



PART A
FORWARDING LETTER (WITH FREE LOOK CLAUSE)

<Name of the Policyholder>

<Address>

Policy No.: <_____>

Telephone: <_____>

Email ID: <_____>

Dear Mr/Ms. <Name of the Customer>,

Thank You for opting **Max Life Accidental Death and Dismemberment Rider**

The enclosed Rider documents explain all the features, benefits and terms in a simple manner.

On examination of the Rider, if You notice any mistake or error, please contact Our customer helpdesk or Your agent immediately on the address as mentioned below and return the Rider to Us for rectification.

You have a period of 15 (Fifteen) days (30 (Thirty) days if the Rider has been sourced through distance marketing modes) from the date of receipt of the Rider to review the terms and conditions of the Rider. If You disagree to any of the terms or conditions, You have the option to return the original Rider documents to Us, by stating the objections/reasons for such disagreement. Upon return, this Rider will terminate forthwith and all rights, benefits and interests under the Rider will cease immediately. We will only refund the Premiums received by Us, after deducting the proportionate risk premium for the period of cover, charges of stamp duty paid and the expenses incurred on medical examination of the Life Insured, if any.

We will be delighted to offer You any further assistance or clarification You may require about the Rider. Please feel free to get in touch with Us for any Rider related or claim related services through the below mentioned contact details.

Yours Sincerely,



Max Life Insurance Company Limited

Indeevar Krishna
Executive Vice President & Head - Operations & Customer
Service

Date of Filing: June 5th, 2017

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| (UIN: 104B027V02)

 **A Max Financial Services and  MS Joint Venture**





AGENT NAME:

PH.NO.:

ADDRESS:

Max Life Insurance Company Limited

Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India

Phone: 4219090 Fax: 4159397 (From Delhi and Other cities: 0124) Customer Helpline: 1800 200 5577

Regd Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Chandigarh, Punjab - 144533

Visit Us at: www.maxlifeinsurance.com E-mail: service.helpdesk@maxlifeinsurance.com

IRDAI Registration No: 104

Corporate Identity Number: U74899DL2000PLC106723 U74899PB2000PLC045626

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PREAMBLE TO THE RIDER

MAX LIFE INSURANCE COMPANY LIMITED

Regd. Office: 419, Bhai Mohan Singh Nagar, Railmajra, Tehsil Balachaur, District Nawanshahr, Chandigarh, Punjab - 144533

**Max Life Accidental Death and Dismemberment Rider
(A non-linked Rider)**

UIN 104B027V024

Max Life Insurance Company Limited has entered into this contract of insurance on the basis of the information given in the Proposal Form together with the Premium deposit, statements, reports or other documents and declarations received from or on behalf of the proposer for effecting a life insurance contract on the life of the person named in the Schedule below.

We agree to pay the benefits under the Rider on the happening of the insured event, while the Policy and Rider is in force subject to the terms and conditions stated herein.

Signed by and on behalf of
Max Life Insurance Company Limited

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POLICY SCHEDULE

Policy

Type of Policy

Policy UIN

Office

Rider Name – Max Life Accidental Death and Dismemberment Rider

Type of Rider – Non-linked Rider

Rider UIN -104B027V02

Policy No./ Proposal No.:		Client ID:	
Date of Proposal:			
Policyholder/Proposer:		Age Admitted: Yes/No	
PAN:		Gender:	
Identification Source & LD No.:		Tel No./Mobile No.:	
Relationship with Life Insured:		Email:	
Date of Birth:			
Address:			
Life Insured:		Age Admitted: Yes/No	
Identification Source & ID No.:		Gender:	
Date of Birth:			
Age:			
Nominee(s):		Appointee (if Nominee is minor):	
Relationship of Policyholder with Nominee(s):			
Date of Birth:			
Date of Commencement of Risk under Rider:		Premium Payment mode:	
Premium Payment Method:		Bill Draw Date:	
		Bank Account Number:	
Agent's name/Broker's name:		Agent's code/Broker's code:	
Email:		Agent's/Broker's License No.:	
Address:		Mobile/Landline Telephone Number:	

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| (UIN: 104B027V02)



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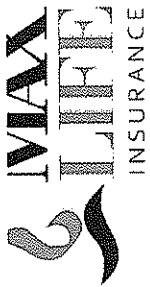
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A Max Financial Services and MS Joint Venture. The logo consists of a stylized flame icon followed by the text "A Max Financial Services and MS Joint Venture". A handwritten letter "A" is written in a circle to the right of the text.

