



POLICY WORDINGS

Whereas the Insured has made a Proposal to United India Insurance Company Limited (hereinafter referred to as the "Company" or "Insurer") and paid the premium as specified in the Schedule, which forms the basis of this Policy, the Company agrees, subject always to the definitions, terms, conditions, exclusions, and limitations contained herein, to indemnify the insured person (hereinafter referred to as the "Insured Person") during the Policy Period stated in the Schedule, or for any further period for which the Company may accept payment for renewal or extension of this Policy.

I. DEFINITIONS

1. **"Accident"** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **"Bodily Injury/Injury"** means accidental physical bodily harm, excluding illness, or disease, solely and directly caused by external, violent, and visible means, which is verified and certified by a Medical Practitioner.
3. **"Capital Sum Insured"** means the sum, as specified in the Schedule of this Policy against the name of Insured person. This sum represents the Company's maximum liability for any or all claims under the Accident benefit(s) during the Policy Period against the respective benefit(s).
4. **"Condition Precedent"** shall mean a policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
5. **"Endorsement"** means written evidence of change to the Policy, including but not limited to an increase or decrease in the period, extent, and nature of the cover, as agreed by the company in writing.
6. **"Insured Event"** means an event, loss, or damage occurring during the Policy Period, for which the Insured/Insured person or their nominee is entitled to benefit(s) under the Policy.
7. **"Insured"** means the policyholder in whose name the policy is issued and who is responsible for paying the premiums.
8. **"IRDAI"** means Insurance Regulatory and Development Authority of India.
9. **"Insured Person"** means the person(s) who comes within the 'description of Insured Person(s)' stated in the Schedule and for whom the premium has been paid.
10. **"Material Fact"** means a fact or information significant to an insurer's decision to underwrite a risk, set premium rates, or process a claim, where its disclosure or non-disclosure may affect the insurer's assessment.
11. **"Medical Practitioner/Doctor/ Physician"** means a person who holds a valid registration from the medical council of any state or the Medical Council of India, and/or such other authorities set up by the Government of India or a State Government, and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of their license provided that this person is not a member of the Insured/insured person's family.
12. **"Nominee"** means the person whose name specifically appears as such in the Policy Schedule and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Insured person.
13. **"Period of Insurance"** means, with respect to the Policy, the period commencing on the Effective Date of the Policy and terminating on the Expiration Date of the Policy, as stated in the Policy Schedule.
14. **"Policy"** means the policy booklet, the Schedule, and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person(s), the exclusions, and the conditions under which the Policy is issued



15. **"Schedule"** means the policy Schedule attached to and forming part of Policy.

II. SCOPE OF COVER

In the event the Insured Person sustains bodily injury during the Period of Insurance, solely and directly resulting from an accident caused by external, violent, and visible means, the Company shall pay to the Insured Person, their Nominee, or legal heirs/representatives, as applicable, subject to the Capital Sum Insured being the maximum liability of the Company, the sum specified herein:

Clause	Event/Incident	Benefit Payable
(1) Death	If such injury within twelve calendar months of its occurrence is the sole and direct cause of the death of the Insured Person	The Capital Sum Insured stated in the Schedule
(2) Permanent Total Disability (PTD):	(a) If such injury within twelve calendar months of its occurrence is the sole and direct cause of the total and irrecoverable loss of sight of both eyes, loss of two limbs (both hands, both feet, or one hand and one foot), loss of a Limb and an eye, or loss of speech and hearing of both ears	The Capital Sum Insured stated in the Schedule
	(b) If such injury within twelve calendar months of its occurrence is the sole and direct cause of the total and irrecoverable loss of a limb or total and irrecoverable loss of sight of an eye	Fifty percent (50%) of the Capital Sum Insured stated in the Schedule
	(c) If such injury within twelve calendar months of its occurrence is the sole and direct cause of permanently totally and absolutely disabling the Insured Person from engaging in any employment or occupation of any description whatsoever	The Capital Sum Insured stated in the Schedule

Definitions applicable for PTD:

- (i) "Loss of Limb" means the physical separation of a limb above the wrist or ankle, or the total loss of functional use of a limb for a continuous period of at least 365 days from the date of the accident, provided that, at the end of this period, the Company must be satisfied that there is no reasonable medical hope of improvement.
- (ii) "Loss of Eye" means the physical separation or irrecoverable loss of sight of an eye, or the total loss of functional use of an eye for a continuous period of at least 365 days from the date of the accident, provided that, at the end of this period, the Company must be satisfied that there is no reasonable medical hope of improvement.
- (iii) Includes cover for Paralysis, Including Paraplegia and Quadriplegia, with loss of functional use of limbs as a result of external force such as an Accident or Physical injury. A specialist medical practitioner must be of the opinion that the paralysis will be permanent, with no hope of recovery and must be present for more than 3 months.
- (iv) **Permanently totally and absolutely disabling the Insured Person from engaging in any employment or occupation:** Insured Person's complete and irreversible incapacity to engage in any occupation or employment for a continuous period of at least 365 days from the date of the accident, provided that, at the end of this period, the Company must be satisfied that there is no reasonable medical hope of improvement.

III. EXCLUSIONS

Provided always that the Company shall not be liable under this policy for:

- 1. Compensation under more than one of the Clauses (1), 2 (a), 2 (b) or 2 (c) in respect of same injury or disablement.



2. Death, bodily injury or disability resulting directly or indirectly from participation in hazardous or adventure sports, including but not limited to para-jumping, rock climbing, mountaineering, rafting, horse racing, scuba diving, hang gliding, skydiving, parasailing, mountain biking, bungee jumping, paragliding, zip lining, flyboarding, canyoning, deep-sea diving, racing on wheels, or engaging in winter sports such as skiing and ice hockey.
3. Payment of compensation in respect of death, bodily injury or disablement of the insured person:
 - (a) From intentional self-injury, suicide, or attempted suicide.
 - (b) Whilst under the influence of intoxicating liquor or drugs.
 - (c) Directly or indirectly caused by participating in motor racing or trial run as a driver, co-driver or passenger.
 - (d) Whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from, or traveling in any balloon or aircraft, other than as a fare-paying passenger in a duly licensed commercial aircraft operated by a Scheduled Airline, Air Charter Company, or equivalent commercial passenger service. This exclusion applies to all aerial activities, including those undertaken by crew members, except for a fare-paying passenger. For the purposes of this exclusion, a fare-paying passenger includes any person traveling under a valid passenger ticket, boarding pass or voucher through some concession or benefit.
 - (e) Directly or indirectly caused by insanity.
 - (f) Arising or resulting from the insured person's actual or attempted commission, or wilful participation in an illegal act, any violation or attempted violation of the law, resistance to arrest, or the insured person committing any breach of law with criminal intent.
4. Payment of compensation in respect of death, bodily injury, or disablement of the insured person due to or arising out of or directly or indirectly connected with or traceable to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints, and detainment of all kinds, or nationalisation or requisition by or under the order of any government or public authority.
5. Any claim resulting or arising from or any consequential loss directly or indirectly caused by, contributed to, or arising from:
 - (a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel, including any self-sustaining process of nuclear fission.
 - (b) Nuclear weapons material.
 - (c) The radioactive, toxic, explosive, or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

IV. GENERAL TERMS & CONDITIONS

1. Disclosure of Information

In the event of any misrepresentation, misdescription, or non-disclosure of any material fact by the policyholder, whether at inception or renewal, the policy shall be void, and all premiums paid shall be forfeited to the Company.

2. Notice & Communication

- (a) Any notice, direction, instruction, or any other communication related to the Policy shall be made in writing.
- (b) Such communication shall be sent to the address of the Company or through any other electronic modes at contact address as specified in the Policy Schedule.
- (c) No insurance agents, brokers, other persons or entities are authorized to receive any notice on behalf of the Company unless explicitly stated in writing by the company.



- (d) The Company shall communicate to The Policyholder/Insured Person in writing, at the address as specified in the Policy Schedule/ Certificate of Insurance, or through any other electronic mode at the contact address as specified in the policy schedule.

