NAVI TOTAL HOSPITALIZATION INSURANCE – PROSPECTUS

I. ELIGIBILITY

A) AGE

Minimum Entry Age (Child): 91 days
Minimum Entry Age (Adult): 18 years
Maximum Entry Age (Adult): 40 years
Renewable (Adult): Lifetime
Renewable (Dependent Child): Up to 30 Years

B) COVER TYPE

The Policy can be opted on an Individual or Family Floater basis.
Individual – There is only one Insured Person under the Policy with a single Sum Insured.
Family Floater – One Family will share a single Sum Insured. A Family Floater Policy can cover Self, legal spouse, dependent children

II. POLICY TENURE AND PREMIUM PAYMENT MODE

A) POLICY TENURE

This Policy will be available for 1 year.

B) PREMIUM PAYMENT MODE

Payment of premium will be available as one time payment or in Monthly instalment option, as opted by the Policyholder with no additional loading for opting the monthly premium payment mode.

III. WAITING PERIODS

A. Initial Waiting Period: 30 Days
B. Specified Illness Waiting Period: 6 months
C. Pre-existing Disease Waiting Period: 6 months
D. Since the maximum Waiting Period is 6 months, there is no balance waiting period during the continuous renewal of policy

IV. SCOPE OF COVER

A) HOSPITALIZATION

We will cover the Insured Persons under this Policy up to the Sum Insured specified in the Policy Schedule for Reasonable & Customary Charges incurred for Medically Necessary Treatment during the Policy Year, subject to the terms, conditions and exclusions of this Policy, for the following coverage:

We will cover:	Specific Conditions under this Coverage:
1. Medical and Surgery expense incurred during Hospitalization, also including: i. Hospitalization due to Covid-19 ii. Hospitalization towards Dental Treatment necessitated due to Illness or Injury iii. Hospitalization towards Plastic Surgery necessitated due to Illness or Injury iv. Hospitalization towards Mental Illness treatment v. Day Care Treatment for all eligible procedures	1. If your occupancy is in a room category which is **Single Private A/C Room or lower**, during your hospitalization, there is no limit on room rent. 2. Proportionate deduction from the covered Associated Medical Expenses (in addition to difference in the Room Rent) shall be applicable if Your occupancy is in a room category which is higher than a **Single Private A/C room**, during Your Hospitalization, and such Hospital adopts differential billing based on room category.

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CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

vi. Domiciliary Hospitalization **2. Expenses payable are:** i. Room Rent, boarding & nursing ii. Intensive Care Unit (ICU) iii. Medical Practitioner including Surgeon, Anesthetist, Specialist, Physiotherapist's fees iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicine and drugs, cost towards diagnostic tests and imaging modalities v. Pre-Hospitalization expenses, for 90 days vi. Post-Hospitalization expenses, for 180 days vii. Organ Donor Expenses viii. Emergency Road Ambulance expenses ix. Expenses towards Modern Treatment procedures x. List I under Annexure I: Toiletries / Cosmetics / Personal Comfort or Convenience Items / Similar Expenses	Proportionate deduction will not be applicable on ICU Charges. 3. Emergency Road Ambulance Expenses Incurred for the following are payable, only subject to an admissible hospitalization claim: ● for transportation of the insured person by private ambulance service to go to hospital when this is needed for medical reasons, or ● for transportation of the insured person by private ambulance service from one hospital to another hospital for better medical treatment 4. For **Domiciliary Hospitalization**, the Medical Practitioner must certify in writing that the Insured Person cannot be transferred to a Hospital due to his/her medical condition, or the Insured Person satisfies Us about non-availability of room in a Hospital. Records of the treatment administered are duly signed by the treating Medical Practitioner and maintained for each day of the Domiciliary Hospitalization

V. SUM INSURED OPTIONS

Sum Insured Options (in ₹)	2 Lakh, 3 Lakh, 4 Lakh, 5 Lakh, 6 Lakh, 7 Lakh, 8 Lakh, 9 Lakh, 10 Lakh, 15 Lakh, 20 Lakh, 25 Lakh, 50 Lakh, 75 Lakh, 1 Crore, 2 Crore, 3 Crore

VI. ENDORSEMENTS

Any request for endorsement shall be made in writing by the Policyholder only. Any endorsement would be effective from the date of request as received from the Policyholder, or the date of receipt of premium, whichever is later.