A handwritten signature in black ink, appearing to be a stylized name.



List of coverage	Maturity Date	Insured Event	Rider Sum Assured (INR)	Rider Term	Premium Payment Term	Annual Rider Premium	Extra Rider Premium	Annualised Rider Premium	Service Tax and any other taxes, cesses & levies	Modal Factors	Rider Premium along with taxes payable as per Premium payment mode selected	Due Date when Rider Premium is payable/Date when the Last Premium is payable
Rider (s)	Dd/mm/yy	As per Section 2 of Part C				X (INR)	Y (INR)	Z (X+Y) (INR)	W (INR)	V	T [(Z+W)XV] (INR)	

[Handwritten Signature]

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DEFINITIONS APPLICABLE TO YOUR RIDER

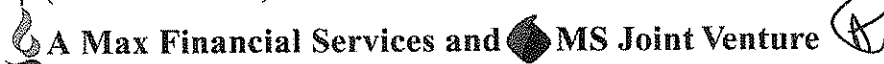
The words and phrases listed below will have the meanings attributed to them wherever they appear in this Rider unless the context otherwise requires. The terms used in this Rider but not defined will derive their meaning from the Policy.

1. **“Accident”** or **“Accidental”** means a sudden, unforeseen and involuntary event caused by external, visible and violent means;
2. **“Age”** means the Life Insured’s age on last birthday as on the Date of Commencement of Risk under Rider or on the previous Policy Anniversary, as the case may be;
3. **“Annual Rider Premium”** means an amount specified in the Schedule, which is payable under annual premium payment mode, excluding Extra Rider Premium, if any, and excluding service tax or any other taxes, cesses or levies, if any;
4. **“Annualised Rider Premium”** means the sum total of the Annual Rider Premium and Rider Extra Premium, if any, as specified in the Schedule;
5. **“Claimant”** means You (if You are not the Life Insured), Nominee(s) (if valid nomination is effected), assignee(s) or their heirs, legal representatives or holders of a succession certificates in case Nominee(s) or assignee(s) is/are not alive at the time of claim;
6. **“Date of Commencement of Risk under Rider”** means the date as specified in the Schedule, on which the coverage under this Rider commences;
7. **“Extra Rider Premium”** means an additional amount mentioned in the Schedule and charged by Us, as per Underwriting Policy, which is determined on the basis of disclosures made by You in the Proposal Form or any other information received by Us including medical examination report of the Life Insured;
8. **“Force Majeure Event”** means an event by which performance of any of Our obligations are prevented or hindered as a consequence of any act of God, State, strike, lock-out, legislation or restriction by any government or other authority or any circumstance beyond Our control;
9. **“Grace Period”** means a period of 15 (Fifteen) days from the due date of the unpaid Rider Premium for monthly Premium payment mode and 30 (Thirty) days from the due date of unpaid Rider Premium for all other Premium payment modes;
10. **“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;

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A Max Financial Services and MS Joint Venture








