

Date:	zindagi unl
	PART – A
Name of the customer:	Name of the PFA/ Relationship Manager/ Broker:
Address:	License No:
Contact details:	Contact No:
Policy No:	Contact Address:
Dear Mr/Ms,	
Thank you for choosing Edelweiss Tokio Life as your prefe	erred life insurance partner.
We are confident that the product you have chosen Broker, has explained the product	will suit your need, and that the Personal Financial Advisor/ Relationship Manager/ uct to you to the best of your satisfaction.
We have prepared your policy on the basis of the proposal form along with this letter.	oposal form submitted by you. For your reference, we are attaching a copy of your
Our Service Expert from the customer care unit will additional questions you may have.	be calling you shortly to guide you through your policy document and answer any
Should you need further information or assista care@edelweisstokio.in	ance, please contact our Service Expert at 1800 2121 212 or mail us at
15* days from the date of receipt of the policy is propolicy document to us within 15* days from the day	It in detail and check the accuracy of information provided. A Free Look period of evided to you to review the terms and conditions of the policy. You may return the late of receipt of the policy document if you disagree with any of the terms and ejection. We will refund the Premium paid subject to deduction of expenses as ament.
*A free look period of 30 days in case of electronic po	olicies and policies obtained through distance mode.
We look forward to servicing you during your policy t	erm and request you to keep the policy document safely for future reference.
Regards,	
For Edelweiss Tokio Life Insurance Company Limited	ı

**Authorised Signatory** 

# **Edelweiss Tokio Life Insurance Company Limited**

# Registered Office Address: 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070

# **Edelweiss Tokio Life - Hospital Cash Benefit Rider**

(An Individual, Non-Linked, Non-Par, Pure Risk Premium, Health Insurance rider)

UIN NO: 147B006V03

## **POLICY PREAMBLE**

Edelweiss Tokio Life Insurance Company Limited has received a Proposal, Declaration along with Statements and the first premium from You. Both You and the Company have accepted that the said Proposal, Declaration along with Statements, reports or other documents are the basis of this contract of insurance and in consideration of and subject to receipt of due premiums as stated in the Policy Schedule, we have entered into this Policy with You which is the legal contract between You and the Company and is subject to the Terms & Conditions as stated in this Policy.

# **POLICY SCHEDULE**

Policy Number			Rider Nar	me & UIN No		
Name of the Policyholder	Date of Bir	th	G	ender	Α	ge
Name of the Folleyholder	Date of bil			ciidei	Age	
Address						
Name of the Life Insured	Date of Birth	Ge	nder	Age	Age	e Admitted
Name of the Nominee (s)	<nominee 1=""></nominee>	<	Nominee 2>		<nominee 3<="" td=""><td>S&gt;  </td></nominee>	S>
Age of the Nominee (s)						
Age of the Northhee (s)						
Nomination Percentage						
_						
Relationship with Life						
Insured						
Name of the Appointee (if	<appointee 1=""></appointee>		Appointee 2>		< Appointee	3>
Nominee is a minor)	Appointed 12	1	Appointed 2		Аррописс	
,						
		Rider Det	ails			
Risk Commencement Date						
Policy Commencement Date						
Rider Term						
Rider Premium Paying Term						
Premium Frequency						
Modal Premium	Rs.					
Annualized Premium	Rs.					
Modal Premium plus Applicable Taxes	Rs.					
Premium Due Date(s)	Date/m	onth				
Last Premium Due Date						
Rider Maturity Date						
BENEFIT INFORMATION						
Rider Sum Assured : Rs.	Sum Assured					
Consolidated Stamp duty paid: Rs.<< POL-STN	MP-DUTY-AMT>>/- paid	by Pay order,	vide Mudrank red	ceipt no: date	ed	
For and on behalf of "Edelweiss Tokio Li	fe Insurance Compar	ıy Ltd"				

# **Authorised Signatory**

We request you to go through the Policy in detail and check for the accuracy of information provided in the Policy and return the Policy document to Us for correcting the discrepancies if any.

