

Smart J P A Insurance Policy

PREAMBLE

WHEREAS the Insured Persons/ Policy Holder named in the Schedule hereto has made and/or caused to be made to ICICI Lombard General Insurance Company Limited. (hereinafter called the “Company”) a written proposal (warranting the truth of the statements contained therein) which is the basis of this contract and is deemed to be incorporated herein and has paid or agreed to pay, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938 and the rules made thereunder, to the Company the premium herein stated for the insurance specified hereinafter for the period stated in the Schedule hereto.

Operative Clause:

NOW THIS POLICY WITNESSETH that in consideration of the payment made or to be made, in such manner and within such time, as may be prescribed under the provisions of the Insurance Act, 1938, and the rules made there under to the Company, of the premium for the period stated in the Schedule or for any further period for which the Company may accept payment for the renewal of this Policy and subject to the terms, provisions, exceptions and conditions herein expressed or contained or hereon endorsed, the Company shall, if the Insured Person shall sustain any bodily injury resulting solely and directly from accident caused by external violent and visible means, pay to the Insured Person to the extent and manner hereinafter set forth in respect of such Insured Persons specified in the Schedule -

- a) if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, the sum insured stated in the Schedule hereto, applicable to such Insured Person;
- b) if such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
 - i) sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or of one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, the sum insured stated in the Schedule hereto applicable to such Insured Person;

- ii) use of two hands or two feet, or of one hand and one foot, or of such loss of sight of one eye and such loss of use of one hand or one foot, the sum insured stated in the Schedule hereto, applicable to such Insured Person.
- c) If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
- i) the sight of one eye, or of the actual loss by physical separation of one entire hand or of one entire foot, fifty percent (50%) of the sum insured stated in the Schedule hereto, applicable to such Insured Person;
- ii) Use of a hand or a foot without physical separation, fifty percent (50%) of the sum insured stated in the Schedule hereto applicable to such Insured Person.

NOTE: For the purpose of Clauses (b) and (c) above, 'physical separation' of a hand means separation at or above the wrist and of the foot means at or above the ankle.

- d) If such injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in or being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to hundred percent (100%) of the sum insured, stated in the Schedule hereto applicable to such Insured Person.

Table of Benefits		
Sr. No.	Physical Loss	Rate of compensation
a)	Accidental Death	100 % of sum insured
b)	Loss of two limbs or two eyes or one limb and one eye	100 % of sum insured
c)	Total and irrecoverable loss of use of one limb/sight one eye due to accident	50 % of sum insured
d)	Permanent total disablement due to accident	100 % of sum insured

Definitions:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purpose of this Policy, the terms specified below shall have the meaning set forth:

"Accident" means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

"Condition Precedent" means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

"Deductible" means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

"Disclosure of Information Norm" means 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.

"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;

“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.

“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.

“Inpatient care” means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

“Medical Expenses” means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of 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.

“ Medical Practitioner” means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council of Indian Medicine or for Homeopathy set up by Government of India or a State Government and is hereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured Person or close member of the family.

“Notification of Claim” means the process of intimating a claim to the insurer through any of the recognised modes of communication.

“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.

“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.

“Subrogation” means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

“Company, We, Us, Our” means ICICI Lombard General Insurance Company Limited.

“Dependent Child” refers to a child (natural or legally adopted), below the age of 23 years, financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

“Family” means the Insured Person, his/her lawful spouse and maximum of two dependant children below the age of 23 years.

“Insured” means the individual who has a permanent place of residence in India and on whose name the Policy is issued.

“Insured Person, You, Your/ Yourself” means the person named in the Schedule to the Policy, who has a permanent place of residence in India and for whom the insurance is proposed and appropriate premium paid.

“Insured Event” means an event, loss or damage for which the Insured Person is entitled to benefit/s under the Policy.

“**Period of Insurance**” means the Policy period defined hereunder.

“ **Policy period**” means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

"**Policy**" means this document of Policy describing the terms and conditions of this contract of insurance including the Company's covering letter to the Insured Person if any, the Schedule attached to and forming part of this Policy, the Insured Person Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.

“**Permanent Partial Disablement**” means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the limbs or organs of the body of the insured person and which falls into one of the categories listed in the Table of Benefits.

