in writing as being medically necessary) including costs incurred for medical care during such transportation, from the Hospital where the Insured Person is being treated to the nearest Hospital if such medical treatment cannot be provided at the Hospital where the Insured Person is situated.

This Cover Benefit will be payable provided that:

- a. The treating Medical Practitioner certifies in writing that the transportation of the Insured Person was required for Medically Necessary Treatment to be rendered;
- b. We have agreed to the reimbursement of such costs of transportation in writing in advance of the transportation;
- c. The Hospital to which the Insured Person is proposed to be transported is the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person whether such Hospital is located in India or overseas;
- d. If the Insured Person is transported to a Hospital which is not the nearest Hospital capable of providing the Medically Necessary Treatment required by the Insured Person then Our liability under this Cover Benefit shall be limited to the amount that would otherwise have been payable to transport the Insured Person to the nearest Hospital;
- e. We will reimburse only those expenses that are Reasonable and Customary Charges;
- f. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

20. Physiotherapy

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly requires the Insured Person to undergo physiotherapy, then We will reimburse the costs incurred on physiotherapy up to the limit specified Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. The physiotherapy undertaken is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner;
- b. We will reimburse only those costs that are Reasonable and Customary Charges.

21. Chauffeur Benefit

We will pay the per day allowance specified in the Certificate of Insurance in respect of a chauffeur to drive the Insured Person.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under the Cover Benefit 1 (Permanent and Total Disability) or Cover Benefit 2 (Permanent Partial Disability) or Cover Benefit 3 (Temporary Total Disability) in respect of that Insured Person;
- b. The Medical Practitioner treating the Insured Person certifies in writing that the Insured Person is unable to drive himself/herself due to the Accident;
- c. We will not pay for more than the maximum number of days specified in the Certificate of Insurance;
- d. The amount payable under this Cover Benefit will be in addition to the amount payable under the applicable Cover Benefits;
- e. We shall not accept more than one claim under this Cover Benefit in respect of the Insured Person following from the same Accident.

II. General Exclusions

We shall not be liable to make any payment for any claim under the Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

- a. Any Pre-Existing Disease or any Injury or disability arising out of a Pre-Existing Disease or any complication arising therefrom.
- b. Suicide or attempted suicide, intentional self-inflicted Injury or acts of self-destruction, whether the Insured Person is medically sane or insane.
- c. Mental Illness including psychiatric conditions, mental disorders, disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by mental reaction to the same.
- d. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in Hazardous Activities.
- e. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Certificate of Insurance.
- f. Bacterial infections (except pyogenic infection which occurs through a cut or wound due to Accident).
- g. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- h. Certification of disability by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's family.
- i. Death or disability directly or indirectly caused by or associated with any venereal disease or sexually transmitted disease.

- j. Death or disability directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.
- k. Death or disability arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
- l. Death or disability arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
- m. Death or disability resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to Accident.
- n. Death or disability caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- o. Death or disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
- p. Death or disability or Injury arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- q. Death or disability caused other than by an Accident.
- r. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disability or death.
- s. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disability or death.

III. Claims Procedure & Requirements

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy.

For details on the claims procedures and requirements or any assistance during the process, We may be contacted at Our call centre on the toll free number specified in the Schedule or through Our website.

- a. **Claims Procedure:** On the occurrence of or discovery of any Injury which may give rise to a claim under this Policy, We shall be provided with the following necessary information and documentation in respect of the claim within 15 days of the occurrence of the Insured Person's Injury:
 - i. The claim form duly completed and signed;
 - ii. Name and address of the Insured Person in respect of whom the claim is being made;
 - iii. Copies of valid KYC documents of the Nominee/claimant;
 - iv. Death certificate attested by issuing authority
 - v. Legal heir certificate, in the event of death where the Nominee is also deceased;
 - vi. Payment details of the Nominee/claimant (to enable direct credit of claim amount in specified account);
 - vii. Copy of FIR or MLC (if MLC is done) - where applicable- Attested by issuing authority;
 - viii. Name and address of the attending Medical Practitioner;
 - ix. Hospital where treatment/surgery was undertaken along with details of date of admission and date of discharge;
 - x. Certification of disability along with percentage of disability (if applicable);

- xi. Any other information relevant to the Injury/Hospitalization

b. Other Claims Requirements:

- i. If any claim is not made within the time period set out above, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
- ii. We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such claim.
- iii. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Independent Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's Injury and treatment and to investigate the facts surrounding the claim.

c. Claims Payment:

- i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and on time in respect of the Insured Person's cover under the in-built Benefit and all applicable Cover Benefits and all payments have been realised.
- ii. We shall make the payment of claim that has been admitted as payable by Us under the Policy within 15 days of submission of all necessary documents and information and any other additional information required for the settlement of the claim.
- iii. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017.
- iv. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, we shall pay interest at a rate which is 2% above the bank rate where "bank rate" shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