# Part B

Defined Term	Meaning
Accident	An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Alternative treatments	Alternative treatments are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
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.
Day	"Day" in Hospital means a period of a full 24 hours during a period of confinement. The first Day of confinement shall commence at the time of admission to the Hospital and each subsequent Day shall commence 24 hours after the commencement of the previous Day. In the event of the time of discharge of the life insured from the Hospital being more than 12 hours, but less than 24 hours from the end of the previous Day, then the day of discharge shall also be regarded as a Day.
Day Care Centre	A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set-up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:  i) has qualified nursing staff under its employment;  ii) has qualified medical practitioner/s in charge;  iii) has fully equipped operation theatre of its own where surgical procedures are carried out;  iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
Day Care Treatment	Day care treatment refers to medical treatment, and/or surgical procedure which is:  1. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and  2. which would have otherwise required hospitalization of more than 24 hours.  Treatment normally taken on an out-patient basis is not included in the scope of this definition.
Dental Treatment	Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
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.
Hospitalization	Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) and the said Act OR complies with all minimum criteria as under: i) has qualified nursing staff under its employment round the clock; ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii) has qualified medical practitioner(s) in charge round the clock; iv) has a fully equipped operation theatre of its own where surgical procedures are carried out; v) maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel;
Intensive Care Unit (ICU)	Intensive care unit (ICU) 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.

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:
	—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or
	tests
	<ul> <li>—it needs ongoing or long-term control or relief of symptoms</li> <li>— it requires your rehabilitation or for you to be specially trained to cope with it</li> </ul>
	—it continues indefinitely
	—it recurs or is likely to recur.
Injury	Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by
	external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
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.
Medically Necessary Treatment	Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a
	stay in hospital which - is required for the medical management of the illness or injury suffered by the insured;
	- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in
	scope, duration, or intensity;
	- must have been prescribed by a medical practitioner, - must conform to the professional standards widely accepted in international medical practice or
	by the medical community in India.
Medical advice	Medical advice means any consultation or advice from a Medical Practitioner including the issuance
	of any prescription or follow-up prescription.
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.
	The Medical practitioner should not be
	The policyholder/insured person himself/herself; or  An outborised insurance internessing the related persons involved with celling an equilibrium the
	• An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
	Employed by or under contractual engagement with the insurance company;
	Related to the policyholder/insured person by blood or marriage.
Pre-existing disease	Pre-existing Disease means any condition, ailment, injury or disease:
Fie-existing 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 or
	(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 issued by the insurer or its reinstatement.
	48 months prior to the effective date of the policy issued by the insurer of its reinstatement.
Qualified Nurse	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.
Rider	Edelweiss Tokio Life – Hospital Cash Benefit Rider issued by Us and appended to the Base Policy
Rider Premium	The premium payable for the Rider as specified in the Schedule
Rider Sum Assured	Sum Assured opted under the Rider as specified in the Schedule
Rider Term	The term in years between the date of commencement and expiry of the Rider
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.
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.
Daily Cash Benefit Amount	Is equal to 1% of the Rider Sum Assured for every day of hospitalization

ICU Benefit Amount	1% of the rider sum assured in addition to Daily Cash Benefit amount for each day of ICU admission.
Recuperating Benefit Amount	Single payout of 4% of the Rider Sum Assured.



### Part C

## **Benefits**

#### Applicability of the Rider:

If Rider Premium has been received and the Schedule specifies that the Rider is in force under the Policy, then the Rider is subject to the Terms and Conditions and the specific terms, conditions and exclusions of this Rider.

Benefits Payable (In any Policy Year the maximum, total and cumulative amount payable under this Rider for any and all claims made in that Policy Year is the Rider Sum Assured provided that the Our maximum, total liability for any and all claims made under this Rider during the Rider Term shall not exceed 3 times the Rider Sum Assured)

#### **Daily Cash Benefit**

If the Insured is admitted in a Hospital as an inpatient for Medically Necessary treatment of an illness or injury when the Rider and the Policy are in force, then the Daily Cash Benefit Amount will be payable for each Day of continued confinement of the Insured in the Hospital, provided that the Insured is hospitalized for at least continuous period of 24 hours. Daily Cash Benefit is fixed and will be paid irrespective of actual hospitalization expenses.

#### **ICU Benefit**

An additional 1% of the rider sum assured is paid for each day of stay in the intensive care unit (ICU) subject to the daily cash benefit being payable at the time of hospitalization. This ICU benefit is payable for hospitalization up to 20 days per policy year. This benefit amount is fixed per day benefit and will be paid irrespective of actual hospitalization expenses.

## **Recuperating Benefit**

If the Insured is admitted in a Hospital as an inpatient for Medically Necessary treatment of an illness or injury when the Rider and the Policy are in force and the Insured is required to be confined in Hospital for the treatment of that illness/injury for a continuous period of at least 7 Days, then the Recuperating Benefit Amount will become payable provided the Daily Cash Benefit is payable at the time of hospitalization. We shall not be liable to make payment of the Recuperating Benefit Amount more than once in a Policy Year.

