



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**IFFCO-TOKIO MOS-BITE PROTECTOR POLICY**

UIN: IFFHLIP20071V011920

Policy Wording

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This Policy is evidence of the contract between You and Us. The Proposal along with any written statement) or declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium, We will insure Your/ Insured person(s) interest(s) under the Policy during the Policy Period and accordingly, We will pay You/ Insured Person(s) in respect of events occurring during the Period of Insurance in the manner and to the extent set forth in the Policy including endorsements, provided that all the terms, conditions, provisions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You/ Insured person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

Your Policy is based on information, which You have given Us pertaining to the risk insured under this policy and the truth of this information shall be condition precedent to Your or the Insured person's right to recover under this Policy.

**DEFINITIONS OF WORDS**

1. **Accident** - It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **AYUSH Treatment** - It refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems. We may provide coverage for one or more systems covered under "AYUSH treatment"; provided it fulfils the criteria as mentioned under "Hospital definition for AYUSH TREATMENT".
3. **Biological attack** -Biological attack (including biological 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 disablement or death.

4. **Condition Precedent** – It means a policy term or condition upon which Our liability under the policy is conditional upon.
5. **Date of Diagnosis** – It means the date on which Medical Practitioner confirms the initial diagnosis of the disease.
6. **Endorsement** - It means any alteration made to the Policy which has been agreed to by Us in writing.
7. **Family** - It means You, your spouse, Your children, Parents, Parents-in-laws, Brothers and Sisters.
8. **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.
9. **Hospital/Nursing Home** - It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
  - a. Has qualified nursing staff under its employment round the clock;
  - b. Has at least 10(ten)in-patient beds, in towns having a population of less than 10,00,000 (ten lakhs) and at least 15(fifteen) inpatient beds in all other places;
  - c. Has qualified medical practitioner(s) in charge round the clock;
  - d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - e. Maintains daily records of patients and makes these accessible to Insurance Company authorized personnel.

\*Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013. Please refer to the act for amendments, if any.

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.

2. The Bombay Nursing Homes Registration Act, 1949.
3. The Delhi Nursing Homes Registration Act, 1953.
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sambandhi Sthapnaye (Ragistrikaran Tatha Anugyapan) Adhinyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

#### Hospital Definition for “AYUSH TREATMENT”

We may provide coverage for one or more systems covered under “AYUSH treatment”; provided the treatment has been undergone in:

- i) A government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health
- ii) Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
- iii) AYUSH hospital have registration with a Government authority under appropriate Act in the State/ UT and complies with the following as minimum criteria:
  - a) Has at least fifteen in-patient beds;
  - b) Has minimum five qualified and registered AYUSH doctors
  - c) Has qualified paramedical staff under its employment round the clock;
  - d) Has dedicated AYUSH therapy sections;
  - e) Maintains daily records of patients and makes these accessible to the insurance company’s authorized personnel

10. **Hospitalisation** - It means admission in a Hospital for a minimum period of 48 (Forty-eight) consecutive “In-patient Care” hours.

11. **Insured Event** - It means any event specifically mentioned as covered under this policy

12. **Insured Person** - It means the person proposed for insurance coverage with Us by You for whom the appropriate premium has been paid.

13. **Medical Practitioner** - A Medical Practitioner is 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 the scope and jurisdiction of license.

14. **Medically Necessary** - Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- i. is required for the medical management of the illness or injury suffered by the insured person;
  - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - iii. must have been prescribed by a medical practitioner
  - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
15. **Nominee** - It means the person nominated by the insured to receive the insurance benefits under this policy payable on the death of the insured.
16. **Notification of Claim** - It means the process of intimating a claim to Us through any of the recognized modes of communication.
17. **Policy** - It means the Policy booklet, the Schedule and any applicable endorsement. The Policy contains details of the extent of cover available to You/ Insured person, what is excluded from the cover and the conditions, warranties, provisions on which the Policy is issued.
18. **Policy Period** - It means the period commencing from the effective date and hour as shown in the Schedule and terminating on the expiry date as shown in the Schedule.
19. **Portability** - It means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.
20. **Pre-Existing Disease** – It means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
21. **Proposal** - It means any signed Proposal by filling up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You or on Your behalf.
22. **Renewal** - It means the terms on which the contract of insurance can be renewed on mutual consent.
23. **Schedule** - It means the latest Schedule issued by Us as part of Your Policy. It provides details of Your Policy which are in force, and the level of cover You have.