(a) Non-Premium Bearing Endorsement

- Correction in name of the Policyholder/Insured Person
- Correction in gender of the Policyholder/Insured Person
- Correction in relationship of the Insured Person with Policyholder
- Correction in date of birth of the Policyholder/Insured Person (if the change of age does not result in change of premium)
- Change in correspondence address of the Policyholder (if the change of address does not result in change of City or District of residence)
- Change in the contact details of the Policyholder/Insured Person
- Change of nominee details of the Policyholder/Insured Person

(b) Premium Bearing Endorsement

- Addition of members/dependents to the Policy
- Deletion of members/dependents from the Policy
- Change in date of birth/Age
- Change in address (resulting in change in city or district of residence)

VII. PRE-POLICY MEDICAL CHECK UP

(a) You may need to undergo pre-Policy medical check-up consisting of Tele-Health Underwriting which typically involves answering to health questions through tele-video call and/or comprehensive medical check-up including undergoing laboratory investigations & physical examination, if deemed necessary by the insurer.

(b) Further, we may request you to undergo a pre-Policy medical check-up to further evaluate the health status. Wherever required we may request for additional medical tests to be conducted based on the results of the initial medical check.

(c) 100% of the cost of the pre-Policy medical check-up will be borne by Us.

VIII. DISCOUNTS

1. **Discounts for policies with sum insured on Family Floater basis**:

Family Composition	Discount Rate
Self/Spouse + 1 Child	10%
Self/Spouse + Children	15%
Self + Spouse	20%
Self + Spouse + 1 Child	25%
Self + Spouse + Children	30%

2. **Online Discount is 15%:**
   a. Applicable only to those policies which are purchased through Navi website or Navi mobile application.

All of the discounts above are applied on a multiplicative basis and there is no capping on the discounts.

IX. LOADING

(a) we may apply a risk loading on the premium payable (based upon the declarations made in the Proposal Form and the health status of the persons proposed for insurance);

(b) The maximum risk loading applicable for an individual shall not exceed 150% of premium per person;

(c) These loadings are applied from the Policy Commencement Date including subsequent renewal(s) with Us or on the receipt of request for increase in Sum Insured (for the increased amount of Sum Insured); and

(d) We will inform You about the applicable risk loading through a counteroffer letter. Please note that We will issue Policy only after getting Your consent.

X. CHANGE IN SUM INSURED

Sum Insured can be changed (increased/ decreased) only at the time of Renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

XI. CHANGE OF POLICYHOLDER

(a) The Policy Holder may be changed only at the time of Renewal. The new Policy Holder must be the legal heir/immediate Family member (Spouse/ Son/ Daughter/ Parents). Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break

(b) The Policy Holder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India or in case of divorce of the Policy Holder

XII. ADDITION OF INSURED PERSON

(a) An additional Insured Person can be added to the Policy during the Policy Period if such additional Insured Person is: (i) a child between the age of 91 days and 180 days (both days inclusive); or (ii) a newly married spouse and such addition is requested for within 3 months of the marriage.

(b) An additional Insured Person can be added to the Policy at the time of Renewal of the Policy as well, subject to underwriting by Insurer.
(c) With respect to all newly added Insured Person, waiting periods will apply afresh

XIII. EXCLUSIONS

A) STANDARD EXCLUSIONS

1) Pre-Existing Diseases – Code – Excl01

(a) Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 6 months of continuous coverage after the date of inception of the first Policy with Insurer.
(b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
(c) If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
(d) Coverage under the Policy after the expiry of specified number of months (under the Policy Schedule) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Insurer.

2) **Specified Disease / procedure waiting period – Code – Excl02**

(a) Expenses related to the treatment of the listed conditions; Surgeries/treatments shall be excluded until the expiry of 6 months of continuous coverage after the date of inception of the first Policy with Us. This exclusion shall not be applicable for claims arising due to an Accident.
(b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
(c) If any of the specified disease/procedure falls under the waiting period specified for Pre-existing Diseases, then the longer of the two waiting periods shall apply.
(d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
(e) If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
(f) List of specific diseases/procedures are mentioned below –
  i) Sinusitis
  ii) Tonsillitis / Adenoiditis
  iii) Tympanoplasty
  iv) Calculus (stone) Diseases of Gall Bladder including Cholecystectomy
  v) All types of Surgery of Hernia
  vi) Calculus of Urinary system (Kidney Stone/Urinary Bladder/Ureteric Stone)
  vii) Fissure / Fistula / Haemorrhoids
  viii) Hysterectomy

3. 30 - day Waiting Period – Code – Excl03

(a) Expenses related to the treatment of any Illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
(b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
(c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

4. **Investigation & Evaluation – Code – Excl04**
   (a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   (b) Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded.

