



THE ORIENTAL INSURANCE COMPANY LIMITED

Regd. Office: Oriental House, P.B.No.7037, A-25/27, Asaf Ali Road, New Delhi-110002

CIN No.U66010DL1947GOI007158

ORIENTAL CRITICAL ILLNESS POLICY

1. PREAMBLE

This policy is a contract of insurance issued by **The Oriental Insurance Company Limited**, (hereinafter called the 'Company') to the proposer mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The policy is based on the statements and declaration provided in the Proposal Form by the insured and is subject to receipt of the requisite premium.

OPERATIVE CLAUSE

Now the Policy witnesses that, subject to the terms, definitions, exclusions and conditions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the policy period stated in the schedule or during the continuance of the Policy by renewal, the insured person is first diagnosed as suffering from an illness or undergoes a surgery, mentioned in the Table of Benefits, under the Plan opted (hereinafter called Critical Illness) and satisfies the respective definition mentioned below, and which was not diagnosed at any time prior to inception of the Policy, the Company shall pay to the insured the benefit as defined below.

2. Coverage:

The Company shall pay the full sum insured as mentioned in the schedule, provided the insured person survives for the survival period applicable to the Critical Illness and if,

- i. The insured person is diagnosed with a critical illness specifically listed and defined in this policy; and
- ii. the insured person survives such critical illness by number of days specified in the policy schedule as survival period or more, from the date of diagnosis/ date of undergoing the surgical procedure.

***NOTES:**

- a. for this benefit critical illness shall mean the illness/ surgical procedures specified under clause 2.B.1 to 2.B.22.
- b. the company shall compensate the insured person, only once in respect of anyone or more of the covered diseases under the policy.
- c. should a benefit paid in terms of this policy on behalf of an insured person the coverage for that person terminates under this policy and such person shall not be entitled to be covered by this policy or its renewal thereof.

Table of Benefits:

The Cover shall be available under two plans as under:-

PLANS	PLAN A	PLAN B
	<p>A. Covers 11 critical Illnesses named as under:-</p> <ol style="list-style-type: none"> 1. Cancer of specified severity 2. myocardial infarction (first heart attack) 3. open chest CABG 4. open heart replacement or repair of heart valves 5. coma of specified severity 6. kidney failure requiring regular dialysis 7. stroke resulting in permanent symptoms 8. major organs/ bone marrow transplant 9. permanent paralysis of limbs 10. motor neuron disease with permanent symptoms 11. multiple sclerosis with persisting symptoms. <p>(Detailed definitions are as per clause 2.B.1 to 2.B.11)</p>	<p>A. Covers 22 critical Illnesses named as under:-</p> <ol style="list-style-type: none"> 1. Cancer of specified severity 2. myocardial infarction (first heart attack) 3. open chest CABG 4. open heart replacement or repair of heart valves 5. coma of specified severity 6. kidney failure requiring regular dialysis 7. stroke resulting in permanent symptoms 8. major organs/ bone marrow transplant 9. permanent paralysis of limbs 10. motor neuron disease with permanent symptoms 11. multiple sclerosis with persisting symptoms. 12. Angioplasty 13. benign brain tumour 14. Blindness 15. Deafness 16. end stage lung failure 17. end stage liver failure 18. loss of speech 19. loss of limbs 20. major head trauma 21. Primary (ideopathic) pulmonary hypertension 22. third degree burns <p>(Detailed definitions are as per clause 2.B.1 to 2.B.22)</p>
	<p>B. Medical second opinion - if the insured person is diagnosed with any of the 11 specified critical illness listed above, and takes medical second opinion (including open and obtained from overseas) whether before starting the treatment or during the course of treatment, the policy covers medical expert's fees up to 1% of the sum insured in a policy period subject to maximum of Rs.10000 for Sum Insured upto Rs. 20 lacs and Rs.20000 for Sum Insured upto Rs.50 lacs. Claim under this clause would be admissible subject to the critical illness claim being admissible. This expense is payable only once per illness per insured person during the lifetime of the insured person. the second opinion benefit is valid only if critical illness policy is in force.</p>	<p>B. Medical second opinion - if the insured person is diagnosed with any of the 22 specified critical illness listed above, and takes medical second opinion (including open and obtained from overseas) whether before starting the treatment or during the course of treatment, the policy covers medical expert's fees maximum up to 1% of the sum insured in a policy period subject to maximum of Rs.10000 for Sum Insured upto Rs.20 lacs and Rs.20000 for Sum Insured upto Rs.50 lacs. Claim under this clause would be admissible subject to the critical illness claim being admissible. This expense is payable only once per illness per insured person during the lifetime of the insured person. the second opinion benefit is valid only if critical illness policy is in force.</p>

DEFINITION OF CRITICAL ILLNESSES COVERED ;

CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded–
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50HPFs;
 - ix. All tumors in the presence of HIV infection.