A revised Schedule will be sent at each renewal and whenever You request for a change in the cover.

24. **Senior Citizen** - It means any person who has completed sixty or more years of age as on the date of commencement or renewal of an insurance policy.
25. **Sum Insured** - It means the maximum amount of coverage as specified in the policy schedule which represents the maximum liability of the company for any and all claims made during the period of insurance.
26. **Third Party Administrators or TPA** - It means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services as defined in those Regulations.
27. **Vector Borne Diseases** - Vector-borne diseases are human illnesses caused by parasites, viruses and bacteria that are transmitted by mosquitoes, sandflies, triatomine bugs, blackflies, ticks, tsetse flies, mites, snails and lice. The policy covers only specific vector borne diseases namely Dengue fever, Malaria, Lymphatic Filariasis, Kala-azar, Chikungunya, Japanese Encephalitis and Zika Virus.
28. **We/Our/Us** - It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**.
29. **You/Your** - It means the Person named as Insured/ Policy holder in the Schedule to whom this Policy is issued.
30. **What is Covered** - It means the damages/perils/contingencies which are covered under the Policy and for which We have liability in the event of claim occurrence.
31. **What is Not Covered** - It means the damages/perils/contingencies which are not covered under the Policy and for which We have no liability in the event of claim occurrence.

## COVERAGE -

### HOSPITALISATION BENEFIT

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay the Sum Insured as mentioned in the schedule, in the event of You/Insured person being hospitalized solely and directly for any of the vector borne diseases as specifically listed below, during the policy period provided that</p> <ol style="list-style-type: none"> <li>1. the disease was first diagnosed atleast 30 (Thirty) days after the commencement of the policy period (or first policy period in case of renewal without break) and,</li> <li>2. the hospitalization is not less than 48 (Forty eight) hours</li> </ol> <p>Diseases covered are as below:</p> <ol style="list-style-type: none"> <li>a) Dengue fever</li> <li>b) Malaria</li> <li>c) Lymphatic Filariasis</li> <li>d) Kala-azar</li> <li>e) Chikungunya</li> <li>f) Japanese Encephalitis</li> <li>g) Zika Virus</li> </ol>	<p>We will not pay for:</p> <ol style="list-style-type: none"> <li>1. Any treatment taken on out-patient basis.</li> <li>2. Any claim if Insured was already diagnosed and had not fully recovered from any of the listed vector borne diseases at the time of purchase of policy.</li> <li>3. Any claim based on certification/ diagnosis/ treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;</li> <li>4. Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care, general debility and exhaustion.</li> <li>5. Any claim where the hospitalization is outside the Republic of India.</li> <li>6. Hospitalization primarily for any purpose which in routine could have been carried out on an outpatient basis and which is not followed by an active treatment or intervention during the period of hospitalization.</li> <li>7. Any claim in which treatment could have been on an outpatient basis, but had been hospitalized primarily for diagnostic / evaluation purpose and is</li> </ol>

	<p>not followed by active treatment / management during the hospitalization period.</p> <p>8. Any claim if the diagnosis, treatment or procedure is carried out in any of the “List of Excluded Hospitals”, except in case of unforeseen emergency measures to save the insured person’s life or measures solely designed to relieve the acute pain. The list of such excluded hospital(s) is dynamic and may change from time to time. Hence, we suggest you to please check our website <a href="http://www.iffcotokio.co.in">www.iffcotokio.co.in</a> or contact our call centre/nearest office for updated list of such excluded hospitals before admission.</p>
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**SPECIFIC CONDITIONS**

1. Only one claim per policy year, for each Insured person, shall be admissible and accepted by Us. The cover shall immediately and automatically cease for that Insured person upon acceptance of claim. The policy shall remain active for other members covered in the policy.
2. Lymphatic Filariasis will be payable only once in Insured person’s lifetime. Upon subsequent renewals, all other vector borne diseases except Lymphatic Filariasis shall be covered under this policy, if a claim has already been accepted for Lymphatic Filariasis before.