5. **Rest Cure, Rehabilitation and Respite Care – Excl05**
   (a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

6. **Obesity / Weight Control – Code – Excl06**
   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   1. Surgery to be conducted is upon the advice of the doctor
   2. The surgery/Procedure conducted should be supported by clinical protocols
   3. The member has to be 18 years of age or older and
   4. Body Mass Index (BMI);
      a) greater than or equal to 40 or
      b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnoea
         iv. Uncontrolled Type2 Diabetes

7. **Change of Gender Treatments – Code – Excl07**
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. **Cosmetic or Plastic Surgery – Code – Excl08**
   Expenses for cosmetic or plastic Surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner

9. **Hazardous or Adventure Sports – Code – Excl09**
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving

10. **Breach of Law – Code – Excl10 –**
    Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

11. **Excluded Providers: Code- Excl11**
    Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Policy Holders are not admissible. However, in

case of life-threatening situations **or** following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code-Excl12**

13. Treatments received in heath hydro's, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code- Excl13**

14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**

15. **Refractive Error – Code- Excl15**
    Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

16. **Unproven Treatments – Code – Excl16**
    Expenses related to any Unproven Treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. **Sterility and Infertility – Code – Excl17** –
    Expenses related to sterility and infertility. This includes:
    (a) Any type of contraception, sterilization; (b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI; (c) Gestational Surrogacy; (d) Reversal of sterilization

18. **Maternity – Code- Excl18**
    (a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
    (b) Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period

B) SPECIFIC EXCLUSIONS

1) Biological, Chemical & Nuclear Attack or Weapons - Treatment costs caused by or contributed to or arising from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expenses in relation to the use of nuclear weapons/materials, radioactive material, nuclear waste, nuclear fuel, chemical weapons/ materials or biological weapons/ materials.
   a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
   b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
   c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified

organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

2) **War** - Treatment related to any condition resulting from, or as a consequence of War, invasion, act of foreign enemy, civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and determinant of all kinds.

3) **External Congenital Anomaly** – Expenses incurred towards screening, counselling and treatment related to External Congenital Anomalies.

4) **OPD Treatment** – Expenses incurred for treatment taken on Outpatient care basis unless specifically covered and mentioned in the Policy Schedule by Us.

5) **Eyesight, Hearing Aids & External prosthesis** –
   a) Treatment related to routine eyesight checking or hearing tests including optometric therapy.
   b) Cost of hearing aids / Cochlear Implants, Spectacles or Contact Lenses.
   c) Cost of ambulatory devices or equipment - walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, blood sugar test strips, artificial limb and medical equipment which is subsequently used at home (except when used intra-operatively).

6) **Medically Necessary Expenses –** Cost of any treatment or part of a treatment that is not reasonable and medically necessary and drugs or treatments which are not supported by a prescription from Medical Practitioner.

7) **Preventive Vaccinations** - Expenses incurred towards any treatment related to preventive care, vaccination including inoculation and immunizations (except in case of post-bite vaccination treatment) unless certified and recommended by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim.

8) **Self-inflicted injuries or attempted suicide** - Expenses for treatment resulting from self-inflicted Injury or suicide, attempted suicide while sane or insane.

9) **Treatment outside geographical limit** – Expenses for treatment taken outside the geographical limits of India.

10) **Treatment by a Medical Practitioner outside discipline** - Expenses for treatment rendered by persons not registered as Medical Practitioner or from a Medical Practitioner practising outside the discipline that he/she is licensed for.

11) **Un-recognized Medical Diagnostic Laboratory (or Pathological Laboratory)-** Expenses for services provided at Medical Diagnostic Laboratory that are not registered, operated or following minimum standards as defined under The Clinical Establishments (Registration and Regulation) Act, 2010, Clinical Establishments (Central Government) Rules, 2012, Clinical Establishments (Central Government) Amendment Rules, 2018 or any other similar act, statute or regulations and amendments thereof enacted or adopted by the Central and/ or State Government and Union Territories.