2.B.2. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

III. The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

OPEN CHEST CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

- iv. Angioplasty and/or any other intra-arterial procedures

OPEN HEART REPLACEMENT OR REPAIR OF HEARTVALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

COMA OF SPECIFIED SEVERITY

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

STROKE RESULTING IN PERMANENT SYMPTOMS

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

- v. Transient ischemic attacks (TIA)
- vi. Traumatic injury of the brain
- vii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

MAJOR ORGAN /BONE MARROW TRANSPLANT

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- viii. Other stem-cell transplants
- ix. Where only islets of langerhans are transplanted

PERMANENT PARALYSIS OF LIMBS

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

- I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

ANGIOPLASTY

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

DEAFNESS

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

END STAGE LUNG FAILURE

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($\text{PaO}_2 < 55\text{mmHg}$); and
 - iv. Dyspnea at rest.

END STAGE LIVER FAILURE

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

LOSS OF SPEECH

- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

- II. All psychiatric related causes are excluded.

LOSS OF LIMBS

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

MAJOR HEAD TRAUMA

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

- i. **Washing:** the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. **Dressing:** the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. **Transferring:** the ability to move from a bed to an upright chair or wheelchair and viceversa;
- iv. **Mobility:** the ability to move indoors from room to room on level surfaces;
- v. **Toileting:** the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. **Feeding:** the ability to feed oneself once food has been prepared and made available.

PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

- i. **Class III:** Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. **Class IV:** Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thrombo

embolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

THIRD DEGREE BURNS

- I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

2. GENERAL DEFINITIONS

1. Accident:

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Any one illness:

Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. Break in Policy occurs at the end of the existing policy period when the premium due on a given Policy is not paid on or before the renewal date or within grace period.

4. Contract means prospectus, proposal, Policy, and the policy schedule. Any alteration with the mutual consent of the insured person and the company can be made by a duly signed and sealed endorsement on the Policy.

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

6. Congenital Anomaly:

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

7. Claim Free Year means coverage under the Oriental Critical Illness Policy for a period of a year during which, no claim is reported or paid or shall be payable under the terms and conditions of the Policy in respect of any Insured Person.

8. Diagnosis:

Diagnosis means diagnosis by a medical practitioner, supported by clinical, radiological and histological and laboratory evidence, acceptable to the Company.

9. Emergency Care:

Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long

term impairment of the insured person's health.

10. Family: consists of the insured and/ or any one or more of the family members as mentioned below:

- a) Legally wedded spouse.
- b) Dependent Children (I.e. natural and adopted) between the age 18 years to 25 years. However male child can be covered up to the age until 25 years if he is a bonafide regular student and financially dependent. Female child can be covered until she is financially independent or married. Divorced or widowed daughter is also eligible for coverage under the policy, irrespective of age.
- c) Dependent Parents/ Parents-in-law (either of them).
- d). Unmarried siblings, if financially dependent.

11. 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.

12. Hospital:

A hospital means any institution established for *in-patient care* and *day care treatment* of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act **Or** complies with all minimum criteria asunder:

- 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;

13. AYUSH Hospital: A healthcare facility wherein medical/surgical/parasurgical treatment procedures and interventions are carried out by AYUSH medical practitioner(s) comprising of any of the following:

1. Central or State Government AYUSH Hospital, or
2. Teaching hospitals of AYUSH colleges recognized by Central Government/Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
3. AYUSH hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:
 - i. Has at least five in-patient beds.
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock.
 - iii. Having dedicated AYUSH therapy sessions asrequired and/or has equipped operation theatre where surgical procedures are to be carried out.
 - iv. Maintains daily records of patients and making them accessible to the insurance company's authorized

representative.

14. Illness:

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests.
2. it needs ongoing or long-term control or relief of symptoms.
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it.
4. it continues indefinitely.
5. it recurs or is likely to recur.