**CLAIM SETTLEMENT PROCESS**

In the event of a claim arising out of an Insured Event covered under this policy, the same shall be intimated to Us within 30 (Thirty) days from the date of hospitalisation, except under circumstances beyond your control in our opinion. The Insured shall arrange for submission of the necessary documents to Us within 45 days of first day of hospitalisation. Submission of these documents to Our satisfaction is condition precedent to admission of any liability under the policy.

1. Duly completed claim forms;
2. Copy of Discharge Certificate/ Card from the hospital/ Medical Practitioner;

3. Certificate from the attending Medical Practitioner/ hospital evidencing diagnosis of disease or undergoing hospitalization in relation to the claim of the particular insured person, inter alia,
  - a. name of the Insured person;
  - b. name, date of occurrence and medical details of the Insured Event
4. Copy of investigation test reports and hospital receipts/ any other related bills;
5. Second Medical opinion, if required
6. KYC (know your customer) form, if claim is more than 1(One) lakh
7. Identity proof
8. Age proof
9. NEFT/Bank Details

## GENERAL EXCLUSIONS

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### (WHAT IS NOT COVERED BY THE WHOLE POLICY)

We will not be liable for

1. **Willful Act or Gross Negligence** – Injury, disease or damage due to willful act including attempting suicide or intentional self-injury or gross negligence of You or Insured person or his/her family.
2. **Consequential Loss** – Any consequential or indirect loss or expenses arising out of or related to any insured event.

## GENERAL CONDITIONS

(These conditions apply to the whole Policy)

1. The policy can be issued on individual basis to Insured and his/her family
2. For policies where all the members of the family are covered in a single policy, separate Sum Insured shall be applicable for each member.
3. **CANCELLATION** - We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You by sending 15 (fifteen) days notice under recorded delivery to You at Your last known address and in such event, We will return to You, except in case of fraud or illegality on Your part, the premium paid less the pro rata portion thereof for the period the Policy has been in force. The refund shall be calculated on pro rata basis as per the following formula:



$$R = \frac{(365 * k) - n}{(365 * k)} * P$$

where,

R = Refund on the policy

k = 1/ 2/ 3 years (policy duration)

n = total number of days of policy in force

P = Premium paid by the insured

You may cancel this Policy by sending 15 (fifteen) days written notice to Us. We will then allow a refund after retaining the premium based on short period table as defined below.

Refund Percentage Cancellation date upto (x months) from Policy start date	Policy Tenure		
	1 year	2 years	3 years
Post free-lookup period and Upto 1 month	75%	87%	91%
Upto 3 month	50%	74%	82%
Upto 6 month	25%	61.5%	72.5%
Upto 12 month	0%	48.5%	64.5%
Upto 15 month	NA	24.5%	47%
Upto 18 month	NA	12%	38.5%
Upto 24 month	NA	0%	30%
Upto 30 month	NA	NA	8%
Beyond 30 months	NA	NA	0%

This refund of premium is subject to the condition that no claim has been preferred on Us.

4. **RENEWAL-** This Policy shall ordinarily be renewable for lifelong only by mutual consent except justified on grounds such as mis-representation, fraud, moral hazard or non co-operation by You/ Insured person and subject to payment in advance of the total premium at the rate in force at the time of renewal and subject to the Policy is renewed within the Grace period of 30 days from date of Expiry.

Unless renewed as herein provided, this Policy shall automatically terminate at the expiry of the period for which premium has already been paid.

5. **DISCLOSURE TO INFORMATION NORM -** The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

6. **NOTICE** – You/ Insured person will give every notice and communication in writing to Our office through which this insurance is effected.
7. **CHANGE IN CIRCUMSTANCES** – You/ Insured person must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about Yourself and the Insured person(s), their occupation, which may affect the insurance cover provided. You/ Insured person must also notify Us about any alteration made or change in information as described aforesaid whereby risk is increased. In case of such alteration or changes made and not accepted by Us in writing, all covers under this Policy shall cease.
8. **FREE LOOKUP PERIOD** – The free look period shall be applicable at the inception of the policy and
  - 1) The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.
  - 2) If the insured has not made any claim during the free look period, the insured shall be entitled to—
    - a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
    - b) where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
    - c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
9. **RECORDS TO BE MAINTAINED** –

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. The Insured Person shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.
10. **CLAIM PROCEDURE AND REQUIREMENTS** - An event, which gives rise to a claim or might become a claim under the Policy, must be reported to Us as soon as possible.