12) **Time bound Exclusions** – Expenses incurred for any disease/ illness/ injury having specific time bound exclusion(s) applied by Us and mentioned in the Policy Schedule and accepted by the Insured Person.

13) **Permanent Exclusions** – Expenses incurred for any disease which is permanently excluded and specified in the Policy Schedule and accepted by the Insured Person.

XIV. GENERAL TERMS & CLAUSES

A) STANDARD GENERAL TERMS & CLAUSES

1) **Disclosure of Information**
The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any Material Fact by the Policy Holder.

2) **Condition Precedent to Admission of Liability**
The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

3) **Complete Discharge**
Any payment to the Policy Holder, Insured Person or his/ her Nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4) **Multiple Policies**
(a) In case of multiple policies taken by an Insured during a period from one or more Insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
(b) Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other Policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this Policy.
(c) If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
(d) Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

5) **Fraud**
If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.
Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policy Holders(s), who has made the particular claim , who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance Policy:
a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true.
b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact.
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent
The Company shall not repudiate the claim and/ or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no

deliberate intention to suppress the fact or that such misstatement of or suppression of Material Fact is within the knowledge of the Insurer.

6) **Cancellation**

a) The Policy Holder may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

Cancellation grid for Upfront Premium option	
Within 1 Month (first time health insurance policy customers)	Free look period cancellation
Within 1 month (renewal policy)	75%
Exceeding 1 months but less than or equal to 3 months	50%
Exceeding 3 months but less than or equal to 6 months	25%
Exceeding 6 months but less than or equal to 12 months	Nil

Note- For monthly premium payment frequency, no refund shall be applicable for cancellation of the Policy.

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

b) The Company may cancel the Policy at any time on grounds of misrepresentation, 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 misrepresentation, non-disclosure of Material Facts or Fraud.

7) **Migration:**

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration. For Detailed Guidelines on Migration, kindly refer the link www.naviinsurance.com

8) **Portability**

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

For Detailed Guidelines on Portability, kindly refer the link www.naviinsurance.com

9) **Refund of Premium in case of Death of Insured**

a) No refund shall be made if the policy is taken on Monthly Premium Mode.

b) In the event of death of any insured member during the course of policy period when there is no claim lodged (and in the process to be paid) or paid during the policy period, the proportionate premium for the unexpired policy period for the respective insured member will be paid to the nominee/other existing policyholders.

c) In case claim(s) have been made on a policy, no refund shall be made in the event of death of any insured member during the course of policy period.

10) **Renewal of Policy**

The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

(a) The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
(b) Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding Policy Years.
(c) Request for Renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
(d) At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 Days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

11) **Possibility of Revision of Terms of the Policy Including the Premium Rates**
The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are affected

12) **Free look period**
The Free Look Period shall be applicable on new individual health insurance policies and not on Renewals or at the time of porting/migrating the Policy. The Insured shall be allowed a free look period of 1 month from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person.

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

14) **Withdrawal of Policy**
(a) In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
(b) Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the Policy has been maintained without a break.

15) **Moratorium Period**
After completion of eight continuous years under the Policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums Insured of the first Policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums Insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

16) **Claim Settlement (Provision of Penal Interest)**

(a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

(b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policy Holder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

(c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

(d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policy Holder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

17) **Redressal of Grievance**

(a) In case of any grievance the insured person may contact the company through:

Website: www.naviinsurance.com

Toll free: 1800-123-0004

E-mail: insurance.help@navi.com

Fax: 022-4001 8251

Courier: Navi General Insurance Limited
AMR Tech Park, Ground Floor, No. 23 & 24, Hosur Road,
Bommanhalli, Bengaluru, Karnataka – 560068

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

(b) If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Manager.CustomerExperience@navi.com

(c) For updated details of grievance officer, kindly refer to the link - www.naviinsurance.com/service/. For senior citizens, We have a special cell, and our senior citizen customers can email Us at seniorcare@navi.com for priority resolution.