15. 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.

16. Inpatient Care:

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

17. Insured/ Insured Person: means person(s) named as Insured Person(s) in the schedule of the policy.

18. Intensive Care Unit:

Intensive care unit means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

19. Maternity expenses:

Maternity expenses means;

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- b) expenses towards lawful medical termination of pregnancy during the policy period.

20. Medical Advice:

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

21. Medical Practitioner:

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

22. Migration:

Migration means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

23. Notification of Claim:

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

24. Policy Period: means the period of coverages as mentioned in the schedule.

25. Policy schedule means a document forming part of the Policy, containing details including name of the insured person, age, relation of the insured person, sum insured, premium paid and the policy period.

26. Portability: Portability means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

27. Pre-Existing Disease:

Pre-Existing Disease means any condition, ailment or injury or disease:

- a). That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or, its reinstatement.
- b). for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or, its reinstatement.

28. Renewal:

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

29. Sum Insured means the amount of insurance in respect of each insured person, as mentioned in the schedule, payable in full by the Company in case of an admissible claim by the insured person during the policy period.

30. Surgery or Surgical Procedure:

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

31. Survival Period:

This is the period of time after the date of first diagnosis of a critical Illness that the policyholder has to survive to be eligible for availing the benefits under the Policy.

32. Unproven/Experimental treatment:

Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

33. Waiting period means a period from the inception of this Policy during which the cover shall not be available. i.e. Critical Illness diagnosed within 90 days of the inception date of this Policy. This exclusion does not apply for subsequent renewals with the Company without a break.

4. POLICY EXCLUSIONS:

The Company shall not be liable to make any payment for any claim caused by, based on, arising out of or howsoever attributable to any of the following:

A. Pre-Existing Diseases

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

B. Critical illness diagnosed within 3 months of the inception date of this policy. This exclusion does not apply for subsequent renewal with the Company without a break.

C. Any diseases causing the death of the Insured within the stipulated **Survival Period**, measured from the date of first diagnosis.

D. Hazardous or Adventure sports: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

E. Breach of law:

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

F. Excluded Providers:

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

G. Unproven Treatments:

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

H. Maternity and Pregnancy:

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and cesarean sections incurred during hospitalization);
- ii. Expenses towards miscarriage and lawful medical termination of pregnancy during the policy period.

I. Non Payable Conditions: Any Critical Illness resulting out of the following:-

- i. Congenital external diseases, defects or anomalies, genetic disorders not resulting into specified critical illnesses.
- ii. Sterility, infertility/sub fertility, assisted conception procedures.
- iii. The ingestion of drugs other than those prescribed by a medical practitioner.
- iv. Treatment arising out of disease/ injury/ directly attributable to abuse of drugs/alcohol and intoxicating substances, and treatment thereof.
- v. Intentional self-inflicted injury, attempted suicide.

J. War Group Perils:

Caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.

K. Radioactivity:

Caused by or contributed by nuclear weapons/materials or arising from ionizing radiation or contamination by any nuclear fuel or from any nuclear waste or combustion of nuclear fuel.

5. GERNERAL CONDITIONS :**Entire Contract:**

This Policy /Prospectus/ Proposal Form and declaration and medical report (if any) given by the insured constitute the complete contract. Insurer may alter the terms and conditions of this Policy/contract. Any alteration that may be made by the insurer shall only be evidenced by a duly signed and sealed endorsement on the Policy

Disclosure of Information

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of

fraud, mis-representation, mis-description or non-disclosure of any material fact.

Condition Precedent to Admission of Liability

The due observance and fulfillment of the terms and conditions of the Policy, by the insured, shall be a condition precedent to any liability of the Company to make any payment under the Policy.

Survival Period

A claim shall be admissible under the Policy, provided the insured person survives the specified survival period (30 days), after diagnosis of a Critical Illness or undergoing the procedure.

Communication:

Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the Policy issuing office / Third Party Administrator as shown in the Schedule.

Payment of Premium:

The premium under this Policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the company. The payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as these relate to anything to be done or complied with by the Insured Person shall be condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this Policy shall be valid, unless made in writing and signed by an authorized official of the Company.

