



Issuing Office :

PERSONAL CARE INSURANCE POLICY

Our agreement to insure You is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how We insure it, and what We expect of You and what You can expect of Us.

SECTION I: PERSONAL ACCIDENT CARE

Our liability to make payment to You for one or more of the events described at 1) to 4) below is limited to the Sum Insured, except as We have agreed at 2).

You agree that We shall deduct from any amount We have to pay under 1) to 4) any amount that We have already paid under any of 1) to 4), so that Our total payments do not exceed the Sum Insured. However, if We become liable to make payment under 1) or 2), then this insurance will cease.

- 1) **Death**
We will pay Your Nominee 100% of the Sum Insured shown under the Schedule if during the Policy Period You meet with Accidental Bodily Injury that causes Your death within 12 months.
- 2) **Permanent Total Disability**
We will pay You 125% of the Sum Insured shown under the Schedule if You meet with Accidental Bodily Injury during the Policy Period that causes You Permanent Total Disability within 12 months.
- 3) **Permanent Partial Disability**
If You meet with Accidental Bodily Injury during the Policy Period that causes You Permanent Partial Disability within 12 months, We will pay the percentage shown in the table below applied to the Sum Insured shown under the Schedule.

Nature of Disability	Amount Payable
An arm at the shoulder joint	70%
An arm above the elbow joint	65%
An arm beneath the elbow joint	60%
A hand at the wrist	55%
A thumb	20%
An index finger	10%
Any other finger	5%
A leg above mid-thigh	70%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large toe	5%
Any other toe	2%
An eye	50%
Hearing of one ear	30%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%

- i. If Your Permanent Partial Disability is not listed in the table, then We will pay a proportion of the Sum Insured shown under the Schedule. You agree that the amount payable by Us will be decided on the basis of the disability certificate issued by the concerned Government Authority which would specify the degree to which Your normal functional physical capacity has been impaired permanently.
- ii. If You were already suffering from Permanent Partial Disability before the date You met with Accidental Bodily Injury, then the amount We pay will be reduced by that extent. You agree that the reduction will be decided by a Doctor according to the degree of Permanent Partial Disability from which You were already suffering.

- 4) **Temporary Total Disability**
If You suffer Accidental Bodily Injury during the Policy Period which completely prevents You from engaging in Your Occupation, then We will make a weekly payment of Rs. 5,000/- to You.
We will make the payment when You satisfy Us that the Accidental Bodily Injury has completely prevented You from engaging





in **Your Occupation**. We will stop making payments when We are satisfied that You can engage in **Your Occupation** again, or when We have made payments for a maximum period of 100 weeks from the date You met with the **Accidental Bodily Injury**, whichever is earlier.

5) **Additional Insurance**

i. **Transportation**

If We have accepted a claim under 1) for **Your** death, then We will pay towards the actual cost of transporting **Your** remains from the place of death to a hospital, cremation ground or burial ground, subject to a maximum of Rs. 5,000/.

ii. **Children's Education Benefit**

If We have accepted a claim under either 1) or 2), then We will make a one-time payment of Rs. 5,000/- each towards the cost of education of up to 2 of **Your** dependent children who were studying at the date You met with **Accidental Bodily Injury**.

SECTION II: PAYMENT PROTECTION CARE

If You meet with an **Accidental Bodily Injury** during the **Policy Period** that results in **Your** death and/or **Permanent Total Disability** within 12 months, then We will pay You an amount commensurating with **Your** balance outstanding **Car Loan** amount existing as on date You met with the **Accidental Bodily Injury**, subject to a maximum of the **Sum Insured** shown under the **Schedule** for this Section.

The outstanding **Car Loan** amount would not include any arrears due to any reasons whatsoever. The claim will be settled only in the event of the **Accidental** death and/or **Permanent Total Disability** of the first named borrower (i.e. **You**) and not in respect of others, which may happen in case the **Car Loan** is taken jointly.

SECTION III: EMI Care

If You meet with an **Accidental Bodily Injury** during the **Policy Period** due to which You are **Hospitalized** for a minimum duration of 7 consecutive days and which completely prevents You from engaging in **Your Occupation** for a minimum duration of 30 consecutive days, then We will make a monthly payment to You of the lower of 1/3rd of the **Sum Insured** shown under the **Schedule** for this Section and **Your EMI**. We will make the payment when You satisfy Us that the **Accidental Bodily Injury** has completely prevented You from engaging in **Your Occupation**. We will stop making payments when We are satisfied that You can engage in **Your Occupation** again, or when We have made payments for a maximum period of 3 months beginning from the date You met with the **Accidental Bodily Injury**, whichever is earlier.