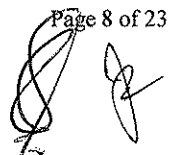
11. **“IRDAI”** means the Insurance Regulatory and Development Authority of India;
12. **“Lapsed Rider”** means a Rider for which the Rider Premium has not been received till the expiry of Grace Period;
13. **“Life Insured”** means the person named in the Schedule, on whose life the Rider is effected;
14. **“Loss of Sight”** means total, permanent and irreversible loss of all vision as a result of illness or Accident (as applicable). The diagnosis must be clinically confirmed by an ophthalmologist. The blindness must not be correctable by aides or surgical procedure and supporting medical records must preserved for an uninterrupted period of at least six months;
15. **“Loss of Use”** means total, permanent and irreversible loss of all functional use of a limb or organ and supporting medical records must preserved for an uninterrupted period of at least six months;
16. **“Maturity Date”** means the date specified in the Schedule, on which the Rider Term expires;
17. **“Medical Practitioner”** means a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or any other such body or Council for Indian Medicine or for homeopathy set up by the Government of India or by a state government and is thereby entitled to practice medicine within its jurisdiction and is acting within the scope and jurisdiction of his license, provided such Medical Practitioner is not the Life Insured or You or their spouse or lineal relative or a Medical Practitioner employed by You/Life Insured;
18. **“Modal Factor”** means the applicable factor specified in the Schedule, which is used to determine the Premium, and will be as follows: i) for annual Premium payment mode – (1.00); ii) for semi-annual Premium payment mode - (0.52); iii) for quarterly Premium payment mode - (0.265); iv) for monthly Premium payment mode - (0.09);
19. **“Nominee”** means nominee nominated by You in accordance with Section 39 of Insurance Act, 1938 as amended from time to time, to receive the benefits under the Rider and whose name is mentioned in the Schedule;
20. **“Policy”** means the Policy to which this Rider is attached and forms part of;
21. **“Revival Period”** means a period of 2 (Two) years from the due date of the first unpaid Rider Premium;
22. **“Rider”** means this rider contract containing these terms and conditions;
23. **“Rider Premium”** means an amount specified in the Schedule, payable by You, by the due dates to secure the benefits under the Rider, excluding service tax or any other taxes, cesses or levies, if any;

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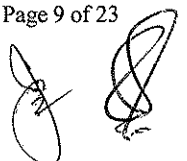


24. ^{INSURANCE} **"Rider Sum Assured"** means an amount as specified in the Schedule, which is payable on the death or accidental dismemberment of the Life Insured in terms of the provision of the Rider;
25. **"Rider Term"** means the term of this Rider as specified in the Schedule;
26. **"Schedule"** means the policy schedule and any endorsements attached to and forming part of the Policy and Rider and if any updated Schedule is issued, then, the Schedule latest in time;
27. **"Underwriting Policy"** means an underwriting policy approved by Our board of directors;
28. **"We"**, **"Us"** or **"Our"** means Max Life Insurance Company Limited; and
29. **"You"**, **"Your"** or **"Policyholder"** means the policyholder as named in the Schedule, who is the policyholder under the base Policy.

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PART C
RIDER FEATURES, BENEFITS & RIDER PREMIUM PAYMENT

1. ELIGIBILITY FOR RIDER BENEFITS

- 1.1. This Rider has been written on a single life basis.
- 1.2. The minimum Age of the Life Insured on the Date of Commencement of Risk under Rider should be 18 (Eighteen) years.
- 1.3. The maximum Age of the Life Insured on the Date of Commencement of Risk under Rider cannot exceed 65 (Sixty Five) years.
- 1.4. The maximum Age of the Life Insured on the Maturity Date cannot exceed 70 (Seventy) years.
- 1.5. This Rider can be attached with the Policy at any time subject to minimum Rider Term of 5 (five) years from the Date of Commencement of Risk under Rider which will not be more than 52 (Fifty Two) years.

2. RIDER BENEFITS

This Rider offers the benefits set out below. These are payable in addition to the benefits of the base Policy.

2.1. Accidental Death Benefit

We will pay the Rider Sum Assured if the Life Insured dies due to an Accident (and independent from any other physical or mental illness) within 180 days of the Accident and before expiry of Rider Term provided that the Accident occurred when this Rider and the base Policy were in force.

2.2. Accidental Dismemberment Benefit

We will pay the Rider Sum Assured if the Life Insured suffers one or more of the following impairments due to an Injury and independent from all other causes) within 180 days of the Accident and before expiry of Rider Term provided that the Accident occurred when this Rider and the base Policy were in force:

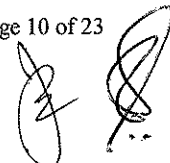
- 2.2.1. Irrecoverable Loss of Sight in both eyes;
- 2.2.2. Amputation or Loss of Use of both hands at or above the wrists;
- 2.2.3. Amputation or Loss of Use of both feet at or above the ankles; or
- 2.2.4. Amputation or Loss of Use of one hand at or above the wrist and one foot at or above the ankle.

3. PREMIUM

- 3.1. You may pay the Rider Premiums in annual, semi-annual, quarterly or monthly payment modes, as specified in the Schedule provided that the Rider Premium payment mode under this Rider shall always be same as the

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Premium payment mode of the Policy and can only be changed with the change of Premium payment mode of the Policy. The Rider Premium will change, if the Rider Premium payment mode is changed by You.

- 3.2. This Rider will be renewed in accordance with the terms of the base Policy. Subject to Section 1.5 of Part C, the Rider can be added or removed from the Policy at any time during the Policy Year. If this Rider is added in between 2 (Two) Policy Anniversaries, then for the first applicable Policy Year when the Rider is added, You will be required to pay the proportionate Rider Premium for the remaining period of that Policy Year. The addition of the Rider shall take effect only after We have approved the same in accordance with Our Underwriting Policy and communicated Our decision to You in writing.
- 3.3. You can pay Rider Premiums at any of Our offices or through Our website www.maxlifeinsurance.com or by any other means, as informed by Us. Any Rider Premium paid by You will be deemed to have been received by Us only after the same has been realized and credited to Our bank account.
- 3.4. The receipt will be issued in Your name, which will be subject to realization of cheque or any other instrument/medium.

4. LAPSATION OF RIDER

- 4.1. If the Premium is not received by the end of the Grace Period, the Rider will lapse and no benefits under the Rider will be payable.
- 4.2. If the base Policy lapses or goes into non-forfeiture mode the Rider will lapse and no benefits under the Rider will be payable.

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PART D
SERVICING CONDITIONS APPLICABLE TO THE RIDER

1. SURRENDER VALUE

1.1. No surrender value is payable under this Rider.

2. LOANS

2.1. You are not entitled to any loans under this Rider

3. REVIVAL OF THE RIDER

3.1. A Lapsed Rider can be revived at Our discretion, within the Revival Period:

3.1.1. on receipt of Your written request to revive the Rider by Us;

3.1.2. if You produce an evidence of insurability of Life Insured at Your own cost which is acceptable to Us;
and

3.1.3. on payment of all overdue Rider Premiums to Us with late fee and/or interest at such rate as may be determined by Us from time to time.

3.2. The revival of the lapsed Rider shall take effect only after We have approved the same in accordance with Our Underwriting Policy and communicated Our decision in writing. The benefits under the lapsed Rider shall be revived upon such revival without interest. If a Lapsed Rider is not revived within the Revival Period, this Rider shall terminate without value on the expiry of the Revival Period.

3.3. The Rider cannot be revived beyond the Rider Term.

4. PAYMENT OF RIDER BENEFITS

4.1. The benefits under this Rider will be payable only on submission of satisfactory proof of the Life Insured's death to Us. The benefits under this Rider will be payable to the Claimant.

4.2. Once the benefits under this Rider are paid to the Claimant, the same will constitute a valid discharge of Our liability under this Rider.

5. EXCLUSIONS APPLICABLE TO THIS RIDER

The following exclusions are applicable to the benefits payable under this Rider:

5.1. **Suicide Exclusion:** We will return the Rider Premium received by Us under this Rider if the death of the Life Insured is directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by suicide or attempted suicide by the Life Insured, whether sane or insane within 12 (Twelve)

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months from the Date of Commencement of Risk under Rider or the date of revival of the Rider.

5.2. **Other Exclusions:** We will not be liable to make any payment under this Rider if the Injury/death of the Life Insured is directly or indirectly, voluntarily or involuntarily due to or caused, occasioned, accelerated or aggravated by any of the following:

- 5.2.1. The Life Insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Medical Practitioner;
- 5.2.2. Injuries resulting from war (declared or un-declared), invasion, civil war, riots, revolution or any warlike operations;
- 5.2.3. Participation by the Life Insured in a criminal or unlawful act with criminal intent;
- 5.2.4. Service in military / para military, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict;
- 5.2.5. Participation by the Life Insured in any flying activity other than as a bona fide passenger (whether paying or not), pilots or cabin crew in a licensed scheduled aircraft;
- 5.2.6. Engaging in or taking part in professional sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping; or
- 5.2.7. The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

6. **TERMINATION OF THE RIDER**

6.1. This Rider shall terminate upon the happening of the first of the following events:

- 6.1.1. on the date on which We receive free look cancellation request;
- 6.1.2. the Life Insured's death;
- 6.1.3. on payment of a claim under Rider or the date of intimation of repudiation of the claim by Us (in case of death of the Life Insured);
- 6.1.4. on the expiry of the Revival Period, if the Lapsed Rider has not been revived;
- 6.1.5. on the expiry of the Rider Term; .
- 6.1.6. on the Maturity Date or the date on which the base Policy has matured, expired, surrendered, terminated or cancelled for any reason;

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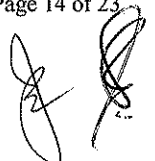
- 6.1.7. on the Policy Anniversary following or coinciding with Life Insured attaining Age of 70 years;
- 6.1.8. on receipt of Your written request for cancellation of this Rider after the completion of the free look period; or
- 6.1.9. On cancellation/ termination of this Rider by Us on grounds of misrepresentation, fraud, non-disclosure or non-cooperation by You and/or the Life Insured. Upon such termination of the Rider, the Rider Premium received by Us will be refunded.

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PART E
RIDER CHARGES




APPLICABLE FEES/ CHARGES UNDER THIS RIDER

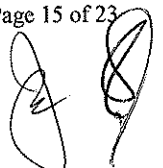
This Rider is a Non-Linked Rider therefore, Part E is not applicable to this Rider.

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PART F
GENERAL TERMS & CONDITIONS OF THE RIDER

1. TAXES

- 1.1. All Rider Premiums are subject to applicable taxes, cesses, levies including service tax and education cess which will entirely be borne by You and will always be paid by You along with the payment of Rider Premium. If any imposition (tax or otherwise) is levied by any statutory or administrative body under the Rider, We reserve the right to claim the same from You. Alternatively, We have the right to deduct the amount from the benefits payable by Us under the Rider.
- 1.2. Tax benefits and liabilities under the Rider are subject to prevailing tax laws. Tax laws and the benefits arising there under are subject to change. You are advised to seek an opinion of Your tax advisor in relation to applicable tax benefits and liabilities.

2. GRACE PERIOD

- 2.1. The Rider Premium is due and payable by the due date specified in the Schedule. If the Rider Premium is not paid by the due date, You may pay the same during the Grace Period without any interest.
- 2.2. During the Grace Period, if the overdue Rider Premium is not paid and the Life Insured dies or suffers Accidental dismemberment as per Section 2.2 of Part C, then, We will pay the benefit after deducting the said overdue Rider Premium.

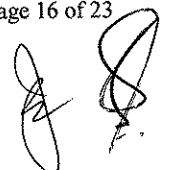
3. CLAIM PROCEDURE

- 3.1. A Claimant claiming benefits under this Rider must notify Us in writing within 90 (Ninety) days from the date of the death by an Accident or dismemberment of the Life Insured. Failure to do so may invalidate a claim under this Rider. We may at Our discretion condone the delay in notifying a claim, if it is proved by the Claimant under this Rider that the delay was due to a reason beyond control, subject to such conditions as We may prescribe at that time.
- 3.2. We will require the following documents in case of death by an Accident or dismemberment of the Life Insured:
- 3.2.1. Claimant's statement in the prescribed form;
 - 3.2.2. original Rider document;
 - 3.2.3. a copy of police complaint/ first information report (wherever applicable);
 - 3.2.4. a copy of duly certified post mortem report along with viscera/ histopathology report (wherever applicable) (only in the case of death by accident of the Life Insured);

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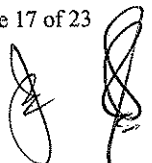


- 3.2.5. death certificate issued by the local/municipal authority
 - 3.2.6. attending physician's statement;
 - 3.2.7. employer's certificate;
 - 3.2.8. certificate by a Medical Practitioner confirming dismemberment of the Life Insured;
 - 3.2.9. identity proof of the Claimant including nominee(s) bearing their photographs and signatures (only in the case of the death of the Life Insured); and
 - 3.2.10. any other documents/information required by Us for assessing and approving the claim request.
- 3.3. A Claimant can download the claim request documents from Our website www.maxlifeinsurance.com or can obtain the same from any of Our branches.
- 3.4. We reserve the right to scrutinize the documents submitted by the Claimant and/or investigate the cause of death of the Life Insured and deny the claim partially or completely on the basis of Our scrutiny of the documents or investigation, as the case may be. We shall pay the benefits under this Rider subject to Our satisfaction:
- 3.4.1. that the benefits have become payable as per the terms and conditions of this Rider; and
 - 3.4.2. of the bonafides and credentials of the Claimant.
- 3.5. Subject to Our sole discretion and satisfaction, in exceptional circumstances such as on happening of a Force Majeure Event, We may decide to waive all or any of the requirements set out in Section 3.1 of Part F.
- 4. DECLARATION OF THE CORRECT AGE**
- 4.1. Declaration of the correct Age and/ or gender of the Life Insured is important for Our underwriting process and calculation of Premiums payable under the Rider. If the Age and/or gender declared in the Proposal Form is found to be incorrect at any time during the Rider Term or at the time of claim, We may revise the Premium with interest and/or applicable benefits payable under the Rider in accordance with the premium and benefits that would have been payable, if the correct Age and/ or gender would have made the Life Insured eligible to be covered under the Rider on the Date of Commencement of Risk under the Rider.
- 5. FRAUD, MISREPRESENTATION AND FORFEITURE**
- 5.1. Fraud, misrepresentation and forfeiture would be dealt with in accordance with provisions of Section 45 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – (1) for reference]*

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6. NOMINATION

6.1. Nomination is allowed as per Section 39 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – (2) for reference]*

7. ASSIGNMENT

7.1. Assignment is allowed as per Section 38 of the Insurance Act, 1938 as amended from time to time. *[A leaflet containing the simplified version of the provisions of the above section is enclosed in Annexure – (3) for reference]*

8. TRAVEL RESTRICTION

8.1 There are no restrictions on travel under this Rider.

9. RIDER CURRENCY

9.1. As per base Policy.

10. ELECTRONIC TRANSACTIONS

10.1. As per base Policy.

11. DUPLICATE RIDER

11.1. In case of loss of this Rider document, You may contact our nearest branch office to know the requirements for issuance of a duplicate Policy or Rider. The duplicate Rider shall be issued without any charge.

12. AMENDMENT

12.1. As per base Policy.

13. REGULATORY AND JUDICIAL INTERVENTION

13.1. As per base Policy.

14. FORCE MAJEURE

14.1. As per base Policy.

15. COMMUNICATION AND NOTICES

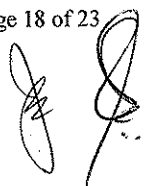
15.1. As per base Policy.

16. GOVERNING LAW AND JURISDICTION

16.1. As per base Policy.

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PART G

GRIEVANCE REDRESSAL MECHANISM AND OMBUDSMAN DETAILS

1. DISPUTE REDRESSAL PROCESS UNDER THE RIDER

- 1.1. All consumer grievances and/or queries may be first addressed to Your agent or Our customer helpdesk as mentioned below:

Max Life Insurance Company Limited
Plot 90A, Sector 18, Gurugram, 122015, Haryana, India
Toll Free No. – 1800 200 4006
Email: axis-service.helpdesk@maxlifeinsurance.com

- 1.2. If Our response is not satisfactory or there is no response within 15 (Fifteen) days:

- 1.2.1. the complainant or his legal heirs may file a written complaint with full details of the complaint and the complainant's contact information to the following official for resolution:

Head Operations and Customer Services,
Max Life Insurance Company Limited
Plot No. 90A, Sector 18, Gurugram, 122015, Haryana, India
Toll Free No. – 1800 200 4006
Email: manager.services@maxlifeinsurance.com;

- 1.2.2. the complainant or his legal heirs may approach the Grievance Cell of the IRDAI on the following contact details:

IRDAI Grievance Call Centre (IGCC) Toll Free No:155255 or 1800 4254 732
Email ID: complaints@irda.gov.in

- 1.2.3. You can also register Your complaint online at <http://www.igms.irda.gov.in/>

- 1.2.4. You can also register Your complaint through fax/paper by submitting Your complaint to:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India
9th floor, United India Towers, Basheerbagh
Hyderabad – 500 029, Andhra Pradesh
Fax No: 91- 40 – 6678 9768

- 1.3. If You are not satisfied with the redressal or there is no response within a period of 1 (One) month, the complainant or his legal heirs may approach Insurance Ombudsman at the address mentioned in Annexure A1 or on the IRDAI website www.irda.gov.in, if the grievance pertains to:

- 1.3.1. any partial or total repudiation of a claim by Us;

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- 1.3.2. any dispute on the legal construction of the Policy in so far as such dispute relate to a claim;
 - 1.3.3. delay in settlement of a claim;
 - 1.3.4. any dispute with regard to the Premium paid or payable in terms of the Policy; or
 - 1.3.5. non issuance of any insurance document after receipt of the Premium.
- 1.4. As per Rule 13(3) of the Redressal of Public Grievances Rules 1998, a complaint to the Insurance Ombudsman can be made only within a period of 1 (One) year after Our rejection of the representation or the date of Our final reply on the representation of the complainant, provided the complaint is not on the same matter, for which any proceedings before any court, or consumer forum or arbitrator is pending.

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[Signature]

Annexure A
List of Insurance Ombudsman

AHMEDABAD - Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad-380 001. Tel.:- 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@gbic.co.in. (State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.)

BENGALURU -Office of the Insurance Ombudsman, J24th Main Road, Jeevan Soudha Bldg, JP Nagar, 1st Phase, Ground Floor Bengaluru – 560 078. Tel. : 080-26652049/26652048 Email: bimalokpal.bengaluru@gbic.co.in. (State of Karnataka)

BHOPAL - Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Bhopal(M.P.)-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in (States of Madhya Pradesh and Chattisgarh.)

BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in (State of Orissa.)

CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160017. Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email:bimalokpal.chandigarh@gbic.co.in (States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.)

CHENNAI- Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018.Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in [State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).]

DELHI- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- 011-011-23234057/23232037 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in (States of Delhi)

GUWAHATI - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, Guwahati-781 001. Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in (States of Andhra Pradesh and Union Territory of Yanam – a part of the Union Territory of Pondicherry.)

JAIPUR- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in (State of Rajasthan)

ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, Ernakulam-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in [State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondichery.]

KOLKATA - Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, C.R. Avenue, Kolkata-700 072. Tel. : 033-22124339/22124346 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in (States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.)

LUCKNOW- Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in (States of Uttar Pradesh and Uttaranchal.)

MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in (State of Goa and Mumbai Metropolitan Region excluding Navi Mumbai and Thane)

PUNE - Office of the Insurance Ombudsman,3rd Floor, Jeevan Darshan Bldg,N.C. Kelkar Road,Narayanpet, Pune – 411030. Tel. 020-41312555 Email: bimalokpal.pune@gbic.co.in (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)

NOIDA - Office of the Insurance Ombudsman,4th Floor, Bhagwan Sahai Palace,Main Road, Naya Bans, Sector-15,Noida - 201301.Tel. 0120-2514250/5153 Email: bimalokpal.noida@gbic.co.in (State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, 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.)

PATNA - Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna – 800006. Tel No: 06122680952. Email id : bimalokpal.patna@gbic.co.in.(Bihar, Jharkhand.)

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, Ahmedabad-380 014. Tel.:- 079-27545441/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman,	State of Karnataka

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24th Main Road, Jeevan-Soudha Bldg. JP Nagar, 1st Phase, Bengaluru-560025. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru@gbic.co.in	
BHOPAL Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal(M.P.) 462-003. Tel.: 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar-751-009. Tel.: 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector-17-D, Chandigarh-160-017. Tel.: 0172-2706468/2705861 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600-018. Tel.: 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building., Asaf Ali Road, New Delhi-110-002. Tel.: 011-23237539/23232481 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in	States of Delhi
GUWAHATI Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781-001 Tel.: 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi Ka Pool,	States of Andhra Pradesh and Union Territory of Yanam - a part of the Union

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Hyderabad-500-004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in	Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur-302005 Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in	State of Rajasthan
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, CC-27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam-682-015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe a part of Union Territory of Pondicherry.
KOLKATA, Office of the Insurance Ombudsman, Hindustan Building-Annexe, 4th Floor, C.R. Avenue, Kolkata-700-072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226-001. Tel : 0522-2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	States of Uttar Pradesh and Uttaranchal.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santaacruz(W), Mumbai-400-054. Tel : 022-26106928/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in	State of Goa and Mumbai Metropolitan Region excluding Navi Mumbai and Thane.
PUNE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune-411030. Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in	State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.

[Signature]
Appointed Actuary

[Signature]
KATEESA SUD
V.C.R. MS

[Signature]
Anoop Chakraborty
Head of Legal

Date of Filing: June 5th, 2017

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