6. CLAIM PROCEDURE:

Notification of Claim

- i. The insured person or an authorized representative of insured person shall notify the Policy issuing office in writing regarding the occurrence of a Critical Illness that may give rise to a claim under the Policy, within 15 days of diagnosis or undergoing the procedure.
- ii. The notification should contain full particulars like policy number, policy period, name of the insured person suffering Critical Illness, date of diagnosis or undergoing procedure, name of the Critical Illness suffered for the Policy issuing office to verify the records and register the claim.
- iii. The underwriting office after registration of the claim shall supply a claim form, if required, which shall be filled in all respects, signed and submitted to the underwriting office along with the required documents.

Claim Documents:-

- I.** Policy number.
- II.** Duly filled Claim form
- III.** Photo ID and Age proof.
- IV.** Medical practitioner's certificate confirming diagnosis of the Critical Illness or undergoing the procedure along with the date of diagnosis or undergoing procedure.

V. Original/Attested copy of Discharge summary

VI. Original/ Attested copies of all diagnostic/ radiological/ Histopathological/ investigation reports

VII. Original/Attested copies of Indoor case papers(If needed)

VIII. Original/Attested copies of all the medical bills(If needed)

IX. Any other document (e.g. Disability Certificate, Dialysis records etc.) deemed necessary at the time of claim assessment for a specific Critical Illness condition

X. Copy of PAN Card and NEFT Details (to enable direct credit of claim amount in bank account) and a cancelled cheque.

XI. KYC (Identity proof with Address) of the proposer, where claim liability is above

Rs. One lakh as per AML Guidelines.

XII. Legal heir/ succession certificate, where ever applicable.

Waiver

Waiver of delay in submission of claim documents may be considered in genuine cases of hardship, but only if it is proved to Company's satisfaction that it was not possible for insured or any other person to comply with the prescribed time-limit.

The Insured person shall give the Company/TPA any additional information and assistance as the TPA / Insurer may require.

Claim Settlement (provision for Penal Interest):

- I. Any claim arising under the Policy will be processed and settled by the Company/TPA.
- II. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- III. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- IV. However, where the circumstance of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- V. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above bank rate from the date of receipt of last necessary document to the date of payment of claim.

(“Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).

Payment of Claim

All claims under the Policy shall be payable in Indian currency and through NEFT/ RTGS only.

Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

Cessation of Cover

- i. Upon occurrence of a Critical Illness and payment of the benefit amount to the insured person, the cover shall cease.
- ii. In case a claim has been paid to any insured person for a Critical Illness, in subsequent renewals no claim shall be paid to that insured person.

Fraud: If any claim made by the insured person, 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 behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- a) the suggestion as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis- statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

7. OTHER TERMS AND CONDITIONS:

Eligibility: Any person aged between 18 years and 65 years, residing in India can take this insurance. Beyond 65 years, only renewals accepted. No cap on exit age.

Family:

- i. Self
- ii. Legally wedded Spouse
- iii. Dependent parents/dependent parents in law (either of them).
- iv. Dependent children between the age of 18 and 25 years pursuing full time studies can be covered. Bonafide certificate from educational institution is mandatory as proof. Unmarried and/or unemployed female children can also be covered as dependants.
- v. Unmarried siblings, if financially dependent.

***Proof of age must be submitted at the time of proposal, which could be one of the following:**

- 1) Passport
- 2) Birth Certificate
- 3) Driving License

- 4) PAN Card
- 5) Class 10th/12th Certificate
- 6) School leaving Certificate
- 7) Domicile Certificate (issued by Government of India)
- 8) Adhaar Card

8. Sum Insured:

The Sum Insured slabs available under both the plans of the policy are:-

- i. **For Insured age up to 50 years** - Minimum Rs. 2.0 lakhs and maximum Rs. 50.0 lakhs.

In multiples of Rs.2.0 lakhs up to Rs.20.0 lakhs, and thereafter, in multiples of Rs.5.0 lakhs up to Rs.50.0 lakhs.

- ii. **For Insured age above 50 years**- Minimum Sum Insured is Rs.2.0 lakhs, and maximum Rs.20.0 lakhs, in multiples of Rs.2.0 lakhs.

Sum Insured is available on **Individual Basis only** (i.e., Sum Insured shall apply separately on each Insured Person).

I. Change of Sum Insured

- i. Sum Insured can be changed (increased/ decreased) only at the time of Renewal, subject to discretion of the Company.
- ii. Increase in SI shall be allowed by one slab at a time.
- iii. Increase in Sum Insured is allowed in policies where there are no claims reported in two successive policy years.