The **EMI** amount payable under this Section would not include any arrears due to any reasons whatsoever. The claim will be settled only in respect of the **Accidental Bodily Injury** of the first named borrower (i.e. **You**) and not in respect of others, which may happen in case the **Car Loan** is taken jointly.

SECTION IV: MEDICAL EXPENSES CARE

If You are hospitalised on the advice of a **Doctor** because of **Accidental Bodily Injury** sustained during the **Policy Period**, then We will reimburse **You Reasonable and Customary** medical expenses incurred up to a maximum **Sum Insured** shown in the **Schedule** for this Section aggregate in any one **Policy Period**. The medical expenses reimbursable would include:

- a) The reasonable charges that You necessarily incur on the advice of a **Doctor** as an **In-patient** in a **Hospital** for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables; and/or
- b) The reasonable charges that You necessarily incur on the advice of a **Doctor** w.r.t. **Day Care Treatment** for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables; and/or
- c) Ambulance charges for carrying You from the site of accident to the nearest hospital subject to a limit of Rs. 1000 per claim.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

We will not pay for any event that arises because of, is caused by, or can in any way be linked to any of the following.

1. **Accidental Bodily Injury** that You meet with:

- a. Through suicide, attempted suicide or self inflicted injury.
- b. While under the influence of liquor or drugs.
- c. Arising or resulting from You committing any breach of law with criminal intent.
- d. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- e. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
- f. As a result of any curative treatments or interventions that You carry out or have carried out on **Your** body.
- g. Arising out of **Your** participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.

2. Consequential losses of any kind or **Your** actual or alleged legal liability.





3. Any injury/disablement/death directly or indirectly arising out of or contributed to any **Pre-Existing Condition**. However, this exclusion shall cease to apply for Section IV (i.e. Medical Expenses Care) of this **Policy** if **You** have maintained a Personal Care Insurance Policy with **Us** for a continuous period of full 4 years without break from the date of **Your** first Personal Care Insurance Policy with **Us**. In case of enhancement of **Sum Insured** for Section IV (i.e. Medical Expenses Care) of this **Policy**, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of the Personal Care Insurance Policy without break in cover.
4. Venereal or sexually transmitted diseases.
5. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused.
6. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these.
7. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
8. Nuclear energy, radiation.

If we cannot agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

DEFINITIONS APPLICABLE TO ALL SECTIONS

The words and phrases listed have the special meanings **We** have set out below whenever they appear in this **Policy** in bold type and Initial Capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

Accident, Accidental	A sudden, unintended and fortuitous external and visible event
Bodily Injury	Physical bodily harm or injury, but not any mental sickness, disease or illness
Car Loan	The loan disbursed by the Financier to You in respect of the particular car as specified in the Schedule
Day Care Treatment	Medical treatment undertaken in a Hospital which requires hospitalization for less than 24 hours due to advancement in technology. However, this will exclude all treatments or procedures undertaken in the out-patient department of a Hospital
Doctor	A person who holds a recognized qualification in allopathic medicine, is registered by the medical council of any State of India in which he operates and is practicing within the scope of such license
EMI	Equated monthly installment of Your Car Loan as specified in the Schedule
Financier	A financial institution and/or a company that has advanced the Car Loan to You in respect of the particular car as specified in the Schedule
Hospital	Any institution in India established for indoor care and treatment of disease and injury, which a) Is registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered medical practitioner OR b) Complies with minimum criteria of: i. At least 15* in-patient beds ii. Fully equipped OT of its own where surgical operations are carried out iii. Fully qualified nursing staff under employment round the clock iv. Qualified doctors in charge round the clock but shall not include any establishment which is a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics, a hotel or similar place (*NOTE: In class 'C' towns, minimum number of beds shall be 10)
Hospitalized	Your required stay as an In-patient in a Hospital for medically necessary treatment following and due to a covered event
In-patient	Treatment for which You have to stay in a Hospital for more than 24 hours for a covered event
Nominee	The person specified in the Proposal or Schedule who has been nominated by You to receive the insurance benefits under this Policy upon Your death.
Occupation	Your occupation as shown in the Schedule





