



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

IFFCO-TOKIO SALARY PROTECTOR POLICY (GROUP)

UIN:IRDAN106CP0002V01202324

Policy Wording

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

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

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

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

This Policy is based on information, which the Group Policyholder has given Us pertaining to the risk insured under this Policy and the truth of this information shall be Condition Precedent to the Group Policyholder or the Insured Person's right to recover under this Policy.

DEFINITIONS OF WORDS

1. **Acqui-Hire** – It means the process by which one company acquires another to gain access to its employees.
2. **Business** - It means the Group Policyholder's / the Insured Person's Employment, profession or trade.
3. **Certificate of Insurance** - It means the latest Certificate issued by Us as part of this Policy to the Insured Person(s). It provides details of Sections of this Policy which are in force, and the level of cover the Insured Person(s) has.

A revised Certificate will be sent at each Renewal and whenever there is a request for a change in the cover.

4. **Condition Precedent** – It means an Insured Event or condition covered under this policy upon which Our liability under the Policy is conditional upon.
5. **Coverage Period** - It means the period commencing from the effective date and hour and terminating on the expiry date as shown in the Insured Person's Certificate. For the purpose of this Policy the Coverage Period shall not exceed 12 months.
6. **Employee's Control** – It means any incident that is deemed by Us to have been within the Insured Person's control.
7. **Employer** – It means a legal entity incorporated under the Companies Act or any similar enactment relating to registration of companies or firms that employs Insured Person(s).
8. **Employment** – It means employed under a written contract of employment between the Insured Person and the Employer.
9. **Employer's Discretion** – It means any incident which is deemed by Us to be at the discretion of the Employer.
10. **Endorsement** - It means any alteration made to the Policy which has been agreed to by Us in writing.
11. **Family** - It means Insured Person's spouse, children, parents, in-laws, immediate siblings, and/or other relatives normally living with the Insured Person.
12. **Force Majeure** – It means unforeseeable and unavoidable events (including but not limited to Acts Of God, governmental orders or actions, War, fire, flood, pandemics, lockdown, explosion, civil unrest, labour disputes, terrorism and events of a similar nature), that interrupt the expected course of events.
13. **Group Policyholder** – It means the group policyholder named on the Schedule.
14. **Insured Event** - It means any event specifically mentioned as covered and not excluded under this Policy.
15. **Insured Person** - It means the person proposed for insurance coverage with Us by the Group Policyholder for whom the appropriate premium has been paid.
16. **Notification of Claim** - It means the process of intimating a claim to Us through any of the recognized modes of communication (email or registered post/courier).
17. **Policy** - It means the Policy booklet, the Schedule and any applicable endorsement. The Policy contains details of the extent of cover available to the Group Policyholder / the Insured Person, what is excluded from the cover and the conditions, warranties, provisions on which the Policy is issued.

18. **Policy Period** - It means the period commencing from the effective date and hour and terminating on the expiry date as shown in the Schedule.
19. **Proposal** - It means any signed Proposal by filling up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by the Insured Person or by the Group Policyholder or on the Group Policyholder's behalf.
20. **Renewal** - It means the terms on which the contract of insurance can be renewed on mutual consent of the Group Policyholder and Us.
21. **Schedule** - It means the latest Schedule issued by Us as part of this Policy to the Group Policyholder. It provides details of Sections of this Policy which are in force, and the level of cover the Group Policyholder has.
A revised Schedule will be sent at each Renewal and whenever there is a request for a change in the cover.
22. **Sum Insured** - It means the monetary amounts shown against any Item or Section of the Policy.
23. **Take Home Salary** – It means average fixed components of salary (pre taxes) drawn by the Insured Person over the payroll cycles in the preceding 3 (three) months. No performance bonus or incentives shall form part of the Take Home Salary.
24. **War** – It means any civil war, insurrection, invasion, act of foreign enemy, civil commotion, factional civil commotion, terrorism, military or usurped power, rebellion or revolution, whether or not declared, including any act or condition incidental to war.
25. **We/Our/Us** - It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.
26. **What is Covered** - It means the damages/perils/contingencies which are covered under the Policy and for which We have liability in the event of claim occurrence.
27. **What is Not Covered** - It means the damages/perils/contingencies which are not covered under the Policy and for which We have no liability in the event of an occurrence, incident and/or claim.

COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will reimburse the Take Home Salary of the Insured Person up to a maximum of 3 (three) months of the unemployed period in the event of Insured Person's</p> <p>1. Involuntary loss of Employment occurring during the Coverage Period and arising solely from Employer's Discretion. An Employer's Discretion may include, but is not limited to, the following circumstances:</p> <ul style="list-style-type: none"> i. Economic cycles, ii. Employer's need to restructure itself, iii. Employer itself going out of business, iv. Change in function of the Employer (for example, a certain type of product or service is no longer offered by the Employer, therefore jobs related to that product or service are no longer needed), v. Surplus of labour, vi. Employer's business needs to increase profits or limit losses, vii. Mergers and acquisitions, and/or viii. Any other circumstance deemed by Us to be beyond the control of the Insured Person(s). <p>2. Termination of employment after the Employee being asked by the Employer to voluntarily resign during the Coverage Period and arising solely from the Employer's Discretion. This shall be covered through the following evidencing criteria :</p>	<p>1. We will not pay for any claim where the cause of the Insured Person's loss of Employment is within the Employee's Control and/or arising from:</p> <ul style="list-style-type: none"> i. any fraudulent or dishonest act or falsifying records, ii. voluntary and/or willful retirement or resignation, iii. violation, failure or non-compliance with the Employer's policies / internal rules / guidelines / code of conduct, ethics, policies, or any other applicable policies, iv. act or threat of any illegal, criminal, tortuous, or violent nature during or outside the course of Employment, including to a customer or third party, v. breach of any fiduciary or confidentiality duties including but not limited to any fraudulent acts, misconduct, negligence, acts of moral turpitude, theft, misrepresentation, falsification of any records or information, or any other acts of a similar nature, whether or not resulting in a criminal offense or misdemeanor, vi. Employer-wide or industry-wide layoffs during mass termination event resulting from any pandemic, or epidemic vii. employment for which, no salary and/or remuneration was provided to the Insured Person

- i. Confirmation of severance paid during the final settlement
- ii. Last date of employment and date of resignation falling on the same day.

The maximum limit of liability shall be the **lower** of a) or b) below:

- a) Three times the Average Take Home Salary drawn over the last three monthly payroll cycles, or
- b) Three times the monthly limits chosen by the Insured Person, for which premium has been paid, from the table A - Limits.

S. No	Table A – Limits
1	Rs 10,000
2	Rs 25,000
3	Rs 50,000
4	Rs. 70,000
5	Rs 1,00,000
6	Rs 1,50,000
7	Rs 2,00,000

- viii. any pending enquiry or initiation of enquiry of any nature, by the Employer or a competent authority into the conduct of the Insured Person,
- ix. non-extension of maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the Employer's internal regulation/policy in force at the time of cessation,
- x. any recorded complaint, findings and/or conviction for complaints relating to harassment or sexual harassment, whether or not in terms of the Sexual Harassment of Women at Work Place (Prevention, Prohibition and Redressal) Act, 2013,
- xi. non-confirmation of role or cessation during any probationary period,
- xii. failing alcohol, drug and/or substance abuse tests,
- xiii. breach of any policies or statutes relating to anti-bribery, anti-corruption, or other rules and/or regulations of a similar nature,
- xiv. any recorded complaint, framing of charges and/or conviction for any crime falling within the ambit of the Indian Code of Criminal Procedural, 1973, the Indian Penal Code, 1860, or any similar statute, regulation, notification, ordinance, direction, or order having the authority of a legislative, judicial or quasi-judicial authority, whether within the jurisdiction or territory of India or otherwise,
- xv. occurrence of any events in the nature of Force Majeure.

	<p>2. We will not pay for any Claim where the Insured has not been continuously employed with the current Employer for at least 6 months except as provided under Condition 6 of the Specific Conditions section of the Policy.</p> <p>3. We will not pay for any claim in connection with or in respect of:</p> <ul style="list-style-type: none">i. Self employed persons,ii. Key managerial personnel of the Employer as defined in the Companies Act or any similar enactment,iii. persons who are agents, partners, members, representatives or employees of the Group Policyholder,iv. unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct muster rolls of the Employerv. persons who are terminated as part of an 'Acqui-Hire' or any transaction of a similar nature, resulting in termination of their employment with one entity and immediate commencement of employment in a resulting entity or any other entityvi. persons who are laid off from their current role with the Employer but accepted another role or has been transferred to another role with the same Employer, subsidiary or affiliate of the Employer, or within the same corporate group of the Employer,vii. any voluntary unemployment,viii. persons who are serving their notice period or have been informed of any future
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	<p>termination as on the commencement date of the Coverage Period,</p> <ul style="list-style-type: none"> ix. persons who have been placed on a performance improvement plan or any similar program where the outcome is the employee failing to improve and such failure is legal grounds under the employment contract for the Employer to terminate the Insured Person for breach of the employment contract, x. any person with prior knowledge that his/her employment will be terminated or reasonable belief that their employment will be terminated, or xi. unemployment arising within the first 90 (Ninety) days of inception of the Coverage Period. xii. employment in self-run or own-Family run business or where the shares of the employing company are controlled by the Insured Person or his family.
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SPECIFIC CONDITIONS