*** Mid term increase/decrease in SI is not allowed.**

8.3.II. Change of Plan

- i. Change of Plan from Plan A to Plan B is allowed only at the time of renewal, subject to four years of continuous coverage with the Company and no claim reported under the Policy.
- ii. For change of plan, medical reports are required to be submitted with respect to each insured person aged forty five years and above.

Policy Period

The policy period is available in two options, as under:-

- a. Annual Policy - One year
- b. Long Term Policy - Three years

* No short period policy is allowed i.e. policy period with less than one year duration.

Pre-insurance Check Up

All persons of age 45 years and above must complete the medical examination report. The proposer whose

medical test is conducted and for whom the company grants an insurance cover under this policy and whose name specifically appears as Insured person in the schedule, the company shall reimburse 50% of the cost of such medical tests..

Medical tests would be as follows:

1. Complete Blood count
2. Fasting Blood Sugar
3. ESR
4. Serum Creatinine
5. SGPT
6. Urine Routine
7. ECG
8. Medical Examination Report with BP recordings – By a medical practitioner.

In addition, from case to case, as per individual medical history, one might have to go for any other test as may be suggested by the Company.

Midterm Inclusion:

Midterm inclusion of Newly wed spouse within 90 days of marriage is permitted under the Policy, on payment of pro-rata premium only or at the time of renewal of the Policy.

For members subsequently added, waiting period of 90 days for Critical Illness contracted or evidenced through signs and symptoms shall apply from the date of their inclusion in the policy.

Renewal of Policy

- i. This Policy will be valid for the period mentioned in the Schedule. The Policy may be renewed by mutual consent, subject to Condition 6.7. The Company is not bound to give notice that it is due for renewal. The Company shall not be responsible or liable for non-renewal of Policy due to non-receipt **or** delayed receipt (i.e. after the due date including the grace period of 30 days) of premium **or** the proposal form **or** of the Medical Practitioner's report wherever required or due to any other reason whatsoever.
- ii. The Company may revise the premium rates and / or the terms & conditions of the Policy, upon renewal thereof, only after due approval from IRDAI. Renewal of this Policy is not automatic, premium due must be paid to the Company before the due date. Any revision or modification in the Policy will be notified to the policyholders three months in advance.
- iii. The Company shall not ordinarily deny the renewal of this policy unless on grounds of fraud, moral hazard, misrepresentation or non-cooperation by the insured.
- iv. If the Policy is renewed for enhanced Sum Insured then waiting period of 90 days for Critical Illness contracted or evidenced through signs and symptoms as applicable to a fresh policy shall apply to additional Sum Insured .

Note: In case of revision including the premium, modification, or withdrawal of the Policy a notice, by suitable mode of communication, will be provided to insured 90 days before such revision, modification or withdrawal. Insured will have the option to migrate to similar Health Insurance Policy with Oriental Insurance at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. Provided the policy has been maintained without a break as per portability guidelines prescribed by IRDAI.

There will be no loading on renewals on Individual claims experience basis.

Cancellation

A. The insured may cancel this policy by giving 15 days written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below:-

I. For policies with a period of one year :

PERIOD ON RISK	Rate of premium to be charged
Up to one month	25% of the annual rate
Up to three months	50% of the annual rate
Up to six months	75% of the annual rate
Exceeding six months	Full annual rate.

ii. For Policies with 3 years term but cancelled within one year after the free look period:

Same as above table. The computation of the refund would be total premium received, excluding GST. Premium to be retained (short period rate applied on the premium payable for 1 year policy).

iii. For Policies with 3 years term and cancelled after completion of 1 year:

The premium refunded would be on pro-rata basis computed as below:

Total premium received*No of days on risk / Total tenure of the policy in days.

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

B. The company may cancel the policy at any time on grounds of fraud, moral hazard, misrepresentation, non-cooperation or non-disclosure by the insured, by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of fraud, moral hazard, misrepresentation, non-cooperation or non-disclosure by the insured.

DISCOUNTS :

a). Discount on direct On-line policies:

A discount of 10% (subject to maximum up to Rs. 2000/-) on premium is allowed, if the Policy is purchased on-line and no Intermediary is involved. This discount is also applicable in case of On-line renewal of Policies, where no Intermediary was involved at any stage- either on the first purchase or in any subsequent renewal thereof.

c) Family Discount :

A flat discount of 10% on premium shall be given more than one member of a family are covered under a single policy.