IV. General Terms & Conditions

- a. **Disclosure to Information Norm:** This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided in respect of the Insured Persons in the Proposal Form, personal statement and any other details submitted in relation to the Proposal Form/personal statement. If at the time of issuance of Policy or during continuation of the Policy, any material fact in the information provided to Us in the Proposal Form or otherwise, by You or the Insured Person, or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy/Certificate of Insurance shall be void and no benefit will be payable thereunder.
- b. **Dishonest & Fraudulent Claims:** If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy/Certificate of Insurance will be void and all benefits otherwise payable under it will be forfeited.
- c. **Material Information:** Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form/personal statement and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension,

variation, endorsement of the contract We may, adjust the scope of cover and / or premium, if necessary, accordingly.

- d. **Alterations in the Policy:** This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.
- e. **Geography & Policy Currency:** This Policy applies to events or occurrences taking place in India only, unless the Cover Benefit for Global Coverage is in force under the Policy for the Insured Person as specified in the Certificate of Insurance. All payments under this Policy will only be made in the currency specified in the Schedule.
- f. **Grace Period & Renewal:** The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury or Accident that occurred during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or non-co-operation by the Insured Person. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- g. **Free Look Period:** A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

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 Company on medical examination of the insured person 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 insured person, a deduction towards the proportionate risk premium for period of cover or
- 3. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

h. Cancellation/Termination of the Policy (other than cancellation in the Free Look Period):

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. We Will

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

- i. **Governing Law & Dispute Resolution:** Any and all disputes or differences under or in relation to this Policy will be determined by the Indian Courts and subject to Indian law.
- j. **Notices & Communications:** Any notice or communication in relation to this Policy will be in writing and if it is to:

- i) You or any Insured Person, then it will be sent to You at Your address specified in the Schedule and You will act for all Insured Persons for these purposes.
- ii) Us, it will be delivered to Our address specified in the Schedule. No insurance agents, insurance intermediaries or other person or entity is authorised to receive any notice or communication on Our behalf.
- k. **Electronic Transactions:** You agree to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the Internet, World Wide Web, electronic data interchange, call centres, 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, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.
- l. **Assignment:** The Policy and the benefits under this Policy can be assigned in only in accordance with applicable law.
- m. **Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

V. Definitions

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

- a. **Accident:** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- b. **Cover Benefit:** Cover Benefit means an additional benefit which applies to the Insured Person. The Certificate of Insurance will specify the Cover Benefits which are applicable to the Insured Person under the Policy.
- c. **Age or Aged:** Age or Aged means completed years as at the Commencement Date.
- d. **Certificate of Insurance:** Certificate of Insurance means the certificate issued to the Insured Person confirming the Insured Person's cover under the Policy.
- e. **Commencement Date:** Commencement Date means the start date of the Policy as specified in the Schedule.
- f. **Condition Precedent:** Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- g. **Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - i. Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.
 - ii. External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body.
- h. **Coverage Period:** Coverage Period means the period specified in the Certificate of Insurance which commences on the coverage commencement date specified in the Certificate of Insurance and ends on the coverage expiry date specified in the Certificate of Insurance.

- i. **Day Care Centre:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –
- i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- j. **Day Care Treatment:** Day care treatment means medical treatment, and/or surgical procedure which is:
- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

- k. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- l. **Grace Period:** 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. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- m. **Hazardous Activities:** Hazardous Activities means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and other activities of similar kind.
- n. **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
 - ii. 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;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

- o. **Hospitalization:** Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- p. **Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - i. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - 2. it needs ongoing or long-term control or relief of symptoms
 - 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - 4. it continues indefinitely
 - 5. it recurs or is likely to recur
- q. **Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- r. **Insured Person:** Insured Person means the person named in the Certificate of Insurance who is covered under this Policy.
- s. **Loan:** Loan means the sum of money lent at an interest or otherwise to the Insured Person by any bank/financial institution as identified by the Loan Account Number specified in the Certificate of Insurance or certified in writing by the bank/financial institution.
- t. **Loss of Independent Living:** Loss of Independent Living means inability to perform one or more of the following activities of daily living:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
 - iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available;
 - vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.
- u. **Medical Expenses:** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- v. **Medical Practitioner:** Medical Practitioner means a person who holds a valid registration from the

Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

- w. **Medically Necessary Treatment:** Medically necessary treatment 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.
- x. **AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by *AYUSH Medical Practitioner(s)* comprising of any of the following:
- Central or State Government AYUSH Hospital; or
 - Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered *AYUSH Medical Practitioner* and must comply with all the following criterion:
- Having at least 5 in-patient beds;
 - Having qualified *AYUSH Medical Practitioner* in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- y. **AYUSH Day Care Centre:** AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered *AYUSH Medical Practitioner (s)* on day care basis without in-patient services and must comply with all the following criterion:
- Having qualified registered *AYUSH Medical Practitioner(s)* in charge;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- z. **Nominee:** Nominee means the person named in the Certificate of Insurance to receive the benefits due under the Policy on the death of the Insured Person.
- aa. **Notification of Claim:** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- bb. **OPD Treatment:** OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- aa. **Policy:** Policy means the statements in the proposal form/personal statement, these terms and conditions, the Cover Benefits (if any), endorsements (if any), annexures to the Policy, the Schedule (as amended from time to time), and the Certificates of Insurance issued to the Insured Persons.