A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation must be delivered to Us within 45 (forty five) days of occurrence of Insured event, except under genuine circumstances beyond your/ Insured person's control in our opinion.

11. We are entitled to:

- i) Receive all necessary information, proof of occurrence of Insured event and assistance from You/ Insured person and from any other person seeking benefit under this Policy.
  - ii) Inspect the medical hospitalization records, investigate the facts and examine the Insured person.
12. You/ Insured person shall assist and not hinder or prevent Us or Our Representatives in pursuance of their duties for ascertaining the admissibility of the claim under the Policy.
13. In case of any inconsistency in the terms and conditions in the policy wordings vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy schedule shall prevail.

**14. PORTABILITY –**

(A) Portability will be granted to policyholders to a similar health benefit policy of Us/ any other insurer to IFFCO-Tokio Mos-Bite Protector Policy as per portability guidelines as mentioned below in 12 (B).

(B) The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2016 dated 12th July, 2016. For more information, please refer to the page no.41 on the following URL of the IRDA website:

[https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral\\_Layout.aspx?page=PageNo2908&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_Layout.aspx?page=PageNo2908&flag=1)

The salient features mentioning the rights and obligations of the insurer and insured are as follows:

- a) A policyholder desirous of porting his policy to another insurance company shall apply to such insurance company, to port the entire policy along with all the members of the family, if any, at least 45 days before the premium renewal date of his/her existing policy.
- b) Insurer may not be liable to offer portability if policyholder fails to approach the new insurer at least 45 days before the premium renewal date.
- c) Portability shall be opted by the policyholder only as stated in (a) above and not during the currency of the policy.
- d) In case insurer is willing to consider the proposal for portability even if the policyholder fails to approach insurer at least 45 days before the renewal date, it may be free to do so.
- e) Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal:
  - i. The existing policy shall be allowed to extend, if requested by the policyholder, for the short period by accepting a pro- rate premium for such short period, which shall be of at least one month and
  - ii. Shall not cancel existing policy until such time a confirmed policy from new insurer is received or at the specific written request of the insured.

- iii. The new insurer, in all such cases, shall reckon the date of the commencement of risk to match with date of expiry of the short period, wherever relevant.
- iv. If for any reason the insured intends to continue the policy further with the existing insurer, it shall be allowed to continue by charging a regular premium and without imposing any new condition.

(C) The portability clause does not alter our right to decline to renew or to cancel the Policy.

(D) Portability will be allowed for all individual health policies issued by non-life insurance companies/ Health insurance companies.

15. **FRAUD** - If a claim is fraudulent on account of fraudulent means or action used by You/ Insured person(s), all benefits and rights under this Policy shall be forfeited.
16. **Notice of Change**: We will not be bound to take cognizance or be effected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of insured person shall in all cases be an effective discharge to us.
17. **ARBITRATION** - If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) 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 two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this policy. It is understood, however, that You shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.
18. **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 and the company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Indian Territory.
19. **DISCLAIMER CLAUSE** - If We shall disclaim Our liability in any claim, and such claim shall not have been made the subject matter of a suit in a court of law within 12 (twelve) months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

20. All claims shall be settled in India in Indian Rupees.
21. The provision of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally subject to the jurisdiction of the Courts in India.
22. **WITHDRAWAL & ALTERATION OF POLICY CONDITIONS** - The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to You at least three months prior to the date when such alteration or revision comes into effect by registered post at Your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.  
A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to You in advance as per the IRDA guidelines with details of options provided by us. If We do not receive Your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and You shall have to take a new policy available with us, subject to terms & conditions.
23. **PAYMENT OF PREMIUM** - The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by Our authorized official.
24. No sum payable under this Policy shall carry any interest/penalty except as mentioned under General Condition of Protection of Policy holder's interest.
25. **No Constructive Notice:** Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.
26. **Electronic Transaction:** You and/or insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, 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 us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override

provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

**27. PROTECTION OF POLICY HOLDER'S INTEREST** - In the event of a claim, if the same is found admissible under the policy, We shall make an offer of settlement or convey the rejection of the claim within 30 (thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of Your/ Insured person's acceptance of Our offer. In case of delay in payment, We shall be liable to pay interest at a rate which is 2% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

**28. PROVISION FOR SENIOR CITIZENS**

- a) The insured will be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loading will be obtained before issuance of a policy.
- b) Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in  
Contact Number: 0124-2850100  
Address: IFFCO-Tokio General Insurance Company Limited.  
IFFCO TOWER – II  
Plot No.3, Sector-29, Gurgaon  
Haryana-122001

**29. GRIEVANCE OR COMPLAINT** - You may register a grievance or complaint by visiting Our website [www.iffcotokio.co.in](http://www.iffcotokio.co.in) You may also contact the offices from where You have bought the policy or the grievance officer who can be reached at Our corporate office.

