



HOSPITAL DAILY CASH INSURANCE POLICY

This **Policy** is issued to the **Insured** based on the **Proposal** and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein as made by the Insured to **Insurer** and upon full payment of the Premium and realization thereof by the Insured. This **Policy** records the agreement between **Insurer** and **Insured** and sets out the terms of **Insurance** and the obligations of each party.

DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

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

"**Accidental Bodily Injury**" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a **Medical Practitioner** but does not include any sickness or disease.

"**Age**" means completed years of the Insured Person as at the Commencement Date of the Policy Period.

"**Day care Treatments**" Day care treatment refers to medical treatment, and/or surgical procedure which is:

- undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

"**Deductible**" means the compulsory period for which the **Insurer** will not be liable for any benefit under the **Policy** and which will apply before any benefits are payable by the **Insurer**. The **Deductible** under the policy is a minimum hospitalisation of 24 hours for claiming any benefit under the **Policy**.

"**Dependent Child/Children**" means children / a child (natural or legally adopted), who are/is financially dependent on the Insured or Proposer and Aged between three (3) months and twenty three (23) years and who are unmarried

"**Disease / Illness**" means a condition affecting the general well being and health of the body that first manifests itself in the **Policy Period** and which requires treatment by a **Medical Practitioner**.



“**Epidemic Disease**” means a disease which occurs when new cases of a certain disease, in a given human population, and during a given period, substantially exceed what is the normal "expected" Incidence Rate based on recent experience (the number of new cases in the population during a specified period of time is called the "Incidence Rate").

“**External Congenital Anomaly**” means a condition(s) which is present since birth, in the Visible and an accessible part of the body and which is abnormal with reference to form, structure or Position.

“**Family**” means and includes **Insured**, **Insured’s** legal Spouse & **Insured’s** dependent children.

“**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**. Coverage is not available for the period for which no premium is received.

“**Hospital/Nursing Home**”: means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified **Medical Practitioner** OR must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the **Insurer’s** authorized personnel.

“**Hospitalization**” means the Insured’s admission into Hospital for a continuous period of not less than 24 hours.

“**Insured**” means You/Yourself/the person named in the **Schedule**, who is a citizen & resident of India and for whom the **Insurance** is proposed and appropriate premium paid.

“**Insurer**” means Us/Our/We **SBI General Insurance Company Limited**.

“**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.

“**Internal Congenital Anomaly**” means disease not manifested externally resulting from congenital disorder due to defects in or damage to a developing fetus. It may be the result of genetic abnormalities, the intrauterine (uterus) environment, errors of morphogenesis, or a chromosomal abnormality.

“**Medical Practitioner**”: means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term **Medical Practitioner** would include Physician, Specialist and Surgeon. The registered Medical Practitioner should not be the **Insured** or any one of the close family members of the Insured.

“**Mental Illness/Disease**” means any mental disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.

“**Other Insurer**” means any of the registered **Insurers** in India other than Us/Our/We **SBI General Insurance Company Limited**.

“**Pre-existing Condition**” means any condition, ailment or injury or related condition(s) for which **Insured** had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment prior to the **Policy** issued or reinstated by the **Insurer**.

“**Policy**” means the complete documents consisting of the **terms and conditions, Schedule** and Endorsements and attachments if any.

“**Proposer**” means the person furnishing complete details and information in writing to the Insurer for availing the benefits either for himself or towards the person to be covered under the Policy and consents to the terms of the contract of Insurance by way of signing the same.

“**Qualified Nurse**” means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

“**Schedule**” means that portion of the **Policy** which sets out **Insured** details, the type of **Insurance** cover in force, the **Policy Period** and the **Sum Insured**. Any Annexure and/or Endorsement to the **Schedule** shall also be a part of the **Schedule**.

“**Sum Insured**” means the specified amount mentioned in the schedule to this policy which represents the **Insurer’s** maximum liability for any or all claims under this



Policy during the term of the **Policy** subject to terms and conditions as stated in the Policy.

“**Surgical Operation**” means manual and/or operative procedures required for treatment of a Disease / Illness or Accidental Bodily Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a **Hospital** by a **Medical Practitioner**.

“**Waiting Period**” No benefit shall be payable during the term of the **Policy** for the claim which occurs or where the hospitalisation for the claim has occurred within 30 days of first **Policy** issue Date. **Waiting period** is not applicable for the subsequent continuous uninterrupted renewals and hospitalisation due to accidents.