“**Permanent Total Disablement**”: means a bodily injury caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the Insured Person from attending to any business or occupation of any and every kind or if he/she has no business or occupation, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the accident, with no hopes of improvement at the end of that period.

“**Pre-existing Disability**” means an existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.

“ **Schedule**” means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period, Coverage and the limits to which benefits under the Policy are subject to.

“ **Sum Insured**” means the sum as specified in the Schedule to this Policy against the name of Insured Person, which represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the respective benefit(s) for which the sum is mentioned in the Schedule to this Policy.

Exclusions:

PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for –

1. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy ie., Pre-existing disability.
2. Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.
3. Compensation under more than anyone of Sections under Accidental death, Loss of two limbs or two eyes or one limb and one eye & Permanent total disablement due to accident under table of benefits in respect of the same period of disablement of the Insured Person.
4. Any other payment to the same person after a claim under one of Accidental death, Loss of two limbs or two eyes or one limb and one eye & Permanent total disablement due to accident has been admitted and become payable.
5. Any payment in excess of sum insured mentioned under the Policy during the policy period.
6. Payment of compensation in respect of death, injury or disablement of the Insured Person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of

intoxicating liquor or drugs (c) directly or indirectly caused by insanity, (d) arising or resulting from the Insured Person committing any breach of law with criminal intent.

7. Payment of compensation in respect of death, injury or disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detentions of all Kings, Princes and people of whatsoever nation, condition or quality.
8. Payment of compensation in respect of, death of, or injury or any disease or illness to the Insured Person directly or indirectly caused by or contributed to by or arising from -
 - a) ionizing radiation or contamination by radioactivity from any source whatsoever
 - b) nuclear weapons material.

Provided that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to any thing to be done or not to be done by the Insured Person and the truth of the statements and answers in the said written proposal shall be a condition precedent to any liability of the Company under this Policy.

9. This Policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured Person.

CONDITIONS

1. Duty of Disclosure:

In accordance with the Disclosure of information norm, the Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured Person or any one acting on his/their behalf to obtain a benefit under this Policy.

2. Reasonable Care:

The Insured Person shall take all reasonable steps to safeguard the interests of the Insured Person against accidental loss or damage that may give rise to a claim

3. Observance of terms and conditions:

The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

4. Material Change:

The Insured Person shall immediately notify the Company by fax or in writing of any material change in the risk or change in business or occupation and cause at his own expense such additional precaution to be taken as circumstances may require to ensure safety thereby containing the circumstances that may give rise to a claim and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.

All cover under this Policy shall cease if any alteration be made whereby the risk of damage or injury is increased unless such alteration be agreed to by the Company in writing.

5. Records to be maintained:

The Insured Person shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured Person shall within one month after the expiry of the Policy furnish such information as the Company may require.

6. Fraudulent Claims:

If any claim is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her/their behalf to obtain any benefits under the Policy, all benefits under this Policy shall be forfeited. The Company will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under Duty of disclosure condition of this Policy.

7. No Constructive Notice;

Any knowledge or information of any circumstances or condition in connection with the Insured Person, in possession of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of the premium.

8. Notice of Charge

The Company shall not be bound to take notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy; but the payment by the Company to the Insured Person, his/her nominee or legal representative as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company. Also the receipt of the Insured Person or his/her legal representatives shall in all cases be a full, valid and effectual discharge to the Company

9. Overriding effect

The terms and conditions contained herein and in the Schedule hereto shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein.

10. Electronic Transaction:

The Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, Electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of the Company for and in respect of the Policy or its terms or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policyholder's interests.