Grievance Department details are as mentioned below:

E-Mail ID: chiefgrievanceofficer@iffcotokio.co.in  
Address: IFFCO-Tokio General Insurance Company Limited.  
IFFCO TOWER – II  
Plot No.3, Sector-29, Gurgaon  
Haryana-122001

**30. INSURANCE OMBUDSMAN:** We shall endeavor to promptly and effectively address Your grievances. In the event You are dissatisfied with the resolution of Your grievance or complaint, You may approach the Insurance Ombudsman located nearest to You. Details of the offices across the Country are mentioned below:

**CONTACT DETAILS****JURISDICTION****AHMEDABAD**

Office of the Insurance Ombudsman,  
2nd floor, Ambica House,  
Near C.U. Shah College,  
5, Navyug Colony, Ashram Road,  
Ahmedabad – 380 014  
Tel.:- 079-27546150/139  
Fax:- 079-27546142  
Email:- [bimalokpal.ahmedabad@gbic.co.in](mailto:bimalokpal.ahmedabad@gbic.co.in)

State of Gujarat and Union Territories of  
Dadra & Nagar Haveli and Daman and  
Diu.

**BENGALURU**

Office of the Insurance Ombudsman,  
Jeevan Soudha Building,  
PID No.57-27-N-19,  
Ground Floor, 19/19, 24th Main Road,  
JP Nagar, 1st Phase,  
Bengaluru-560 078.  
Tel.:- 080-26652048 / 26652049  
Email:- [bimalokpal.bengaluru@gbic.co.in](mailto:bimalokpal.bengaluru@gbic.co.in)

Karnataka.

**BHOPAL**

Office of the Insurance Ombudsman,  
Janak Vihar Complex,  
2nd Floor, 6, Malviya Nagar,  
Opp.Airtel Office,  
Near New Market,  
Bhopal – 462 033.  
Tel.:- 0755-2769200/201/202  
Fax:- 0755-2769203  
Email:- [bimalokpalbhopal@gbic.co.in](mailto:bimalokpalbhopal@gbic.co.in)

States of Madhya Pradesh and  
Chattisgarh.

**BHUBANESHWAR**

Office of the Insurance Ombudsman,  
62, Forest park,  
Bhubneshwar – 751 009.  
Tel.:- 0674-2596461 / 2596455  
Fax:- 0674-2596429

State of Orissa.

Email:- [bimalokpal.bhubaneswar@gbic.co.in](mailto:bimalokpal.bhubaneswar@gbic.co.in)

### **CHANDIGARH**

Office of the Insurance Ombudsman,  
S.C.O. No. 101, 102 & 103, 2nd  
Floor,  
Batra Building, Sector 17 – D,  
Chandigarh – 160 017.

Tel.:- 0172-2706196/5861 / 2706468

Fax:- 0172-2708274

Email:- [bimalokpal.chandigarh@gbic.co.in](mailto:bimalokpal.chandigarh@gbic.co.in)

States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

### **CHENNAI**

Office of the Insurance Ombudsman,  
Fatima Akhtar Court,  
4th Floor, 453 (old 312), Anna Salai,  
Teynampet,  
CHENNAI – 600 018.

Tel.:- 044-24333668 / 24335284

Fax:- 044-24333664

Email:- [bimalokpal.chennai@gbic.co.in](mailto:bimalokpal.chennai@gbic.co.in)

State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

### **DELHI**

Office of the Insurance Ombudsman,  
2/2 A, Universal Insurance Building,  
Asaf Ali Road,  
New Delhi – 110 002.