SCOPE OF COVER & BENEFITS

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself during the **Policy Period** and causing the **Insured**'s Hospitalisation, a hospitalization benefit will be payable as per the conditions below and subject to the **Deductible** as defined :

- A. **Hospital Daily Cash** benefit for each continuous and completed period of 24 hours of hospitalization;
- B. Twice the **Hospital Daily Cash** benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury. This is applicable for a maximum of 5 days per Hospitalisation subject to maximum of 10 days per **Policy Period**;
- C. Twice the **Hospital Daily Cash** benefit for each continuous and completed period of 24 hours of Hospitalisation within the Intensive Care Unit. This is applicable for a maximum of 7 days per Hospitalisation subject to maximum of 15 days per **Policy Period**;
- D. Thrice **Hospital Daily Cash** benefit or INR 5,000 whichever is less is payable upon completion of 10 consecutive days of hospitalization in a single admission for convalescence. This benefit is payable only once in a **Policy Period**.
- E. The maximum benefit payable will be as stated in **Policy Schedule** within any **Policy Period**.
- F. An excess equivalent to the first 24 hours **Hospitalization** benefit will be levied on each and every Hospitalisation during the **Policy Period**.

EXCLUSIONS

Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this **Policy**. This entire **Policy** does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of

1. Pre-existing Conditions Exclusion:

Benefits will not be available for any Pre- Existing conditions or related condition(s) or any complications arising thereof for which **Insured** has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of **Insured's Policy**, unless such a condition is stated in the **Proposal** form and specifically accepted by the **Insurer** and endorsed thereon.

2. **Insurer** shall not be liable to make any payment under this **Policy** in connection with or in respect of **Insured** hospitalisation due to sickness / illness, as stated in this Section, occurred before the commencement of Period of **Insurance** or arising within the first 30 days of the commencement of the Period of **Insurance**.
However this exclusion would not applicable for hospitalisation due to Accidental Bodily Injury within first 30 days of Commencement of cover.
3. Exclusions applicable to first year of cover from commencement of the **Policy**, from the following Diseases / Illness and its related complications:

Any types of gastric or duodenal ulcers,
Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty
All internal or external tumor /cysts/nodules/polyps of any kind including breast lumps
All types of Hernia and Hydrocele
Anal Fissures, Fistula and Piles
This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of the **Hospital Daily Cash Insurance Policy** with **Insurer** without break in cover for at least 1 year.

4. Exclusions applicable to first two years of cover from commencement of the **Policy**, from the following Diseases / Illness and its related complications:

Cataract
Benign Prostatic Hypertrophy
Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus
Hypertension, Heart Disease and related complications
Diabetes and related complications
Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism
Surgery of Genitourinary tract
Calculus Diseases
Sinusitis, nasal disorders and related disorders
Surgery for prolapsed intervertebral disc unless arising from accident
Vertebro-spinal disorders (including disc) and knee conditions;
Surgery of varicose veins and varicose ulcers
Chronic Renal failure

This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of the **Hospital Daily Cash Insurance Policy** with **Insurer** without break in cover for at least 2 years.

5. Exclusions applicable to first three years of cover from commencement of the **Policy**, from the following Diseases / Illness and its related complications:

Joint replacement surgery due to degenerative condition, age related osteoarthritis and osteoporosis unless such joint replacement surgery is necessitated by Accidental Bodily Injury.

This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of the **Hospital Daily Cash Insurance Policy** with **Insurer** without break in cover for at least 3 years.

6. Any medical treatment outside India.
7. Epidemics recognized by WHO or/and Indian state / central government/state govt.
8. 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 nationalisation or requisition of or damage by or under the order of any government or public local authority.
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
10. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
11. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment, or similar type of corrective procedures for refractive error. Any form of plastic surgery (unless necessary for the treatment of an Illness or Accidental Bodily Injury).
12. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
13. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
14. “**Day care Treatments**” as defined under the policy are excluded from the scope of the **Policy**

15. Convalescence, general debility, “Run-down” condition, rest cure, Congenital Internal and /or external illness/disease/defect.
16. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
17. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
18. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
19. Venereal disease or any sexually transmitted disease or sickness.
20. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and certification by Gynecologist that it is life threatening
21. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
22. Vaccination or inoculation except as post bite treatment for animal bite
23. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by accidental bodily injury and proved to our satisfaction that the condition is a result of an accidental injury.
24. Treatment for any mental disease / illness, psychiatric or psychological disorders.
25. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
26. Any treatment required arising from **Insured**’s participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing, etc. unless specifically agreed by the **Insurer**.
27. Genetic disorders and stem cell implantation / surgery/storage.
28. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:



- (i) any nuclear fuel or from any nuclear waste; or
 - (ii) from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
 - (iii) nuclear weapons material;
 - (iv) nuclear equipment or any part of that equipment;
29. Treatments in health hydro, spas, nature care clinics and the like.
30. Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the Appropriate Authorities
31. Treatment with alternative medicines like Ayurvedic, Homeopathic, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
32. **Hospitalization** primarily for investigation purposes, diagnosis, x-ray examination, general or routine physical or medical examinations, not incidental to treatment or diagnosis of a covered Disease or Illness or any treatment or any preventive treatments, or examinations carried out by a **Medical Practitioner** which are not medically necessary and which would necessarily not warrant hospitalization and the line of treatment is such that could be carried out on an outpatient basis.
33. **Hospitalization** for donation of any body organs by an **Insured** including complications arising from the donation of organs.
34. Treatment for obesity, weight reduction or weight management.
35. Experimental, unproven or any other treatment that is not scientifically recognized.