11. Duty of the Insured Person on occurrence of loss:

On the occurrence of loss within the scope of cover under the Policy, the Insured Person shall:

- a) give written notice with full particulars to the Company immediately. In case of accidental death, written notice of the accidental death must, unless reasonable cause is shown, be so given before internment / cremation, and in any case, within one calendar month after the accidental death, and in the event of loss of sight or amputation of limb(s), written notice thereof must be given within one calendar month after such loss of sight or amputation
- b) proof satisfactory to the Company shall be furnished on all matters upon which a claim is based

- c) in the event of accidental death, to make a post-mortem examination of the body of the Insured Person. Such evidence as the Company may from time to time require shall be furnished within the space of fourteen days after demand in writing.
- d) in the event of a claim in respect of loss of sight the Insured Person shall undergo at the Insured Person's expense such operation or treatment as the Company may reasonably deem desirable
- e) any Medical officer or other representative of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company. Such examination will be carried out at the Company's cost.
- f) allow the Medical Practitioner or any representative of the Company to inspect the medical and hospitalisation records and to examine the Insured Person. Such investigation will be done at Company's cost.
- g) assist and not hinder or prevent the Company or any of its agents in pursuance of their duties

In case the Insured Person does not comply with the provisions of this clause or other obligations cast upon the Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at the option of the Company.

12. Claim Procedure

A. Claim Submission: The Insured Person or his/her legal representative as the case may be, is requested to get in touch with us as below:

- **Website :** www.icicilombard.com
- **Email :** customer.supportba@icicilombard.com
- **Toll Free No.** 1800-103-2292
- **Courier :** Any of the Company's Branch office or corporate office

In respect of Senior Citizens, any concerns may be directly addressed to the Senior Citizen's channel of the Company for faster attention or speedy disposal of grievance, if any.

- **Website :** www.icicilombard.com
- **Email :** customer.supportba@icicilombard.com

- **Phone :** 1800-103-2292
- **Courier :** Any of the Company's Branch office or corporate office

B. Claim Documentation: The Insured Person or his/her legal representatives as the case may be, shall be required to submit the following documents while lodging a claim under the Policy:

The Insured Person or his/her nominee, legal representative as the case may be, is required to submit the following documents while lodging a claim under the Policy:

In case of Personal Accident Death claims

- a) FIR from police authorities wherever necessary (in case of accidents outside residence)
- b) Death Certificate from the Municipal Authorities
- c) Post Mortem Report
- d) Any other document as may be required by the Company
- e) Duly filled claim form.

In case of Personal Accident Disability claims

- a) FIR from police authorities wherever necessary (in case of accidents outside residence)
- b) Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- c) Hospital Medical Records
- d) Any other document as may be required by the Company
- e) Duly filled claim form.

The Insured Person shall forward to the Company forthwith every written notice or information of any verbal notice of claim and shall send to the Company any writ, summons or other legal process issued or commenced against the Insured Person and shall give all necessary information and assistance to enable the Company to settle or resist any claim or to institute proceedings.

Upon receipt of all required documents, the offer of settlement will be made within 15 Days. Settlement (Payment) of claim will be made within 7 days of receipt of acceptance in response to the offer of settlement, failing which penal interest (in compliance with the applicable regulations) at a rate 2% higher than bank rate prevailing as on the date of beginning of financial year in which the claim is reviewed.

13. Right to Inspect : If required by the Company, an agent/representative of the Company including a Physician appointed in that behalf shall in case of any loss or any circumstances that have given rise to a claim to the Insured Person be permitted at all reasonable times to examine into the circumstances of such loss. The Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss or such circumstance in his/her possession including presenting himself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy. Further to this, it is clarified such inspection will be carried out at Company's cost.

14. Position after a claim

Accidental death or permanent total disablement, only after deleting by an endorsement the name of the Insured Person in respect of whom such sum shall become payable without any refund of premium;**13.**

15. Forfeiture of claims:

If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

16. Free Look Period:

Insured person have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the insured Person have any objections to any of the terms and conditions, he / she has the option of cancelling the Policy stating the reasons for cancellation and the premium will be refunded after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. The policy can be cancelled only if insured person has not made any claims under the Policy. Free look provision is not applicable to policy with tenure less than a year and at the time of renewal of the Policy

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured Person at his / their last known address. The company shall exercise its right to cancel only in case of non-cooperation of the Insured Person in implementing the terms and conditions of this Policy, mis-representation, fraud, non disclosure of material facts in which case the policy shall stand cancelled ab-initio and there will be no refund of premium.

The Insured Person may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured Person shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Table of Short Period Scales	
Period of Risk	Premium to be Retained (% of the Annual Rate).
Up to one month	25%
Up to three months	50%
Up to six months	75%
Above six months	Full Annual Rate.