Free Look Period: The free look period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured shall be allowed free look period of fifteen days from the date of receipt of the policy document to review the terms and conditions of the policy and to return the same if not acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to

- (i) 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
- (ii). 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
- (iii). Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Single policy:

Proposer/Insured is not allowed to take multiple policies of Oriental Critical Illness Policy. This condition shall be applicable to all the Insured persons covered under Oriental Critical Illness Policy.

Portability:

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link:
https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

Migration: Migration will be not be allowed from any of our other products to this product.

Change of Address:

Insured must inform the Company immediately in writing of any change in the address.

Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

Disclaimer

If the Company shall disclaim liability to the insured person for any claim hereunder and if the insured person shall not within 12 (twelve) calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the 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 here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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.
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

Territorial Jurisdiction

All disputes or differences under or in relation to the Policy shall be determined by a court in India in accordance to Indian law.

IRDA REGULATION : This Policy is subject to IRDAI (Protection of Policy holders' interest) Regulation, 2017 and IRDAI (Health Insurance) Regulations 2016 and Guidelines on Standardization in health insurance, as amended from time to time.

GRIEVANCE REDRESSAL:

In case of any grievance the insured person may contact the company through

Website: www.orientalinsurance.org.in

Toll free: 1800118485 Or 011- 33208485

E-mail: csd@orientalinsurance.co.in

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Customer Service Department

4th Floor, Agarwal House

Asaf Ali Road,

New Delhi-110002.

For updated details of grievance officer, kindly refer the link

<https://orientalinsurance.org.in/documents/10182/7605007/List+of+Nodal+Officer+.pdf/992a7f9b-ae77-5cac-c613-ffc05d578a3e>

Insurance Ombudsman –If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-III & revised details of insurance ombudsman as and when amended as available in the website <http://ecoi.co.in/ombudsman.html>.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Disclosure of Information

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 by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

Insurance is the subject matter of solicitation.

ANNEXURE I: CONTACT DETAILS OF INSURANCE OMBUDSMEN

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD –</p> <p>Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014</p> <p>Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142</p> <p>Email: bimalokpal.ahmedabad@ecoi.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<p>BENGALURU –</p> <p>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</p> <p>Tel.: 080 - 26652048 / 26652049</p> <p>Email: bimalokpal.bengaluru@ecoi.co.in</p>	Karnataka
<p>BHOPAL –</p> <p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003</p> <p>Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203</p> <p>Email: bimalokpal.bhopal@ecoi.co.in</p>	Madhya Pradesh Chattisgarh
<p>BHUBANESHWAR –</p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009</p> <p>Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429</p> <p>Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	Orissa
<p>CHANDIGARH –</p> <p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017</p>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh Page 23 of 92

<p>Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274</p> <p>Email: bimalokpal.chandigarh@ecoi.co.in</p>	
<p>CHENNAI -</p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018</p> <p>Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664</p> <p>Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)</p>
<p>DELHI –</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002</p> <p>Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858</p> <p>Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi</p>
<p>GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001</p> <p>Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937</p> <p>Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>
<p>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</p> <p>Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599</p> <p>Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry</p>
<p>JAIPUR –</p> <p>Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005</p> <p>Tel.: 0141 - 2740363</p> <p>Email: bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan</p>
<p>ERNAKULAM -</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp.</p>	<p>Kerala, Lakshadweep, Mahe - a part of Pondicherry</p>

<p>Cochin Shipyard, M. G. Road, Ernakulam - 682 015</p> <p>Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336</p> <p>Email: bimalokpal.ernakulam@ecoi.co.in</p>	
<p>KOLKATA –</p> <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072</p> <p>Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341</p> <p>Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands</p>
<p>LUCKNOW –</p> <p>Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001</p> <p>Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310</p> <p>Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, 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>MUMBAI -</p> <p>Office of the Insurance Ombudsman, 3rd Floor, JeevanSeva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054</p> <p>Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052</p> <p>Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>
<p>NOIDA –</p> <p>Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor,</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh,</p>

<p>Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301</p> <p>Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>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>PATNA –</p> <p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006 Tel.: 0612-2680952</p> <p>Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand</p>
<p>PUNE –</p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030</p> <p>Tel.: 020-41312555</p> <p>Email: bimalokpal.pune@ecoi.co.in</p>	<p>Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>