Permanent Partial Disability	Doctor certified total and permanent loss or impairment of a body part or sensory organ specified
Permanent Total Disability	Doctor certified total, continuous and permanent: - loss of the sight of both eyes - physical separation of or the loss of ability to use both hands or both feet - physical separation of or the loss of ability to use one hand and one foot - loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot
Policy	This Policy Document, the Schedule and the Proposal
Policy Period	The period between and including the start and end dates shown in the Schedule
Pre-Existing Condition	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 prior to inception of Your first Policy with Us
Proposal	The proposal form and other information and documentation supplied to Us in considering whether and on what terms to offer this insurance
Reasonable and Customary	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 injury involved
Schedule	The Schedule and any Annexure or Endorsement to it which sets out Your personal details, the type of insurance cover in force and the Sum Insured
Sum Insured	The amount stated in the Schedule , which (unless expressly stated otherwise) is the maximum amount for You for which We will make payment for any and all claims in the aggregate in relation to the Section to which the Sum Insured relates during the Policy Period
We, Our, Us	Bajaj Allianz General Insurance Company Limited
You, Your, Yourself	The person or persons We insure as set out in the Schedule

GENERAL CONDITIONS APPLICABLE TO ALL SECTIONS

1) Conditions Precedent

Where this **Policy** requires **You** to do or not to do something, then the complete satisfaction of that requirement by **You** or someone claiming on **Your** behalf is a precondition to any obligation **We** have under this **Policy**. If **You** or someone claiming on **Your** behalf fails to completely satisfy that requirement, then **We** may refuse to consider **Your** claim.

2) Making a Claim

If **You** meet with any **Accidental Bodily Injury** that may result in a claim, then as a condition precedent to **Our** liability:

- a. **You** or someone claiming on **Your** behalf must inform **Us** in writing immediately, and in any event within 30 days.
- b. **You** must immediately consult a **Doctor** and follow the advice and treatment that he recommends.
- c. **You** must take reasonable steps to lessen the consequences of **Your Accidental Bodily Injury**.
- d. At **Our** expense, **You** must have **Yourself** examined by **Our** medical advisors if **We** ask for this, and as often as **We** consider this to be necessary.
- e. **You** or someone claiming on **Your** behalf must promptly give **Us** the documentation and other information **We** ask for to investigate the claim or **Our** obligation to make payment for it.
- f. If **You** die, someone claiming on **Your** behalf must inform **Us** in writing immediately and send **Us** a copy of the post mortem report within 30 days.

Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to **Our** satisfaction that under the circumstances in which **You** were placed it was not possible for **You** or any other person to give notice or file claim within the prescribed time limit.

3) Paying a Claim

- a. **You** agree that **We** need only make payment when **You** or someone claiming on **Your** behalf has provided **Us** with the necessary documentation and information.
- b. **We** will make payment to **You** or **Your Nominee**. If there is no **Nominee** and **You** are incapacitated or deceased, **We** will pay **Your** heir, executor or validly appointed legal representative and any payment **We** make in this way will be a complete and final discharge of **Our** liability to make payment.





4) Your change of Occupation

If **You** change **Occupation** and there is a change in the nature of job, then **You** must tell us in writing within 30 days of the change. If **You** do not do this, then this insurance will cease as far as **You** are concerned from the date that **You** changed **Your Occupation**.

5) Other Insurance

If at the time when any claim arises under this **Policy**, there is any other insurance which covers (or would but for the existence of this **Policy**) the same claim (in whole or in part), then **We** shall not be liable to pay or contribute more than **Our** rateable proportion of any claim.

However, this condition will not be applicable to Section I (Personal Accident Care) of this **Policy**.

6) Cancellation

a. **We** may cancel this **Policy** at any time by giving at least 15 days written notice to **You**, and if no claim has been made then **We** shall refund a pro-rata premium for the unexpired **Policy Period**. Under normal circumstances, the **Policy** will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or **Your** non-cooperation.

b. **You** can cancel this **Policy** by giving **Us** 15 days notice, and if **You** exercise this right then premium will be refunded after retaining premium according to **Our** short rate scales as mentioned below.

Policy Period Not Exceeding	% of Annual Rate
1 month	25
3 month	50
6 month	75
12 month	100

However, if any claim has been made then no refund will be given when **You** cancel.

7) Renewal Clause

We are not bound to accept any renewal premium or give notice that renewal is due. Under normal circumstances, renewal will not be refused except on the grounds of **Your** moral hazard, misrepresentation and fraud. However, **We** may invite renewals with a loading of premium for adverse claims experience. The loading will be applicable on policies where there are three (3) or more claims (paid) in previous three years with total amount exceeding Rs. 50,000/-. The applicable loading would be 40%. Loading will be applicable considering the expiring policies (maximum three (3) years) and will be applicable fresh at every renewal.