Recuperating benefit is payable irrespective of whether the Insured is admitted to one or more Hospitals during one and the same illness/injury. This benefit is payable only after the Insured's discharge from the Hospital and is not payable if the Insured dies during hospitalization.

Death Benefit:	No amount is payable
Survival Benefit	No amount is payable

#### **Grace Period**

If We do not receive the Premium in full by the premium due date under this Rider Policy, then We will allow a Grace Period which is same as that allowed under the Base Plan to which this Rider is appended to.

#### Exclusions

- 1. We shall not be liable to make any payment under this Rider in respect of the diagnosis or treatment of the following diseases within the first two years from the date of commencement of the Rider Term or the revival date of the Rider whichever is later
  - , Hernia
  - Gall stones
  - Kidney or urinary tract stones
  - Discectomy, Laminectomy
  - Hemi / Partial Thyroidectomy

- Anal fistula or anal fissure or haemorrhoids
- Removal of uterus, fallopian tubes and/or ovaries, except for malignancy
- Fibroids, uterine prolapse, or dysfunctional uterine bleeding
- Cataract or joint replacement surgeries

## 2. Permanent Exclusions

We will not be liable to make any payment if hospitalization or claims are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

- Any Pre-Existing Disease;
- Any external congenital anomaly. Congenital anomaly which
  is in the visible and accessible parts of the body is referred to
  as External Congenital Anomaly. Congenital Anomaly means a
  condition which is present since birth, and which is abnormal
  with reference to form, structure or position;
- Hospitalisation not in accordance with the diagnosis and treatment of the condition for which the hospital confinement was required;
- Hospitalisation and/or treatment within the waiting period and hospitalisation and/or treatment following the diagnosis within the waiting period
- Elective surgery or treatment which is not medically necessary:

- Admission to a nursing home or home for the care of the aged unless related to the treatment of an acute medical condition;
- Treatment directly or indirectly arising from alcohol, drug or substance abuse and any illness or accidental physical injury which may be suffered after consumption of intoxicating substances, liquors or drugs;
- Treatment directly or indirectly arising from or consequent upon war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full-

- Treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition; Study and treatment of sleep apnoea;
- Any dental treatment or surgery of cosmetic nature, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or tempero-mandibular joint disorder except as necessitated by an accidental injury;
- Treatment for infertility or impotency, sex change or any
- Treatment related to it, abortion, sterilization and contraception including any complications relating thereto;
- Hospitalisation for treatment arising from pregnancy and it's complications which shall include childbirth or miscarriage and ectopic pregnancy;
- Hospitalisation primarily for diagnosis, X-ray examinations, general physical or medical check-up not followed by active treatment during the hospitalisation period;
- Stay in hospital where no active regular treatment is given by specialist medical practitioner;
- Unproven/Experimental treatment or procedures, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalisation for alternative treatment;

- time service in any of the armed forces;
- Sexually transmitted diseases
- Cosmetic or plastic surgery except to the extent that such surgery is necessary for the repair of damage caused solely by accidental injuries; treatment of xanthelesema, syringoma, acne and alopecia; circumcision unless necessary for treatment of a disease or necessitated due to an accident;
- Nuclear disaster, radioactive contamination and/or release of nuclear or atomic energy;
- Treatment for accidental physical injury or illness caused by intentionally self-inflicted injuries; or any attempts of suicide while sane or insane; or deliberate exposure to exceptional danger (except in an attempt to save human life);
- Treatment for accidental physical injury or illness caused by violation or attempted violation of the law, or resistance to arrest;
- Treatment for accidental physical injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as handgliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement;
- Hospitalization where the Insured is a donor for any organ transplant;
- Any hospitalisation outside of Republic of India

### Part D

Surrender Benefit		
<b>Premium Payment</b>	Surrender Value payable	
Regular Pay	NIL	
Single Pay	Single Premium <sup>#</sup> X 70% X <u>number of remaining complete months of Rider Term</u> Total Rider Term in months	
Limited Pay	70% X [Total Premium Paid <sup>#</sup> less {Total Premium payable <sup>#</sup> X (Number of remaining complete months of Rider Term +1)}]  Total Rider Term in months	

<sup>\*</sup> Single Premium or Total Premium includes extra premium for substandard lives, if any.

You may surrender/discontinue the Rider alone OR along with the Base Policy. If the Rider is surrendered/discontinued alone, then the benefits under the Base Policy shall continue for the remainder of the Base Policy term. If the Rider is surrendered, it cannot be re-attached to the Base Policy.