(d) If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
For all Ombudsman Offices & Addresses: please refer to Table 1 under Annexure 1

(e) Grievance may also be lodged at IRDAI Integrated Grievance Management System – http://igms.irda.gov.in

B) SPECIFIC GENERAL TERMS & CLAUSES

1) **Premium Payment in Instalments**

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

a) Grace Period of 30 days would be given to pay the instalment premium due for the Policy.

b) During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.

c) The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods" in the event of payment of premium within the stipulated grace Period.

d) No interest will be charged If the instalment premium is not paid on due date.

e) In case of instalment premium due not received within the grace period, the Policy will get cancelled.

f) In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

g) The company has the right to recover and deduct all the pending instalments from the claim amount due under the Policy.

2) **Territorial Limit & Nationality**

All medical treatment for the purpose of this insurance will have to be taken in India only. Resident Indian or Non-resident Indian paying premium in Indian currency is eligible for coverage under the Policy

3) **Endorsements (Changes in Policy)**

(a) This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except Us. Any change made by the Us shall be evidenced by a written endorsement signed and stamped.

(b) The Policy Holder may be changed only at the time of Renewal. The new Policy Holder must be the legal heir/immediate Family member (Spouse/ Son/ Daughter/ Parents). Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

(c) The Policy Holder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India or in case of divorce of the Policy Holder.

4) **Claims Process**

(a) Completed claim form and other relevant documents must be furnished to Us / TPA within the stipulated timelines for reimbursement of all claims under this Policy. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.

(b) Cashless Facility and Reimbursement Claim processing shall be carried out through TPAs empanelled by Us or in-house by Us, details of the same will be available on the Policy Schedule. For the latest list of Network Providers, You can log on to Our mobile application/ Our website.

Claim Intimation:

If You meet with any Accident leading to Injury or suffer an Illness that may result in a claim under this Policy, then as a Condition Precedent to Our liability, You must comply with the following claim procedures:

You must notify Your claim to Us through online channel including mobile application that is available or at call centre.

Type of Hospitalisation	Notify Us
Planned Hospitalisation	Immediately and in any event at least 48 hours prior to Your admission.
Emergency Hospitalisation	Within 24 hours of Your admission to Hospital or before discharge whichever is earlier

The following details may be required by Us at the time of intimation of Claim:

- Policy number/ member number
- Name of the Policy Holder
- Name of the Insured Person in whose relation the claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Date of admission
- Any other information as requested by Us

Failure to intimate a claim within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to intimate the claim within such time

Cashless Facility Claim Procedure:

Cashless Facility is available for Hospitalisation only at Our Network Provider. The Insured Person can avail Cashless Facility at Network Provider, by presenting the health card as provided by Us with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by Us).

(a) For Planned Hospitalisation:

i) The Insured Person should at least 48 hrs prior to admission to the Hospital approach the Network Provider for Hospitalisation for Medical Necessary Treatment.

ii) Insured Person will need to provide health Card / Policy details at the Hospital admission counter.

iii) The Network Provider may either consider treating the Insured Person by taking a token deposit or treating as per their norms.

iv) The Network Provider shall electronically send the pre-authorization form along with all the relevant details to Us or TPA along with contact details of the treating Medical Practitioner and the Insured Person.

v) Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued.

vi) If the procedure above is followed, on Our written authorization, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section 3.1, Hospitalization of the Policy.

vii) You must leave the original bills and evidence of treatment in respect of the Hospitalization with the Network Provider and ensure to take photocopies of relevant medical records for future reference. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

viii) At the time of discharge, Network Provider may request You to sign the final authorization letter that was issued by Us.

ix) The Network Provider shall refund the deposit amount to You barring an amount to be charged for non-covered expenses, if any.

(b) In case of Emergency Hospitalisation:

i) The Insured Person may approach the Network Provider for Hospitalisation

ii) The Network Provider/ Insured Person shall follow the same process as explained above in septs iii to viii above under section Planned Hospitalization.

It is possible that Cashless Facility may be denied for Hospitalisation due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to Us/ TPA which will be considered subject to the Policy Terms & Conditions.

We, in Our sole discretion, reserves the right to modify, add or restrict any Network Provider for Cashless Facility under the Policy. Before availing the Cashless Facility, the Policy Holder / Insured Person is required to check the applicable/latest list of Network Providers on Our mobile application/ Our website.