8) Continuity Benefits

a. Retail Policies: As per the Portability Guidelines issued by IRDA, applicable portability continuity benefits w.r.t. four (4) years waiting period for **Pre-Existing Conditions** under Section IV (i.e. Medical Expenses Care) of this **Policy** shall be passed on to **You** if **You** were holding a similar retail health insurance policy of another Indian non-life insurer. The portability continuity benefits shall be applicable to the sum insured under the previous policy and also to an enhanced sum insured, if requested by **You**, to the extent of cumulative bonus acquired from the previous insurer under the previous policy.

b. Group Policies: As per the Portability Guidelines issued by IRDA, applicable portability continuity benefits w.r.t. four (4) years waiting period for **Pre-Existing Conditions** under Section IV (i.e. Medical Expenses Care) of this **Policy** shall be passed on to **You** if **You** were insured under a similar group insurance policy of **Ours** and are availing **Our** Personal Care Insurance Policy. However, such benefits shall be applicable only in the event of discontinuation/non-renewal of the similar group insurance policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or **You** leaving the group on account of resignation/retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The portability continuity benefits shall be applicable to the sum insured under the previous policy and also to an enhanced sum insured, if requested by **You**, to the extent of cumulative bonus acquired from **Us** under the previous policy.

c. Specific Institution Policies: Where the **Policy** has been offered to **You** as a customer of a specific institution with which **We** have a tie-up and in the event of the particular tie-up being discontinued, continuity of coverage will be provided to **You** under the same or similar policies available with **Us** during such period.

9) Communications

Any communication meant for **Us** must be in writing and be delivered to **Our** address shown in the **Schedule**. Any communication meant for **You** will be sent by **Us** to **Your** address shown in the **Schedule**.

10) Policy Changes

No change can be made to this **Policy** unless **We** have approved it, and confirmed **Our** approval by endorsing the **Schedule**. No one is authorised to make or confirm any change on **Our** behalf.



**11) Territorial Limits**

In case of Section I (Personal Accident Care) and Section II (Payment Protection Care), **We** cover **Accidental Bodily Injury** sustained during the **Policy Period** anywhere in the world (subject to the travel and other restrictions that the Indian Government may impose), but **We** will only make payment within India and in Indian Rupees.

In case of Section III (EMI Care) and Section IV (Medical Expenses Care), this **Policy** covers insured events arising during the **Policy Period** within India. **Our** liability to make any payment shall be to make payment within India and in Indian Rupees only.

12) Fraud

If **You** make or progress any claim knowing it to be false or fraudulent in any way, then this **Policy** will be void and all claims or payments due under it shall be lost.

13) Arbitration

- a) 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 question be referred to the decision of a sole arbitrator to be appointed in writing by the parties to 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of arbitration and venue for all hearings shall be within India
- b) It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if **We** have disputed or not accepted liability under or in respect of this **Policy**
- c) It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this **Policy** that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained
- d) It is also hereby further expressly agreed and declared that if **We** shall disclaim liability to **You** for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder
- e) In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts

14) Subrogation

You and any claimant under this **Policy** shall do whatever is necessary to enable **Us** to enforce any rights and remedies or obtain relief or indemnity from other parties to which **We** would become entitled or subrogated upon **Us** paying for or making good any loss under this **Policy** whether such acts and things shall be or become necessary or required before or after **Your** indemnification by **Us**.

However, this condition will not be applicable to Section I (Personal Accident Care) of this **Policy**.

15) Governing Law

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

16) Entire Contract

The **Policy** constitutes the complete contract of insurance. No change or alteration in this **Policy** shall be valid or effective unless approved in writing by **Us**, which approval shall be evidenced by an endorsement on the **Policy**.





Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.
Please read your policy and schedule.

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call your Branch office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd

GE Plaza, Airport Road, Yerawada, Pune 411006

E-mail: customercare@bajajallianz.co.in

Call : 1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 (free calls from Bharti users - mobile /landline) or 020-30305858

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
Ahmedabad	2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, Ahmedabad-380 014. Tel.: - 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
Bhopal	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
Bhubaneswar	62, Forest Park, Bhubaneswar-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
Chandigarh	S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
Chennai	Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email : chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
New Delhi	2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110002 Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
Guwahati	"Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
Hyderabad	6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry
Kochi	2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep (b) Mahe – a part of UT of Pondicherry
Kolkata	4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand & UT of Andaman & Nicobar Islands, Sikkim
Lucknow	Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
Mumbai	3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com	Maharashtra, Goa

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

The Secretary General

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