Any lock in period applicable to the Base Policy will automatically apply to the Rider

## **Waiting period**

We will not be liable to make any payment under this Rider in respect of any hospitalisation of the Insured and/or treatment of the Insured and/or diagnosis of any illness occurring within 60 days from the commencement of the Rider Term or the revival of the Rider

#### **Specific Rider Terms & Conditions**

- 1. The benefits under the Rider which is in force shall be available for the Rider Term.
- 2. If You opt for the Rider on a Policy Anniversary subsequent to the Risk Commencement Date of the Base Policy, the Rider Term would be equal to the remaining Base Policy Term and the rider premium paying term will be equal to the remaining Premium Payment Term of the Base Policy.
- 3. <u>Termination of the Rider:</u> The Rider shall terminate immediately and automatically on the occurrence of the earliest of the following:
  - (i) The Insured's death;
  - (ii) The expiry of the Rider Term;
  - (iii) The Base Policy being terminated, discontinued or becoming paid-up;
  - (iv) The Rider being terminated, discontinued separately.

# Revival

If You have discontinued paying the Premium under the Base Policy and the Rider Premium, then the Rider will automatically lapse along with the

Base Policy and it can be revived only in accordance with the terms of the Base Policy.

If you have discontinued paying only the Rider Premium, the Rider will automatically lapse and the Rider cannot be revived in future. Any revival of rider will be considered along with the revival of the base policy, and not in isolation.

## **Free look Period**

You may return the Policy Document to Us within 15 days\* of receipt of the Policy Document if You disagree with any of the terms and conditions by giving Us written reasons for Your objection. We will refund the Premium received after deducting proportionate risk premium for the period of cover, stamp duty charges and medical expenses (if any).

\* A free look period of 30 days in case of electronic policies and policies obtained through distance mode.

# PART E

Not Applicable



# PART – F

# **GENERAL TERMS AND CONDITIONS**

All the general Terms and conditions like Claim Procedure, Nomination, Assignment, Validity/ Non-disclosure, etc will be same as mentioned in the policy contract of Base Plan to which this Rider is appended to.



## PART - G

<u>Grievance Redressal Mechanism:</u> We have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance or dispute in respect of the Policy. You are requested to submit your written complaint at any of the below mentioned touch points:

#### Step 1:

- Toll free customer care number: 1-800-2121-212 (9:00 am to 9:00 pm, 7 days a week).
- Email us at: complaints@edelweisstokio.in / care@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070.
- You can lodge your grievance/complaint at any of our branches/offices

#### Step 2:

If you do not receive any resolution to your complaint within a period of 2 weeks or if the response is not as per your expectations, please feel free to contact our Grievance Redressal Officer, at any of the below touch points:

- +91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays).
- GRO@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Limited, 6<sup>th</sup> Floor, Tower 3, Wing 'B', Kohinoor City, Kirol Road, Kurla (W), Mumbai 400070.

## Step 3:

If you are not satisfied with the response of the GRO or do not receive a response from us within 14 days, you may approach the Grievance Cell of Insurance Regulatory and Development Authority of India (IRDAI") on the following contact details:

- IRDAI Grievance Call Centre (IGCC) Toll free No: 155255
- Email ID: complaints@irda.gov.in
- Register online at: http://www.igms.irda.gov.in/

Address for communication for complaints by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Sy. No. 115/1

**Financial District** 

Nanakramguda

Gachibowli

Hyderabad - 500 032, Telangana

Fax No: 91-40 - 20204000

If the complaint/grievance has still not been resolved you may at any time approach the Office of the Insurance Ombudsman established by the Central Government of India as per Rule 13 and 14 of the Insurance Ombudsman Rules, 2017 ('Insurance Ombudsman Rules').

Powers of Insurance Ombudsman under Rule 13 of the Insurance Ombudsman Rules:

The Ombudsman shall receive and consider the following complaints or disputes relating to:

a. delay in settlement of claims, beyond the time specified in the regulations, framed under Insurance Regulatory and Development Authority of India Act, 1999;

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- b. any partial or total repudiation of claims by the Company;
- c. disputes over premium paid or payable in terms of insurance policy;
- d. misrepresentation of policy terms and conditions at any time in the Policy document or policy contract;
- e. legal construction of insurance policies in so far as the dispute relates to claim;
- f. policy servicing related grievances against the Company and their agents and intermediaries;
- g. issuance of life insurance policy including health insurance policy which is not in conformity with the proposal form submitted by the proposer;
- h. non-issuance of insurance policy after receipt of premium in life insurance including health insurance; and
- i. any other matter resulting from the violation of provisions of the Insurance Act, 1938 or the regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) as mentioned above.