Reimbursement Claim Procedure:

Wherever You have opted for a reimbursement of expenses, You may submit the documents for reimbursement of the claim electronically including by direct upload on Our mobile application not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form by downloading a copy from Our website at www.naviinsurance.com or from Our mobile application. The necessary copies of claim documents to be

submitted for reimbursement may include following: (a) duly filled claim form; (b) discharge/ death Summary (as applicable); (c) operation theatre notes (if any); (d) hospital main bill along with break up bill and original receipts; (e) investigation reports- Haematology, Histo-pathology and Radiology; (f) doctors referral slips or prescription for investigations/pharmacy; (g) pharmacy bills; (h) MLC/FIR report/post mortem report (if applicable and conducted); (i) details of the implants including the sticker indicating the type as well as invoice towards the cost of implant; (j) KYC documents (Photo ID proof, Pan Card, Aadhar Card); (k) Cancelled cheque for NEFT payment

We may call for any additional documents/information as required based on the circumstances of the claim.

5) Delay in Claim Settlement

In addition to the penalty payable under Clause XIV(A)15, (Claim Settlement (Provision of Penal Interest)) above, in the event of delay in settlement of admitted cashless claims within the specific timelines communicated in writing by Us, We will pay an additional amount determined and communicated by Us, as penalty.

6) **Physical Examination**

You may require undergoing medical examination by a Medical Practitioner authorized by Us to examine You to establish Our liability in case of a claim under the Policy. The cost towards performing such medical examination shall be borne by Us.

7) **Claim Related Information**

You may submit query related to the claim or intimate the claim or submit claim document to Us through Our mobile application. Alternatively, You may also contact Us through:

Website: www.naviinsurance.com

Toll free: 809-584-0012

E-mail: claim.help@navi.com

8) Family Floater Benefit Illustration

Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	ZONE A					
Family 1	Premium (Rs.)	Sum insured (Rs)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount	Sum insured (Rs)
24	2,880	2 Lakh	2,880	20%	2,304	2 Lakhs
22	2,880	2 Lakh	2,880		2,304	
TOTAL	Total Premium for all members of family is Rs 5,760 when each member is covered separately. Each individual has a Sum Insured of 2 Lakh		Total Premium when policy is opted on floater basis is Rs 4,608.The Sum Insured of Rs. 2 Lakhs is available for the entire family.			

Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	ZONE C					
Family 1	Premium (Rs.)	Sum insured (Rs)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount	Sum insured (Rs)
40	9,143	50 Lakh	9,143	25%	6,857	50 Lakh
38	9,143	50 Lakh	9,143		6,857	
12	5,516	50 Lakh	5,516		4,137	
TOTAL	Total Premium for all members of family is Rs 23,802 when each member is covered separately. Each individual has a Sum Insured of 50 Lakh		Total Premium when policy is opted on floater basis is Rs 17,851. The Sum Insured of Rs. 50 Lakh is available for the entire family.			

XV. PREMIUM RATES

All Rates below are Exclusive of Taxes and are applicable for policy term of one year.

1. The premium will be based on the completed age of the individual insured member.
2. The premium at renewal may change due to a change in age or changes in the applicable tax rate.
3. Premium rates are subject to change with prior approval from IRDAI.
4. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.
5. The rates vary based on the address of the Proposer. The Zones are based on following districts of India:

Zone A: (i) Mumbai; (ii) Thane; (iii) Mumbai Suburban; (iv) All Districts of Delhi; (v) Faridabad; (vi) Gurugram; (vii) Ghaziabad; (viii) Gautam Buddha Nagar; (ix) Ahmedabad; (x) Vadodara; (xi) Surat; or (x) Gandhinagar

Zone B: (i) Bengaluru Rural; (ii) Bengaluru Urban; (iii) Chikkaballapura; (iv) Chennai; (v) Hyderabad; (vi) Ranga Reddy; (vii) Kolkata; (viii) Palwal; (ix) Rewari; (x) Rohtak; (xi) Jhajjar; (xii) Sonipat; (xiii) Ahmednagar; (xiv) Palghar; (xv) Meerut; (xvi) Mathura; (xvii) Hapur; (xviii) Bulandshahr; (xix) Aligarh; (xx) Bharuch; (xxi) Valsad; (xxii) Anand; (xxiii) Jaipur; (xxiv) Alwar; (xxv) Sikar; (xxvi) Jhunjhunu; (xxvii) Medchal Malkajgiri; (xxviii) 24 Paraganas North; (xxix) 24 Paraganas South; (xxx) Howrah; (xxxi) Bhopal; (xxxii) Indore; (xxxiii) Raigad; (xxxiv) Pune; (xxxv) Nashik