- bb. **Policy Period:** Policy Period means the period between the Commencement Date and the Expiry Date of the Policy as specified in the Schedule.
- cc. **Post-hospitalization Medical Expenses:** Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- dd. **Pre-Existing Disease:** means any condition, ailment, injury or disease:
- a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or
 - b) For which Medical Advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy.
- ee. **Reasonable and Customary Charges:** Reasonable and Customary 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.
- ff. **Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- gg. **Risk Commencement Date:** Risk Commencement Date means the date specified in the Certificate of Insurance on which Our coverage under the Policy in respect of the Insured Person named in the Certificate of Insurance commences.
- hh. **Sum Insured:** Sum Insured means the amount specified in the Certificate of Insurance that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person during the Coverage Period.
- ii. **We/Our/Us:** We/Our/Us means Acko General Insurance Limited.
- jj. **You/Your:** You/Your means the employer or legally constituted entity named in the Schedule who has concluded this Policy with Us.

VI. Arbitration

"The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

VII. Grievance Redressal

For resolution of any query, insured may contact the company on our helpline number 1800 266 2256 or may write an e-mail at hello@acko.com

For resolution of grievance, insured may contact the company on our toll-free helpline number 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week).

Senior Citizens Support:

Phone: 080-62370023

Email: grievance.healthseniorcitizen@acko.com Complaints will be acknowledged within 24 hours of receipt. A final resolution will be provided within 14 days from receipt of the complaint. You can also write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours.

If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to Chief Grievance Officer:

Email: gro@acko.com

Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102

The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If in case your issue remains unresolved within 14 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-Free no. 155255 or you can register an online complaint on the website <https://irdai.gov.in/igms1>

Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website: <https://cioins.co.in/Ombudsman>

In the event of an unsatisfactory response from the Grievance Officer, You may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.

Where the grievance is not resolved, the insured may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman are available below:

Sl. No	Office of Insurance Ombudsman	Address	Email	Landline NOs.
1	AHMEDABAD	Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.	oio.ahmedabad@cioins.co.in	079 - 25501201/02
2	BENGALURU	Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078.	oio.bengaluru@cioins.co.in	080 - 26652048 / 26652049
3	BHOPAL	1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011.	oio.bhopal@cioins.co.in	0755 - 2769201 / 2769202 / 2769203
4	BHUBANESWAR	62, Forest park, Bhubaneswar – 751 009.	oio.bhubaneswar@cioins.co.in	0674 - 2596461 / 2596455/2596429/2596003
5	CHANDIGARH	Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.	oio.chandigarh@cioins.co.in	0172-2706468
6	CHENNAI	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet CHENNAI – 600 018.	oio.chennai@cioins.co.in	044 - 24333668 / 24333678
7	DELHI	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	oio.delhi@cioins.co.in	011 - 46013992/23213504/23232481
8	GUWAHATI	Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001 (ASSAM).	oio.guwahati@cioins.co.in	0361 - 2632204 / 2602205 / 2631307

9	HYDERABAD	6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	oio.hyderabad@cioins.co.in	040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325
10	JAIPUR	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	oio.jaipur@cioins.co.in	0141- 2740363
11	KOCHI	10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011.	oio.ernakulam@cioins.co.in	0484 - 2358759
12	KOLKATA	Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	oio.kolkata@cioins.co.in	033 - 22124339 / 22124341
13	LUCKNOW	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001.	oio.lucknow@cioins.co.in	0522 - 4002082 / 3500613
14	MUMBAI	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	oio.mumbai@cioins.co.in	022 - 69038800/27/29/31/32/33
15	NOIDA	Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	oio.noida@cioins.co.in	0120-2514252 / 2514253
16	PATNA	2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	oio.patna@cioins.co.in	0612-2547068
17	PUNE	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	oio.pune@cioins.co.in	020-24471175
18	THANE	2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604	oio.thane@cioins.co.in	022-20812868/69

The updated details of Insurance Ombudsman offices are also available at the IRDAI website www.irdai.gov.in, or on the website of Council for Insurance Ombudsmen www.cioins.co.in or on the Company's website at www.acko.com/gi.