1. Our liability under the Policy is conditional upon the Insured Person complying with each and every criteria specified below:
 - i. competent to contract in terms of applicable law, including but not limited to Section 11 of the Indian Contract Act, 1872 and any subsequent amendments,
 - ii. must be a salaried employee,
 - iii. must be on the payroll of a firm/company registered in India,
 - iv. must be working from an office based in India or officially allowed by the employer to work from a location apart from the office but within India,

- v. employed in a permanent and full-time capacity, and not on the basis of consultancy, part-time, contractual, articleship /internship, assessment/probation, seasonal, gig-work, self-employed, retainership or otherwise in any manner other than as a permanent and full-time employee,
 - vi. employed with the same Employer during the entire Coverage Period. It is clarified that any change of employment (excluding any change of role within the same entity, but including any transfers between group entities) will result in cancellation of the Policy (and any benefits thereunder) effective from the last date of employment during which the Policy was purchased,
 - vii. should not be more than 65 years of age, and
 - viii. should have at least 6 months of service remaining before official retirement/ superannuation date.
2. Waiting Period - An initial waiting period of 90 days after the commencement of the Coverage Period (or first Coverage Period in case of renewal without break) shall be applicable.
 3. Only 1 (one) claim shall be acceptable during the Coverage Period.
 4. A claim under this Policy shall become admissible provided the period of unemployment of the Insured Person is not less than 30 consecutive days. Any payment shall be made after 30(thirty) consecutive days from the last date of employment.

Note - Period falling after official retirement date shall not be considered as period of unemployment

5. The Insured Person's Employer must be at least 3 years old, per the incorporation date with Ministry of Corporate Affairs, as on the commencement date of the Coverage Period.
6. Insured Person may request to port the Policy coverage to a new Employer by notifying Us within 30 (thirty) days of voluntary resignation with the Current Employer. We may accept the Insured Person's request to port the coverage if the new Employment qualifies under the criteria set in the Specific Conditions section of this Policy. We will not pay for any claim arising due to any termination within the first 90 (ninety) days of the commencement of Employment with the new Employer.

Point no 2 under 'What is Not Covered' shall be waived for such portability cases.

CLAIM SETTLEMENT PROCESS (FOR THE INSURED PERSON)

1. **CLAIM NOTIFICATION** - In the event of a claim arising out of an Insured Event covered under this Policy, the Insured Event shall be notified by the Insured Person to the Group Policyholder within 14 (fourteen) days from the date of unemployment of the Insured Person. The Group Policyholder has to notify Us within 24 (twenty four) business hours of any such notification received.

The following information needs to be provided at the time of claim intimation:

- a) Policy Number/ Certificate Number,
 - b) Name of the Group Policyholder,
 - c) Name of the Insured Person in whose relation the claim is being made,
 - d) Date of employment termination,
 - e) Nature of employment termination,
 - f) Last working date,
 - g) Reason for employment termination,
 - h) Member ID (if issued by the Group Policyholder),
 - i) Evidence that the claim is Claim outside the waiting period,
 - j) Confirmation that the Insured Person's coverage with the Group Policyholder is in force, and
 - k) Confirmation that applicable premiums have been paid.
2. Upon assignment of the claim number following claim intimation, Our authorized representative shall contact the Insured Person.
3. The following documents have to be submitted within 15 days, from the date of such communication by Our authorized representative, by the Insured Person:
- a) Appointment letter or contract employment between the Employer and the Insured Person,
 - b) Pay slips for the three (3) months preceding the date of such claim;
 - c) Termination letter provided by the Employer or in absence of the termination letter, the Insured Person must prove to Us that the Insured Person resigned at the request or direction of the Employer by providing proof of severance in the final settlement received from the Employer and waiver of notice period. The burden of proof in absence of termination letter rests upon the Insured Person.
 - d) Duly completed claim form along with a written statement of claim,
 - e) Letter or electronic mail (e-mail) from the Employer of the Insured Person confirming the loss of job of the Insured Person and furnishing the date of unemployment of the Insured Person with the reasons for the same.

- f) Employees' Provident Fund Organization's account details, if available,
 - g) Copy of the Insured Person's personal identification, and
 - h) Proof of the Insured Person's home / residential address.
4. Upon verification of the documents and acceptance of the claim by Us, subject to the terms and conditions of the Policy, payment shall be paid to the Insured Person at the end of every month for a maximum period of 3 (three) months.
5. We are entitled to:
- i) Receive all necessary information, proof of occurrence of Insured Event and assistance from the Group Policyholder / Insured Person and from any other person seeking benefit under this Policy, and
 - ii) Inspect the submitted documents, investigate the facts and examine the Insured Person.
6. The Group Policyholder / the Insured Person shall assist and not hinder or prevent Us or Our authorized representatives in pursuance of their duties for ascertaining the admissibility of the claim under the Policy.