Zone C: Rest of India

PREMIUM PER MEMBER

Zone A					Applicable only for Renewals						
Sum Insured/ Age Bands	**91D-17**	**18-30**	**31-35**	**36-40**	**41-45**	**46-50**	**51-55**	**56-60**	**61-65**	**66-70**	**>70**
200000	2,430	2,880	3,433	4,028	4,963	6,701	8,982	12,681	17,949	21,903	30,742
300000	2,847	3,374	4,022	4,719	5,815	7,851	10,524	14,857	21,029	25,663	36,018
400000	3,264	3,869	4,611	5,410	6,667	9,001	12,066	17,034	24,110	29,422	41,295
500000	3,627	4,298	5,124	6,012	7,408	10,001	13,406	18,927	26,789	32,692	45,883
600000	3,899	4,621	5,508	6,462	7,964	10,751	14,412	20,346	28,798	35,144	49,324
700000	4,171	4,943	5,892	6,913	8,519	11,501	15,417	21,766	30,807	37,595	52,765
800000	4,352	5,158	6,149	7,214	8,890	12,001	16,088	22,712	32,147	39,230	55,060
900000	4,534	5,373	6,405	7,514	9,260	12,501	16,758	23,658	33,486	40,865	57,354
1000000	4,715	5,588	6,661	7,815	9,631	13,001	17,428	24,605	34,826	42,499	59,648
1500000	5,259	6,233	7,429	8,717	10,742	14,502	19,439	27,444	38,844	47,403	66,530
2000000	5,622	6,663	7,942	9,318	11,483	15,502	20,780	29,336	41,523	50,672	71,119
2500000	5,894	6,985	8,326	9,769	12,038	16,252	21,785	30,756	43,532	53,124	74,560
5000000	6,619	7,845	9,351	10,971	13,520	18,252	24,467	34,541	48,890	59,662	83,737
7500000	7,163	8,489	10,119	11,873	14,631	19,752	26,478	37,380	52,908	64,566	90,619
10000000	7,616	9,027	10,760	12,624	15,557	21,002	28,154	39,746	56,257	68,652	96,354
20000000	8,342	9,886	11,785	13,827	17,039	23,002	30,835	43,532	61,615	75,191	1,05,531
30000000	8,704	10,316	12,297	14,428	17,780	24,003	32,175	45,424	64,294	78,460	1,10,119

Zone B					Applicable only for Renewals						
Sum Insured/ Age Bands	91D-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>70
200000	2,250	2,667	3,179	3,729	4,596	6,204	8,317	11,742	16,619	20,281	28,464
300000	2,636	3,124	3,724	4,370	5,385	7,269	9,745	13,757	19,472	23,762	33,350
400000	3,022	3,582	4,270	5,010	6,173	8,334	11,172	15,772	22,324	27,243	38,236
500000	3,358	3,980	4,744	5,566	6,859	9,260	12,413	17,525	24,805	30,270	42,484
600000	3,610	4,279	5,100	5,984	7,374	9,955	13,344	18,839	26,665	32,540	45,671
700000	3,862	4,577	5,456	6,401	7,888	10,649	14,275	20,153	28,525	34,811	48,857
800000	4,030	4,776	5,693	6,680	8,231	11,112	14,896	21,030	29,766	36,324	50,981
900000	4,198	4,975	5,930	6,958	8,574	11,575	15,517	21,906	31,006	37,838	53,105
1000000	4,366	5,174	6,168	7,236	8,917	12,038	16,137	22,782	32,246	39,351	55,230
1500000	4,869	5,771	6,879	8,071	9,946	13,427	17,999	25,411	35,967	43,892	61,602
2000000	5,205	6,169	7,354	8,628	10,632	14,353	19,241	27,163	38,447	46,919	65,851
2500000	5,457	6,468	7,709	9,045	11,147	15,048	20,172	28,478	40,308	49,189	69,037
5000000	6,129	7,264	8,658	10,158	12,518	16,900	22,654	31,983	45,268	55,243	77,534
7500000	6,632	7,861	9,370	10,993	13,547	18,289	24,516	34,611	48,989	59,783	83,906
10000000	7,052	8,358	9,963	11,689	14,405	19,447	26,068	36,802	52,090	63,567	89,217
20000000	7,724	9,154	10,912	12,802	15,777	21,299	28,551	40,307	57,051	69,621	97,714
30000000	8,060	9,552	11,386	13,359	16,463	22,225	29,792	42,059	59,531	72,648	1,01,962