General Conditions

Conditions

a) Due Care

Where this **Policy** requires **Insured** to do or not to do something, then the complete satisfaction of that requirement by **Insured** or someone claiming on **Insured's** behalf is a precondition to any obligation under this **Policy**. If **Insured** or someone claiming on **Insured's** behalf fails to completely satisfy that requirement, then **Insurer** may refuse to consider **Insured's** claim. **Insured** will cooperate with **Insurer** at all times.

b) Mis-description

This Policy shall be void and premium paid shall be forfeited to Insurer in the event of misrepresentation, mis-description or non-disclosure of any material facts pertaining to the proposal form, written declarations or any other communication exchanged for the HOSPITAL DAILY CASH INSURANCE POLICY

sake of obtaining the Insurance policy by the Insured. Nondisclosure shall include non-intimation of any circumstances which may affect the insurance cover granted. The Misrepresentation, mis-description and non-disclosure is related to the information provided by the proposer/insured to the Insurer at any point of time starting from seeking the insurance cover in the form of submitting the filled in proposal form, written declarations or any other communication exchanged for the sake of obtaining the Insurance policy and ends only after all the Contractual obligations under the policy are exhausted for both the parties under the contract.

c) Communications

- Any communication meant for **Insurer** must be in writing and be delivered to **Insurer's** address shown in the **Schedule**. Any communication meant for **Insured** will be sent by **Insurer** to **Insured** address shown in the **Schedule/Endorsement**.
- All notifications and declarations for **Insurer** must be in writing and sent to the address specified in the **Schedule**. Agents are not authorized to receive notices and declarations on **Insurer's** behalf.
- **Insured** must notify **Insurer** of any change in address.

d) Claims Procedures

In the event of Accidental Bodily Injury or Disease / Illness first occurring or manifesting itself during the **Policy Period** and causing the **Insured's** Hospitalisation, a hospitalization benefit will be payable as per the **Policy** conditions, that may result in a claim as per **Policy** terms and condition, then as a condition precedent to **Insurer's** liability,

Insured must provide intimation to **Insurer** immediately and in any event within 48 hours upon discharge from hospital. However the **Insurer** at his sole discretion may relax this condition subject to satisfactory proof/evidence being produced on the reasons for such a delay beyond the stipulated 48 hours upto a maximum period of 7 days.

Insured will need to submit the below mentioned documents for the processing of **Hospital Daily Cash** Claims within 7 days from the date of discharge from the hospital, However the **Insurer** at his sole discretion may relax this condition subject to a satisfactory proof/evidence being produced on the reasons for such a delay beyond the stipulated 7 days upto a maximum period of 14 days.:

- Claim form duly signed
- Copy of attested **Hospital** summary / Discharge Summary
- Copy of Medical reports / records
- Doctor's certificate
- Valid Photo identity Card
- Any other relevant document as required by the company

On receipt of claim documents from **Insured**, **Insurer** shall assess the admissibility of claim as per **Policy** terms and conditions. Upon satisfactory completion of assessment and admission of claim, the **Insurer** will make the payment of benefit as per the contract. In case

if the claim is repudiated **Insurer** will inform the claimant about the same in writing with reason for repudiation.

e) Basis of claims payment

- If **Insured** suffers a relapse within 45 days of the discharge from **Hospital** when **Insured** last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim, as long as the relapse occurs within the **Policy Period**.
- **Insurer** shall make payment in India in Indian Rupees only.
- The payment of claim will be based on the plan selected by **Insured** as stated in the **Schedule**.
- **Insurer** shall only make payment under this **Policy** to the **Insured** or in the event of death or total incapacitation of the **Insured** to the Nominee as provided in the proposal form. Any payment made in good faith by **Insurer** as aforesaid shall operate as a complete and final discharge of the **Insurer's** liability to make payment under this **Policy** for such claim.
- A continuous and completed period of less than 24 hours of Hospitalisation consequent upon an **Insured** event shall be deemed to be a continuous and completed period of 24 hours if such period extends to at least 12 hours and less than 24 hrs, subject to the **Deductible** as mentioned under the policy.

f) Fraudulent Claims

If any claim is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured / Insured Person or anyone acting on his or her behalf to obtain any benefits under the Policy, all benefits under this Policy shall be forfeited. The Insurer will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under General Condition No c of this Policy.