GENERAL CONDITIONS

1. Cancellation

The Group Policyholder / Insured Person may cancel the Policy /Coverage at any time during the Policy Period. The refund of policy premium shall be made after retaining the premium on pro-rata basis for the period up to which the Policy was in force.

Cancellation within the freelook period

In case the Policy is cancelled within the free-look period of 15 days, 100% of the premium will be refunded.

We may cancel the Policy/Certificate at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

- 2. **AGE LIMIT** – The Insured Person should have attained the age of at least 18 years and shall not have completed the age of 65 years as on the date of commencement or renewal of the Coverage Period.
- 3. **DISCLOSURE TO INFORMATION NORM** - The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Insured Person.

4. **NOTICE** – The Group Policyholder / Insured Person will give every notice and communication in writing to Our office through which this insurance is effected.
5. **CHANGE IN CIRCUMSTANCES** –/ The Insured Person must inform the Group Policyholder / Us, as soon as reasonably possible, of any change in information provided to Us about the Insured Person and Insured Person's Employer which may affect the insurance cover provided. The Group Policyholder /must also notify Us about any alteration made or change in information as described aforesaid whereby risk of a claim, loss, occurrence or incident increased. In case of such alteration or changes made and not accepted by Us in writing, all covers under this Policy shall cease.
6. **RECORDS TO BE MAINTAINED** – The Insured Person shall keep an accurate record of communications received and sent to the Employer and shall allow Us or Our representative(s) to inspect such records. The Insured Person shall furnish such information as We may require under this Policy at any time during the Coverage Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.
7. **INTERPRETATION OF THIS POLICY** - In case of any inconsistency in the terms and conditions in the Policy wordings vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy Schedule shall prevail.
8. **FRAUD** - If a claim is fraudulent on account of fraudulent means or action by the Insured Person, all benefits and rights of the Insured Person under this Policy shall be forfeited.
9. **ARBITRATION** - If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing and agreed by Us and the Insured Person or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the Group Policyholder / the Insured Person shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.
10. **DISCLAIMER CLAUSE** - If We shall disclaim Our liability in any claim, and such claim shall not have been made the subject matter of a suit in a court of law within 12 (twelve) months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
11. **Claims Currency Clause** - All claims shall be settled to Insured Persons in India in Indian Rupees.

12. **Applicable Laws** - The provision of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally subject to the jurisdiction of the courts in India.
13. **PROTECTION OF POLICY HOLDER'S INTEREST** - In the event of a claim, if the same is found admissible under the Policy, We shall make an offer of settlement or convey the rejection of the claim within 30 (thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case of acceptance of Our offer of settlement, the claim proceeds shall be paid within 7(seven) days of acceptance of Our offer. In case of delay in payment, We shall be liable to pay interest at a rate which is 2% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.
14. **GRIEVANCE OR COMPLAINT**

In case of any grievance, the Insured Person may contact Us through:

Website: <https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>
Toll free: 1800-103-5499
E-mail: support@iffcotokio.co.in
Courier : Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

Insured Person may also approach the grievance cell at any of Our branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>.

If the Insured Person is not satisfied with the redressal of grievance through one of the above methods, the Insured Person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in.

For updated details of grievance officer, kindly refer the link
<https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

If the 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 as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as below.

Grievance may also be lodged at IRDAI Integrated Grievance Management System

- <https://irdai.gov.in/igms1>

For ombudsman details, kindly refer the link <https://www.cioins.co.in/Ombudsman>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU – Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL - Shri R. M. Singh Office of the Insurance Ombudsman, 1st floor."Jeevan Shikha" 60-B, Hoshangabad Road , Opp. Gayatri Mandir,Bhopal-462011 Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455. Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Odisha.</p>
<p>CHANDIGARH – Mr Atul Jerath Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 464394/ 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.</p>
<p>CHENNAI - Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 2433678 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>

<p>DELHI – Ms. Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI - Shri Somnath Ghosh Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri N Sankaran Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p>JAIPUR – Shri Rajiv Dutt Sharma Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 / 2740798 Email: Bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan</p>
<p>ERNAKULAM – Shri G. Radhakrishnan Office of the Insurance Ombudsman, 10th Floor ,Jeevan Prakash LIC Building, Opp to Maharaja’s College MG Road, Ernakulam -683011 Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p>KOLKATA - Ms Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341, Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>

<p>LUCKNOW - Shri. Atul Sahai Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613, Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, 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 - Shri Somnath Ghosh Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
<p>NOIDA - Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Ms Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>

PUNE – Shri Sunil Jain 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. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

Address of Insurance Regulatory and Development Authority of India is also mentioned below –
Insurance Regulatory and Development Authority of India
Sy. No 115/1, Financial District, Nanakramguda, Gachibowli,
HYDERABAD 500 032