Tel.:- 011-23239611/7539/7532

Fax:- 011-23230858

Email:- [bimalokpal.delhi@gbic.co.in](mailto:bimalokpal.delhi@gbic.co.in)

State of Delhi

### **ERNAKULAM**

Office of the Insurance Ombudsman,  
2nd floor, Pulinat Building,  
Opp. Cochin Shipyard,  
M.G. Road,  
Ernakulum - 682 015.

Tel.:- 0484-2358759/2359338

Fax:- 0484-2359336

Kerala, Lakshadweep, Mahe-a part of Pondicherry



Email:- [bimalokpal.ernakulum@gbic.co.in](mailto:bimalokpal.ernakulum@gbic.co.in)

### **GUWAHATI**

Office of the Insurance Ombudsman,  
'Jeevan Nivesh', 5th Floor,  
Nr. Panbazar over bridge, S.S. Road,  
Guwahati – 781001(ASSAM).

Tel.:- 0361- 2132204 / 2132205

Fax:- 0361-2732937

Email:- [bimalokpal.guwahati@gbic.co.in](mailto:bimalokpal.guwahati@gbic.co.in)

States of Assam, Meghalaya, Manipur,  
Mizoram, Arunachal Pradesh, Nagaland  
and Tripura.

### **HYDERABAD**

Office of the Insurance Ombudsman,  
6-2-46, 1st floor, "Moin Court"  
Lane Opp. Saleem Function Palace,  
A. C. Guards, Lakdi-Ka-Pool,  
Hyderabad - 500 004.

Tel.:- 040-65504123/23312122

Fax:- 040-23376599

Email:- [bimalokpal.hyderabad@gbic.co.in](mailto:bimalokpal.hyderabad@gbic.co.in)

States of Andhra Pradesh, Telangana and  
Union Territory of Yanam - a part of the  
Union Territory  
of Pondicherry.

### **JAIPUR**

Office of the Insurance Ombudsman,  
Jeevan Nidhi-II Bldg.,  
Ground Floor,  
Bhawani Singh Marg,  
Jaipur - 302005.

Tel.:- 0141-2740363

Email:- [bimalokpal.jaipur@gbic.co.in](mailto:bimalokpal.jaipur@gbic.co.in)

State of Rajasthan.

### **KOLKATA**

Office of the Insurance Ombudsman,  
Hindustan Building Annexe,  
4th floor, 4, CR Avenue,  
Kolkata - 700 072.

Tel.:- 033-22124339 / 22124340

Fax:- 033-22124341

Email:- [bimalokpal.kolkata@gbic.co.in](mailto:bimalokpal.kolkata@gbic.co.in)

States of West Bengal, Bihar, Sikkim and  
Union Territories of Andaman and  
Nicobar Islands.

### **LUCKNOW**

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@gbic.co.in](mailto:bimalokpal.lucknow@gbic.co.in)

### **MUMBAI**

Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.  
Tel.:- 022-26106928/360/889  
Fax:- 022-26106052  
Email:- [bimalokpal.mumbai@gbic.co.in](mailto:bimalokpal.mumbai@gbic.co.in)

### **NOIDA**

Office of the Insurance Ombudsman,  
Bhagwan Sahai Palace,  
4th Floor, Main Road,  
Naya Bans, Sector-15,  
Gautam Budh Nagar, Noida  
Email:- [bimalokpal.noida@gbic.co.in](mailto:bimalokpal.noida@gbic.co.in)

### **PATNA**

Office of the Insurance Ombudsman,  
1st Floor, Kalpana Arcade Building,  
Bazar Samiti Road,

District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulampur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.

States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

States 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, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

States of Bihar and Jharkhand.

Bahadurpur,  
Patna - 800 006.  
Email:- [bimalokpal.patna@gbic.co.in](mailto:bimalokpal.patna@gbic.co.in)

**PUNE**

Office of the Insurance Ombudsman,  
Jeevan Darshan Building, 3rd Floor,  
CTS Nos. 195 to 198,  
NC Kelkar Road, Narayan Peth,  
Pune - 411 030  
Tel: 020 -32341320  
Email:- [bimalokpal.pune@gbic.co.in](mailto:bimalokpal.pune@gbic.co.in)

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

Address of Insurance Regulatory and Development Authority of India is also mentioned below:

Insurance Regulatory and Development Authority of India  
Sy. No 115/1, Financial District, Nanakramguda, Gachibowli,  
HYDERABAD 500 032