Manner in which complaint is to be made in accordance with Rule 14 of the Insurance Ombudsman Rules:

- 1. Any person who has a grievance against the Insurer/Company/Us, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose territorial jurisdiction the branch or office of the Company, complaint against or the residential address or place of residence of the complainant is located.
- 2. The complaint shall be in writing duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
- 3. No complaint to the Insurance Ombudsman shall lie unless:
  - (a) the complainant makes a written representation to the Company named in the complaint and —
  - i. either the Company had rejected the complaint; or
  - ii. the complainant had not received any reply within a period of one month after the Company received the complainant's representation; or
  - iii. the complainant is not satisfied with the reply given to him by the Company;
  - (b) The complaint is made within one year—
  - i. after the order of the Company rejecting the representation is received; or
  - ii. after receipt of decision of the Company which is not to the satisfaction of the complainant;
  - iii. after expiry of a period of one month from the date of sending the written representation to the Company if the Company named in the complaint fails to furnish reply to the complainant.
- 4. The Insurance Ombudsman shall be empowered to condone the delay in filing a complaint as mentioned above under (3) (b), as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under the Insurance Ombudsman Rules.
- 5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

If the complaint/grievance has still not been resolved You may any time approach the office of the Insurance Ombudsman established by the Central Government of India. The list of the Ombudsman with their addresses has been given below:

Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
Jeevan Prakash Building, 6th floor,	2nd Floor, Janak Vihar Complex,
Tilak Marg, Relief Road,	6, Malviya Nagar, Opp. Airtel Office, Near New Market,
AHMEDABAD-380 001.	BHOPAL-462 003.
Tel.: 079-25501201/02/05/06	Tel.:- 0755-2769201/9202
Fax: 079-27546142	Fax: 0755-2769203
Email: bimalokpal.ahmedabad@ecoi.co.in	Email: bimalokpal.bhopal@ecoi.co.in
Office of the Insurance Ombudsman	Office of the Insurance Ombudsman,
62, Forest Park,	SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D,
BHUBANESHWAR-751 009.	CHANDIGARH-160 017.
Tel.: 0674-2596455/2596461	Tel.: 0172-2706196/2706468
Fax: 0674-2596429	Fax: 0172-2708274
Email: bimalokpal.bhubaneswar@ecoi.co.in	Email: bimalokpal.chandigarh@ecoi.co.in
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
Fathima Akhtar Court, 4th Floor, 453	2/2 A, Universal Insurance Bldg., Asaf Ali Road,
Anna Salai, Teynampet,	NEW DELHI-110 002.
CHENNAI-600 018.	Tel.: 011-23239633 / 23237532
Tel.: 044-24333668/24335284	Fax: 011-23230858
Fax: 044-24333664	Email: bimalokpal.delhi@ecoi.co.in
Email: bimalokpal.chennai@ecoi.co.in	
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S.	6-2-46, 1st Floor, "Moin Court", Lane Opp. Saleem
Road,	Function Palace, A. C. Guards,
GUWAHATI-781 001 (ASSAM).	Lakdi-Ka-Pool,
Tel.: 0361-2132204/05	HYDERABAD-500 004.
Fax: 0361-2732937	Tel.: 040-65504123/23312122
Email: bimalokpal.guwahati@ecoi.co.in	Fax: 040-23376599
	Email: bimalokpal.hyderabad@ecoi.co.in
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard,	Hindustan Building, Annexe, 4th Floor, 4, C.R.Avenue,
M.G. Road,	KOLKATA - 700072
ERNAKULAM-682 015.	Tel: 033-22124339/22124340
Tel: 0484-2358759/2359338	Fax: 22124341
Fax.: 0484-2359336	Email: bimalokpal.kolkata@ecoi.co.in
Email: bimalokpal.ernakulam@ecoi.co.in	
Office of the Insurance Ombudsman,	Office of the Insurance Ombudsman,
6th Floor, Jeevan Bhawan, Phase-II,	3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W),
Nawal Kishore Road, Hazratganj,	MUMBAI-400 054.
LUCKNOW-226 001.	Tel: 022-26106960/26106552
Tel: 0522 -2231331/2231330	Fax: 022-26106052
Fax: 0522-2231310	Email: bimalokpal.mumbai@ecoi.co.in
Email: bimalokpal.lucknow@ecoi.co.in	Linan. Simalokpai.mumbal@ecol.co.lii
·	Office of the Insurance Ombudsman,
Office of the Insurance Ombudsman,	, and the second
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You may refer to the list of Ombudsman with their addresses on http://ecoi.co.in/ombudsman.html