g) Renewal

- a. Ordinarily renewals will not be refused by Insurer except on ground of fraud, moral hazard or misrepresentation.
- b. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may increase the risk to the Insurer under the coverage provided hereunder. In case any disease /illness is contracted during the last 12 months (whether a claim is made or not with the Insurer), the information on the same needs to be provided to us at the time of renewal.
- c. In case of a Policy that has expired/ not renewed with the Insurer before the end date of period of Insurance and being renewed upon specific acceptance by the Insurer within 15 days from the date of expiry, the cover would be without loss of continuity benefits of waiting period. However, Coverage is

not available for the period for which no premium is received and any complications arising from any illness/disease/accident during such period of break in Insurance is not covered under the Policy.

- d. In the event of any renewal of the policy after 15 days from the expiry of the policy, the same will be treated as a fresh policy and all the terms and conditions of the policy will be applicable.

h) Cancellation

In case of any fraud, misrepresentation, or suppression of any material fact either at the time taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this policy by sending the Insured 15 days notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata' premium for unexpired period of Insurance subject to no claim has occurred up to date of cancellation. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy by giving a written notice to the insurer and in such event Insurer shall allow refund of premium at Insured's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

i) Dispute Resolution

- If any dispute or difference shall arise as to the quantum to be paid under this **Policy** (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.
- It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the **Insurer** has disputed or not accepted liability under or in respect of this **Policy**.
- It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this **Policy** that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.



- The law of arbitration shall be Indian law and the seat of arbitration and venue shall be within India.

j) Territorial Limits and Law

- **Insurer** will cover Accidental Bodily Injury sustained by the **Insured** during the **Policy Period** anywhere in India.
- The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.

k) Observance of terms and conditions:

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

l) Section 80 D Income-Tax Act

The premium paid is exempted from Income Tax under Sec 80 D of Income Tax act.

m) Examination of Medical Records

Insurer may examine Insured medical reports/records relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiry, or until final adjustment (if any) and resolution of all claims under this Policy

n) GRIEVANCE REDRESSAL PROCEDURE

In case the **Insured** / **Insured** Person are aggrieved in any way under the contract, the **Insured** / **Insured** Person may contact the **Insurer** at the specified address, during normal business hours or approach the person nominated as “Grievance Redressal Officer” with the details of the grievance. The Name, address, E-mail ID and contact number of the Grievance Redressal Officer are as provided on the **Policy** document as well as **Insurer**’s website. . In case the **Insured/Insured** Person has not got his/her grievances redressed by the **Insurer** or not happy with the response of the **Insurer**, he/she may approach the **Insurance** Ombudsman for the redressal of the same, A list containing the addressees of Offices of Ombudsman are attached to this **Policy**. **Policy** holder may also obtain copy of IRDA circular number 1385_GI-2002_ENG dated 26-04-2002, notification on **Insurance** Regulatory and Development Authority (Protection of **Policy** holders’ interests) Regulations, 2002.

Ombudsman Offices

Areas of Jurisdiction	Addresses of the Ombudsman Offices
State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	<p>AHMEDABAD 2nd Floor, Shree Jayshree Ambica Chambers, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rdiffmail.com</p>
States of Madhya Pradesh and Chattisgarh.	<p>BHOPAL 1st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011 Tel: 2578100, 2578102, 2578103, Fax: 0755-2578103 Email: insombmp@satyam.net.in</p>
State of Orissa.	<p>BHUBANESWAR 62, Forst Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email: susantamishra@yahoo.com, ioobbsr@vsnl.net</p>
States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	<p>CHANDIGARH S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 2706196 EPBX:0172-2706468 Fax: 0172-2708274</p>
State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	<p>CHENNAI Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email: insombud@md4.vsnl.net.in</p>
States of Delhi and Rajasthan.	<p>DELHI 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: insombudsmandel@netcracker.com</p>
States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.	<p>HYDERABAD 6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax: 040-23376599 Email: insombud@hd2.vsnl.net.in</p>
State of Kerela and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.	<p>KOCHI 2nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road,</p>

	ERNAKULAM-682 Tel: 2373334, 2350959, Fax:0484-2373336 Email: Insuranceombudsmankochi@hclinfinet.com 015
States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.	KOLKATA North British Building 29, N S Road, 3 rd Floor, KOLKATA-700 001 Tel: 22212666, 22212669, Fax:033-22212668
States of Uttar Pradesh and Uttaranchal.	LUCKNOW Jeevan Bhavan, Phase 2, 6 th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: ioblko@sancharnet.in
States of Maharashtra and Goa.	MUMBAI 3 rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W),Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com
States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	GUWAHATI Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 021 Tel: 2413525 EPBX:0361-2415430 Fax: 0361-2414051

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION