

**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your policy document.

Sl. no.	Title	Description in Simple Words <i>(Please refer to applicable Policy Clause Number in next column)</i>	Certificate of Insurance (COI) Clause Number
1.	Name of the Insurance Product and Unique Identification Number (UIN)	<b>Max Life Group Term Life Platinum Assurance UIN 104N112V03</b>	Cover letter
2.	Policy Number	<Policy Number>	COI Schedule
3.	Type of Insurance Policy	A Non-Linked Non-Participating Group Pure Risk Life Insurance Plan	Cover letter
4.	Basic Policy details	<ul style="list-style-type: none"> <li>• <b>Instalment Premium:</b> &lt; add modal Premium &gt;</li> <li>• <b>Mode of Premium payment:</b> &lt; add modes&gt;</li> <li>• <b>Sum Assured on Death:</b> &lt;add SA&gt;</li> <li>• <b>Sum Assured on Maturity:</b> &lt;Not Applicable&gt;</li> <li>• <b>Policy Term:</b> &lt;add Policy term&gt;</li> <li>• <b>Premium Payment Term:</b> &lt;add PPT&gt;</li> </ul>	COI Schedule
5.	Policy Coverage/benefits payable	<ul style="list-style-type: none"> <li>• <b>Benefits payable on Maturity:</b> <ul style="list-style-type: none"> <li>➤ There is no Maturity Benefit under this Policy. The Master Policyholder and Members will not be entitled to any loan under the Policy.</li> </ul> </li> <li>• <b>Benefits payable on Death:</b> <p>If the Policy is in force, then, upon death of the Member during the Period of Coverage, We will pay the Sum Assured on Death to the Claimant. The Sum Assured on Death payable under the Policy will be reduced to the extent of the amount already paid under Accelerated Critical Illness Benefit</p> </li> <li>• <b>Accelerated Critical Illness Benefit</b> <p>Accelerated Critical Illness Benefit means Sum Assured under Health Cover that is payable on the first time Diagnosis of a specified Critical Illness provided the Policy is in force and the Member has been Diagnosed with Critical Illness after a period of 90 (Ninety) days from the Effective Date of Coverage or Date of revival, whichever is later ("Waiting</p> </li> </ul>	<p>Clause 2.3</p> <p>Clause 2.1</p> <p>Clause 2.2</p>

		<p>Period”) leading to an acceleration of death benefit upon the occurrence of a Critical Illness with the remaining death benefit payable on death. No Accelerated Critical Illness Benefit will be payable if any claim occurs within the Waiting Period or if Critical Illness has occurred/Diagnosed during the Waiting Period and the Accelerated Critical Illness Benefit will be terminated and We shall refund the Premium paid without interest corresponding to the Accelerated Critical Illness Benefit. The Waiting Period shall be applicable for new group or to new members of the existing group. In case of renewal, the Waiting Period shall not apply to those Members who have already completed their Waiting Period fully.</p> <p>The Accelerated Critical Illness Benefit does not provide additional benefit but only accelerates the death benefit payable under this Policy. In no case the same shall exceed 50% of Sum Assured on Death or Rs. 1 (One) Crore, whichever is lower, as opted by the Master Policyholder.</p> <p>Upon payment of this benefit:</p> <ul style="list-style-type: none"> <li>i) The Accelerated Critical Illness Benefit will cease;</li> <li>ii) Sum Assured on Death payable under the Policy will be reduced to the extent of the amount already paid under the Accelerated Critical Illness Benefit.</li> <li>iii) No further premium will be charged for Accelerated Critical Illness Benefit for the member.</li> </ul> <p>The Claimant will not be entitled to any Accelerated Critical Illness Benefit for the exclusions mentioned in Certificate of Insurance. Accelerated Critical Illness Benefit shall not be available to a Member in case the Member has any Pre-Existing Disease or any Critical Illness has occurred prior to the Effective Date of Coverage. Accelerated Critical Illness Benefit shall be payable to the Member only once during the lifetime of the Member</p> <ul style="list-style-type: none"> <li>• <b>Survival Benefits excluding that payable on maturity:</b></li> <li>➤ No survival benefits are payable under the Policy</li> <li>• <b>Surrender Benefits:</b></li> <li>➤ On Surrender of the Policy, the Members will be provided an option, to continue the insurance coverage until the expiry of the Period of Coverage or to exit from the Policy.</li> <li>➤ In case the Members continues, where: <ul style="list-style-type: none"> <li>○ the Premium is borne and paid by Master Policyholder, We will refund an amount equal to the Premium without interest for the unexpired Period of</li> </ul> </li> </ul>	<p>Clause 2.3</p> <p>Clause 5</p>
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		<p>Coverage to Master Policyholder and We will continue the coverage for the unexpired Period of Coverage with respect to those Members provided We have received Premium from them for the unexpired Period of Coverage subject to Our Underwriting Policy;</p> <ul style="list-style-type: none"> <li>○ the Premium is and continued to be borne by the Members, We will continue the coverage for those Members till the expiry Period of Coverage.</li> </ul> <p>➤ In case the Members opt to exit, where:</p> <ul style="list-style-type: none"> <li>○ the Premium is borne and paid by Master Policyholder, an amount equal to the Premium without interest for the unexpired Period of Coverage will be refunded to Master Policyholder;</li> <li>○ the Premium is borne by the Members, an amount equal to the Premium without interest for the unexpired Period of Coverage will be refunded to those Members.</li> </ul> <p><b>Options to policyholders for availing benefits, if any, covered under the policy.</b></p> <p>➤ This is not applicable.</p> <ul style="list-style-type: none"> <li>● <b>Other benefits/options payable, specific to the policy, if any:</b></li> </ul> <p>➤ This is not applicable.</p>	
6.	Options available ( <i>in case of Linked Insurance Products</i> )	<ul style="list-style-type: none"> <li>● <b>Partial Withdrawal:</b></li> <li>➤ This is not applicable.</li> <li>● <b>Top-up Provision:</b></li> <li>➤ This not applicable.</li> <li>● <b>Switches:</b></li> <li>➤ This is not applicable</li> <li>● <b>Premium Redirection:</b></li> <li>➤ This is not applicable.</li> <li>● <b>Settlement Option:</b></li> <li>➤ This is not applicable.</li> <li>● <b>Any other option</b></li> </ul>	

		<ul style="list-style-type: none"> <li>➤ This is not applicable.</li> </ul>	
7.	Option available (in case of Annuity product)	<ul style="list-style-type: none"> <li>• <b>Type of immediate annuity, for example Life annuity with Return of Purchase price etc.</b> <ul style="list-style-type: none"> <li>➤ It is not applicable</li> </ul> </li> <li>• <b>Proportion of annuity amount guaranteed for variable pay-out option.</b> <ul style="list-style-type: none"> <li>➤ Not Applicable</li> </ul> </li> <li>• <b>Any other option</b> <ul style="list-style-type: none"> <li>➤ Not Applicable</li> </ul> </li> </ul>	
8.	Riders opted, if any	<ul style="list-style-type: none"> <li>• <b>Summary of coverage</b> <ul style="list-style-type: none"> <li>➤ Max Life Group Accidental Death Benefit Premier Rider (UIN 104B024V03): This rider provides additional benefit in the case of death due of accident of the Life Insured.</li> <li>➤ Max Life Group Accelerated Terminal Illness Rider (UIN 104B028V03): The rider provides a benefit in case of diagnosis of a Terminal Illness under this product, subject to terms and conditions of the rider. The Terminal Illness rider benefit paid will be offset from the base policy proceeds at the time of sum assured pay out of the base policy.</li> <li>➤ Max Life Group Total and Permanent Disability (Accident) Premier Rider (UIN: 104B030V03): Provides benefit in the case of occurrence of total and permanent disability to the Life Insured due to accident.</li> <li>➤ Max Life Group Critical Illness (Additional Benefit) Premier Rider (UIN: 104B031V03): The rider provides a benefit in respect of the first incidence in the lifetime of Life Insured on being diagnosed with one of the specified pre-defined Critical Illnesses, during the period of the cover.</li> </ul> </li> </ul>	
9.	Exclusions (events where insurance coverage is not payable), if any.	<p><b>Brief list of the applicable exclusions, if any:</b></p> <ul style="list-style-type: none"> <li>• <b>Suicide Exclusion</b></li> </ul> <p>In case of Employer-Employee Group where the cover is compulsory, suicide exclusion will not be applicable.</p> <p>In case of a Non Employer-Employee Group or an Employer-Employee Group under which Members are covered on a voluntary basis and where the Suicide Exclusion clause is applicable, if the Member commits suicide, within 12 (Twelve) months of continuous coverage from the Entry Date, all risks and benefits under the Policy/Certificate of Insurance in</p>	Clause 9

		respect of such Member will automatically cease and no benefits will be payable. In such an event, the Claimant will be entitled to refund of the Premiums paid in respect of the member, without interest till the date of death or the surrender value applicable as on the date of death, whichever is higher, provided the policy is in force.									
10.	Waiting /lien Period, if any	<b>Number of Days</b> Not Applicable									
11.	Grace period	<b>Number of Days:</b> 15 days where the premium is paid on monthly mode and 30 days in all other cases.	Clause 1.10								
12.	Free Look Period	<b>Number of days:</b> 30 days beginning from the date of receipt of the Policy	Clause 10								
13.	Lapse, paid-up and revival of the Policy	<p>If the Premium is not received by the end of the Grace Period, the Policy will lapse and no benefit under the Policy will be payable in respect of any Member.</p> <p>A Lapsed Policy or Member cover (where the Premium is borne by the Members) may be revived during the Policy Term in accordance with our Board Approved Underwriting Policy, provided that:</p> <ul style="list-style-type: none"> <li>• We receive Master Policyholder's written request to revive the Policy;</li> <li>• Master Policyholder provides Us, at Master Policyholder's cost, satisfactory evidence of insurability in respect of the Members, which is acceptable to Us; and</li> <li>• Payment of all due Premiums (along with the applicable taxes, cesses and levies, if any) is made to Us with late fee as on the Date of Revival as may be determined by Us from time to time.</li> </ul> <p>Currently the applicable late fees are as below:</p> <table border="1" data-bbox="636 1381 1373 1768"> <thead> <tr> <th>No. of days between Date of Revival and date of lapse of Policy</th> <th>Late Payment Fee (in Rs.)</th> </tr> </thead> <tbody> <tr> <td>0-60</td> <td>Nil</td> </tr> <tr> <td>61-180</td> <td>RBI Bank Rate + 1% p.a. compounded annually on due Premiums</td> </tr> <tr> <td>&gt;180</td> <td>RBI Bank Rate + 3% p.a. compounded annually on due Premiums</td> </tr> </tbody> </table> <p>The 'RBI Bank Rate' for the financial year ending 31st March (every year) will be considered for determining the Revival late fee. The RBI Bank Rate shall be revised only if</p>	No. of days between Date of Revival and date of lapse of Policy	Late Payment Fee (in Rs.)	0-60	Nil	61-180	RBI Bank Rate + 1% p.a. compounded annually on due Premiums	>180	RBI Bank Rate + 3% p.a. compounded annually on due Premiums	Clause 6
No. of days between Date of Revival and date of lapse of Policy	Late Payment Fee (in Rs.)										
0-60	Nil										
61-180	RBI Bank Rate + 1% p.a. compounded annually on due Premiums										
>180	RBI Bank Rate + 3% p.a. compounded annually on due Premiums										

		<p>the same changes by 1% or more from the RBI Bank Rate used to determine the prevailing late fee and the change shall be effective from 1st July (every year).</p> <ul style="list-style-type: none"> <li>• The Revival of the lapsed Policy or Member cover will take effect only after We have approved the same in accordance with Underwriting Policy and communicated Our decision to Master Policyholder in writing. We will not be liable to pay any benefit occurring during the period for which the Policy was lapsed.</li> <li>• If a lapsed Policy or Member cover (where the Premium is borne by the Members) is not revived within the Policy Term, the Policy will terminate without value, on the expiry of the Policy Term.</li> </ul>	
14.	Policy Loan, if applicable	Not Applicable	
15.	Claims/Claims Procedure	<ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT) for claims settlement:</b> 30 days after receipt of entire documents or completion of investigation, if any, whichever is later.</li> <li>• <b>Brief procedure</b></li> </ul> <p>Notice of Claim – All cases of death must be notified immediately to us in writing. However, We may condone delay on merit for delayed claims where the reason for delay is proved to be for reasons beyond the control of the Claimant.</p> <p>Please note that all death claims will be payable to the nominee/legal heir of the Policyholder.</p> <p>Claim forms as required by us must be completed and furnished to us, at the Claimant's expense, within 90 days after the date the insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company. We reserve the right to require any additional proof and documents in support of the claim.</p> <ul style="list-style-type: none"> <li>• <b>Helpline number</b></li> </ul> <p>➤ 1860-120-5577 (Call charges apply) or 0124- 4219090</p> <ul style="list-style-type: none"> <li>• <b>Contact Details of the Insurer:</b></li> </ul>	Clause 8

➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - [www.maxlifeinsurance.com](http://www.maxlifeinsurance.com)

• **Link for downloading claim form and list of documents required including bank account details:**

➤ <https://www.maxlifeinsurance.com/downloads>

➤ We will require the following documents in case of claim under this Policy regarding the death of the Life Insured:

**Documents for death claims**

- i. Claimant's statement in the prescribed form;
- ii. original Certificate of Insurance;
- iii. original/ attested copy of death certificate issued by the local/municipal authority;
- iv. identity proof of the Member and the Nominee(s) bearing their photographs and signatures
- v. copy of bank passbook / cancelled cheque of the Claimant with name and account number printed

**Additional documents in case of death due to medical reason:-**

- i. attending physician's statement and hospital treatment certificate (if any);
- ii. discharge summary / indoor case papers in case death happened due to medical reasons in a hospital;

**Additional documents in case of Accidental Death/Murder/Suicide cases and any unnatural death:-**

- i. a copy of police complaint/ first information report
- ii. a copy of duly certified post mortem report-autopsy/viscera report and a copy of the final police investigation report /charge sheet

**Additional documents in case of death in foreign country:-**

- i. body transfer certificate / embassy documents / post-mortem report whichever applicable
- ii. Copy of passport

**Documents for Accelerated Critical Illness Benefit:-**

- i. Claimant statement in the prescribed format

		<ul style="list-style-type: none"> <li>ii. attending physician's statement and hospital treatment certificate</li> <li>iii. discharge summary / indoor case papers in case death happened due to medical reasons in a hospital;</li> <li>iv. medical booklet / CGHS card details in case of defence and central government personnel;</li> <li>v. identity proof of the Member and the Nominee(s) bearing their photographs and signatures</li> <li>vi. copy of bank passbook / cancelled cheque of the Claimant / Life assured with name and account number printed.</li> </ul>	
16.	Policy Servicing	<ul style="list-style-type: none"> <li>• <b>Turn Around Time (TAT): up to 15 days</b></li> <li>• <b>Helpline number</b> <ul style="list-style-type: none"> <li>➤ 1860-120-5577 (Call charges apply) or 0124- 4219090</li> </ul> </li> <li>• <b>Contact Details of the Insurer:</b> <ul style="list-style-type: none"> <li>➤ Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India. Website - <a href="http://www.maxlifeinsurance.com">www.maxlifeinsurance.com</a></li> </ul> </li> <li>• <b>Link for downloading applicable forms and list of documents required including bank account details:</b> <ul style="list-style-type: none"> <li>➤ <a href="https://www.maxlifeinsurance.com/downloads">https://www.maxlifeinsurance.com/downloads</a></li> <li>➤ We will require the following documents in case of policy servicing under this Policy regarding the death of the Life Insured: <ul style="list-style-type: none"> <li>• Application in the prescribed form;</li> <li>• original Policy document (if any);</li> <li>• identity proofs (such as copy of Passport, PAN card, Voter identity card, Aadhar (UID) card, etc.) of the Policyholder or Life Insured (bearing their photographs and signatures);</li> <li>• NEFT mandate form attested by bank authorities, along with a cancelled cheque or bank account passbook;</li> <li>• any other documents or information required by Us for assessing and approving the claim request.</li> </ul> </li> </ul> </li> </ul>	
17.	Grievances /Complaints	<ul style="list-style-type: none"> <li>• <b>Contact Details of Grievance Redressal Officer of the insurer:</b></li> </ul>	Clause 13



		<ul style="list-style-type: none"> <li>➤ Grievance Redressal Officer, Max Life Insurance Company Limited, Plot No. 90C, Udyog Vihar, Sector 18, Gurugram-122015, Haryana, India</li> <li>• <b>Link for registering the grievance with the insurer's portal</b></li> <li>➤ <a href="https://www.maxlifeinsurance.com/customer-service/grievance-redressal">https://www.maxlifeinsurance.com/customer-service/grievance-redressal</a></li> <li>• <b>Contact details of Ombudsman</b></li> <li>➤ Refer Annexure A for the Ombudsman details</li> </ul>	
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Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place:

(Signature of the Policyholder)

Date:

**Note:**

- i. For the product related documents including the Customer Information sheet please refer to the <https://www.maxlifeinsurance.com/group-insurance-plans/group-term-life>
- ii. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.
- iii. In the event of any conflict or discrepancy between any translated version and the English language version of this CIS, the English language version of this CIS shall prevail.

### **Annexure A: List of Insurance Ombudsman**

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

**BENGALURU** - Office of the Insurance Ombudsman, Jeevan Soudha Bldg., PID No. 57-27-N-19, Ground Floor, 19/19, 24<sup>th</sup> Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080-26652049/26652048 Email: [bimalokpal.bengaluru@cioins.co.in](mailto:bimalokpal.bengaluru@cioins.co.in). (State of Karnataka)

**BHOPAL**- Office of the Insurance Ombudsman, 1<sup>st</sup> Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal-462 011. Tel.:- 0755-2769201/2769202 Email: [bimalokpal.bhopal@cioins.co.in](mailto:bimalokpal.bhopal@cioins.co.in) (States of Madhya Pradesh and Chhattisgarh.)

**BHUBANESHWAR** - Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar - 751 009. Tel.:- 0674-2596461/2596455 Email: [bimalokpal.bhubaneswar@cioins.co.in](mailto:bimalokpal.bhubaneswar@cioins.co.in) (State of Odisha.)

**CHANDIGARH** - Office of the Insurance Ombudsman, S.C.O. No. 20-27, Ground Floor, Jeevan Deep Building, Sector 17-A, Chandigarh-160017. Tel.:- 0172 - 4646394/2706468 Email: [bimalokpal.chandigarh@cioins.co.in](mailto:bimalokpal.chandigarh@cioins.co.in) [States of Punjab, Haryana (excluding 4 districts viz, Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh]

**CHENNAI**- Office of the Insurance Ombudsman, Fatima Akhtar Court, 4<sup>th</sup> Floor, 453, Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 / 24333678 Email: [bimalokpal.chennai@cioins.co.in](mailto:bimalokpal.chennai@cioins.co.in) [State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry).]

**DELHI**- Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.:- Tel.:- 011 – 23237539 Email: [bimalokpal.delhi@cioins.co.in](mailto:bimalokpal.delhi@cioins.co.in) (State of Delhi, 4 districts of Haryana viz, Gurugram, Faridabad, Sonapat and Bahadurgarh)

**KOCHI**- Office of the Insurance Ombudsman, 10<sup>th</sup> Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi 682011. Tel : 0484-2358759 Email: [bimalokpal.ernakulam@cioins.co.in](mailto:bimalokpal.ernakulam@cioins.co.in) (State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Puducherry.)

**GUWAHATI** - Office of the Insurance Ombudsman, "Jeevan Nivesh", 5<sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati-781 001(ASSAM) Tel.:- 0361-2632204/2602205 Email: [bimalokpal.guwahati@cioins.co.in](mailto:bimalokpal.guwahati@cioins.co.in) (States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.)

**HYDERABAD** - Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, "Moin Court", Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-23312122 Email: [bimalokpal.hyderabad@cioins.co.in](mailto:bimalokpal.hyderabad@cioins.co.in) (State of Andhra Pradesh, Telangana and Yanam and part of the Union Territory of Puducherry.)

**JAIPUR**- Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II Bldg, Bhawani Singh Marg, Jaipur – 302005 Tel : 0141-2740363/ 2740798 Email: [bimalokpal.jaipur@cioins.co.in](mailto:bimalokpal.jaipur@cioins.co.in) (State of Rajasthan)

**KOLKATA** - Office of the Insurance Ombudsman, Hindustan Building. Annexe, 7<sup>th</sup> Floor, 4, C.R. Avenue, Kolkata-700 072. Tel : 033-22124339/22124341 Email: [bimalokpal.kolkata@cioins.co.in](mailto:bimalokpal.kolkata@cioins.co.in) (States of West Bengal, Sikkim, and Union Territories of Andaman and Nicobar Islands.)

**LUCKNOW**- Office of the Insurance Ombudsman, 6<sup>th</sup> Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522 - 4002082 / 3500613 Email: [bimalokpal.lucknow@cioins.co.in](mailto:bimalokpal.lucknow@cioins.co.in) (Following Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.)

**MUMBAI** - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai 400054. Tel : 022- 69038800/27/29/31/32/33 Email: [bimalokpal.mumbai@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in) (State of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai and Thane)

**NOIDA** - Office of the Insurance Ombudsman, 4<sup>th</sup> Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, U.P. - 201301. Tel: 0120-2514252/2514253 Email: [bimalokpal.noida@cioins.co.in](mailto:bimalokpal.noida@cioins.co.in) (State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.)

**PATNA** - Office of the Insurance Ombudsman, 2<sup>nd</sup> floor, Lalit Bhawan, Bailey Road, Patna - 800001 Tel No: 0612-2547068, Email id : [bimalokpal.patna@cioins.co.in](mailto:bimalokpal.patna@cioins.co.in) (State of Bihar, Jharkhand.)

**PUNE** - Office of the Insurance Ombudsman, 3<sup>rd</sup> Floor, Jeevan Darshan Bldg, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411030. Tel.: 020-24471175 Email: [bimalokpal.pune@cioins.co.in](mailto:bimalokpal.pune@cioins.co.in) (State of Maharashtra including Navi Mumbai and Thane and excluding Mumbai Metropolitan Region.)