18. Currency of payment:

All claims shall be payable in India in Indian Rupees only. No sum payable under this Policy shall carry interest.

19. Policy Disputes:

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured Person and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of Courts within Indian Territory

20. Arbitration:

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they can not 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 the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

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

It is 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 shall be first obtained.

21. Time limit for making a claim

The Company agrees and undertakes to pay claim subject to the maximum total sum insured under this Policy provided that Company is bound and liable to pay in accordance with the terms and conditions of this Policy only and only if a demand or claim on the Company in writing is made within 12 (twelve) months of the occurrence of any event giving rise to a claim hereunder.

22. Renewal Notice:

The Company shall not be bound to accept any renewal premium or to give notice that such is due, in case of non-cooperation of the Insured Person in implementing the terms and conditions of this Policy or non-payment of required premium. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration hereinbefore mentioned and that nothing is known to the Insured Person that may result to enhance the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

Renewal Conditions

Under the group variant of the product, the Company may charge addition loading on the policy premium at renewal based on claim experience.

Any revision / modification in the product will be done with the approval of the IRDAI and will be intimated to the Insured person at least 3 months in advance. The renewal premium for this policy will not

change unless we have revised the premium and obtained due approval from IRDAI. The premium will only change if there is a change in the plan or change in the Sum Insured.

23. Notices:

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

- (a) In case of the Insured Person, at the address given in the Schedule hereto.
- (b) In case of the Company, to the Policy issuing office/nearest office of the Company.

Notice and instruction will be deemed served 7 days after posting or immediately on receipt in the case of hand delivery, facsimile or e-mail.

24. Any One Accident Limit (Applicable for group policies only): If there are multiple claims arising out of any one accident during policy period, the maximum liability of the Company shall be limited to the “Any One Accident” limit specified in the Schedule hereto. It is also understood, the Any One Accident Limit shall be notified to the Insured Person at the time premium quotation or proposal.

25. Minimum and Maximum Entry Age:

While the minimum entry age under the policy is 18 years, the Policy is ordinarily renewable up to 75 years. Maximum entry age shall be 70 years.

The Minimum entry age for Dependent Child shall be 5 years and can be covered maximum up to 23 Years.

26. Customer Service:

If at any time the Insured Person requires any clarification or assistance, the Insured Person may contact the Policy issuing office or any other office of the Company

27. Grievance Redressal:

The Company is committed to extend the best possible services to its customers. However, If Insured Person have a grievance that he/she wish us to redress, he/she may contact the Company with the details of their grievance via:

- Website : www.icicilombard.com
- Email : customersupportba@icicilombard.com
- Toll Free No.: 1800-103-2292
- Courier : Any of the Company's Branch office or corporate office

In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company or TPA for faster attention or speedy disposal of grievance, if any.

- **Website** : www.icicilombard.com
- **Email** : customersupportba@icicilombard.com
- **Phone** : 1800-103-2292
- **Courier** : Any of the Company's Branch office or corporate office

Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

Escalation Level 1

For lack of a response or if the resolution still does not meet the expectations through one of the above methods, Insured Person may contact the National Grievance Redressal Officer at:

Write to: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025

Ph no- 18001032292

Email: <https://www.bharti-axagi.co.in/grievance-redressal/procedure>

Escalation Level 2

In case the Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, they may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below

List of Ombudsmen

The contact details of the **Insurance Ombudsman** offices are as below. These details can also be found at <http://www.cioins.co.in/ombudsman.html>.

Office Details	Jurisdiction of Office (Union Territory, District)	Date Of Taking Charge
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	03/10/2019
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.	23/04/2018
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.	24/05/2018
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.	11/09/2019
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	16/04/2018
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).	03/05/2018

<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>	<p>12/09/2019</p>
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p>02/05/2018</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>	<p>11/06/2018</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>	<p>13/04/2018</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>	<p>07/11/2018</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>	<p>30/09/2019</p>

<p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gaziipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>11/09/2019</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	<p>04/05/2018</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>17/09/2019</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>	<p>09/10/2019</p>

PUNE - Shri Vinay Sah

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Maharashtra,
Area of Navi Mumbai and Thane
excluding Mumbai Metropolitan Region.

03/12/2019

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL

The Secretary

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IRDA Regulation No 5: This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.