Zone C					Applicable only for Renewals						
Sum Insured/ Age Bands	91D-17	18-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>70
200000	2,025	2,400	2,861	3,356	4,136	5,584	7,485	10,567	14,957	18,253	25,618
300000	2,373	2,812	3,352	3,933	4,846	6,542	8,770	12,381	17,524	21,386	30,015
400000	2,720	3,224	3,843	4,509	5,556	7,501	10,055	14,195	20,092	24,519	34,412
500000	3,022	3,582	4,270	5,010	6,173	8,334	11,172	15,772	22,324	27,243	38,236
600000	3,249	3,851	4,590	5,385	6,637	8,959	12,010	16,955	23,998	29,286	41,104
700000	3,476	4,119	4,910	5,761	7,100	9,584	12,848	18,138	25,673	31,330	43,971
800000	3,627	4,298	5,124	6,012	7,408	10,001	13,406	18,927	26,789	32,692	45,883
900000	3,778	4,478	5,337	6,262	7,717	10,418	13,965	19,715	27,905	34,054	47,795
1000000	3,929	4,657	5,551	6,513	8,026	10,834	14,524	20,504	29,021	35,416	49,707
1500000	4,382	5,194	6,191	7,264	8,952	12,085	16,199	22,870	32,370	39,502	55,442
2000000	4,685	5,552	6,618	7,765	9,569	12,918	17,317	24,447	34,602	42,227	59,266
2500000	4,911	5,821	6,938	8,141	10,032	13,543	18,155	25,630	36,277	44,270	62,133
5000000	5,516	6,537	7,792	9,143	11,267	15,210	20,389	28,784	40,742	49,719	69,780
7500000	5,969	7,075	8,433	9,894	12,193	16,460	22,065	31,150	44,090	53,805	75,516
10000000	6,347	7,522	8,967	10,520	12,964	17,502	23,461	33,122	46,881	57,210	80,295
20000000	6,951	8,239	9,821	11,522	14,199	19,169	25,696	36,276	51,346	62,659	87,942
30000000	7,254	8,597	10,248	12,023	14,816	20,002	26,813	37,853	53,578	65,383	91,766

Registered & Corporate Office: Navi General Insurance Limited (*(Formerly known as DHFL General Insurance Limited)*
AMR Tech Park, Ground Floor, No. 23 & 24, Hosur Road, Bommanhalli, Bengaluru, Karnataka – 560068
Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com
CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)	
1)	No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2)	Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Annexure 1

Table 1 : List of Insurance Ombudsman

AHMEDABAD 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 **JURISDICTION**: Gujarat, Dadra & Nagar Haveli, Daman and Diu.	**BENGALURU** Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in **JURISDICTION**: Karnataka.	**BHOPAL** Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 – 2769203 Email: bimalokpal.bhopal@cioins.co.in **JURISDICTION**: Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in **JURISDICTION**: Orissa	**CHANDIGARH** Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in **JURISDICTION**: Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	**CHENNAI** Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in **JURISDICTION**: Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in **JURISDICTION**: Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	**ERNAKULAM** Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in **JURISDICTION**: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	**GUWAHATI** 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 **JURISDICTION**: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 – 23312122 Fax: 040 - 23376599	**JAIPUR** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	**KOLKATA** Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 – 22124341 Email:

Email: bimalokpal.hyderabad@cioins.co.in **JURISDICTION**: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry	**JURISDICTION**: Rajasthan.	bimalokpal.kolkata@cioins.co.in **JURISDICTION**: West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in **JURISDICTION**: Districts of Uttar Pradesh Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.	**NOIDA** 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 **JURISDICTION**: State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	**MUMBAI** Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@cioins.co.in **JURISDICTION**: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
PUNE 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in **JURISDICTION**: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.		**PATNA** Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in **JURISDICTION**: Bihar, Jharkhand.