3. Reasonable Care

The insured person shall take all reasonable steps to safeguard themselves against any accidents that may give rise to a claim.

4. Nomination

The policyholder 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 the death of the insured person. 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. In the event of the death of the insured person, the Company shall 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 insured person, whose discharge shall be treated as full and final discharge of its liability under the Policy.

5. Fraud

If any claim under this Policy 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/Insured Person, or by any person acting on their behalf, to obtain benefits under the Policy—then all benefits under this Policy shall be forfeited. The Company shall also have the right to recover any benefits paid in respect of such fraudulent claims.

6. Free Look Period

The insured will be allowed a period of at least 30 days from the date of receipt of the policy to review its terms and conditions. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy, provided no claims have been made during this period. Upon cancellation, the premium paid will be refunded after adjusting the amounts spent on stamp duty charges and the proportionate risk premium. All the rights of Insured under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable at the time of renewal of the Policy.

7. Cancellation

- (a) The policyholder can cancel the policy at any time during the term, by informing the company. In case the Policyholder cancels the policy, he/ she is not required to give reasons for cancellation.
- (b) The company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the retail policyholder.
- (c) The company shall –
 - (i) Refund proportion premium for unexpired policy period, if the term of the policy is upto one year and there is no claim(s) made during the policy period.
 - (ii) Refund premium for the unexpired policy period, in respect of policy with the term more than one year and the risk coverage for such policy years has not commenced.
- (d) In the event that the initial premium payable is not paid and realised, this Policy shall be deemed to be void from the intended Policy Effective Date.
- (e) Notwithstanding anything contained herein or otherwise, no refund of premium shall be made in respect of cancellation where any claim has been lodged or admitted, or any benefit has been availed by the Insured person under the Policy.

**8. Renewal**

- (a) The Policy is ordinarily renewable unless the insured, or any person acting on behalf of the Insured, has acted in an improper, dishonest, or fraudulent manner, or has made any misrepresentation under or in relation to this policy.
- (b) This Policy shall terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Policy Schedule, whichever is earlier.
- (c) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy period.
- (d) A grace period of 30 days from the premium due date is allowed where the Insured can still pay the premium and continue the policy. Any claim/loss during the Grace period will not be covered. (i.e., Coverage would not be available for the period for which no premium has been received). Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. there will be break in the policy.
- (e) The Company, however, is not bound to give notice that the Policy is due for renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.
- (f) Insured may enhance the sum insured only at the time of renewal of the policy, however, the quantum of increase shall be subject to underwriting guidelines of the company.

9. Special Provisions

Any special conditions or provisions referenced and endorsed in this Policy, or contained in any separate document, shall be considered a part of this Policy and shall have effect accordingly.

10. Endorsements (Changes in Policy)

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

11. Complete Discharge

Any payment made to the Insured person, their nominees, or their legal heirs/representative, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of the claim by the Company to the extent of that amount for the particular claim.

12. Currency for Payment

All claims shall be payable in India and in Indian Rupees only.

13. Withdrawal & Alteration of Policy Conditions

There is a possibility of revision or modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. However, the same shall be duly notified to the Insured at least three months prior to the date when such alteration or revision comes into effect. The timelines for revision in terms and rates shall be as per the IRDAI regulation. A product may be withdrawn with the prior approval of the Authority, and information of withdrawal shall be given to the insured in advance as per the IRDAI guidelines.

14. Disclaimer Clause

If the Company disclaims liability for any claim, and such claim has not been made the subject matter of a suit in a court of law or is not pending reference before the Insurance Ombudsman within 12 (twelve) calendar months from the date of such disclaimer, then the claim shall, for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

**15. Observance of Terms and Conditions**

The due observance and fulfilment of the terms, conditions, and endorsements of this Policy, insofar as they relate to anything to be done or complied with by the Insured/Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

V. CLAIMS PROCEDURE**1. Claim Intimation:**

The Insured Person, their nominee, or legal heirs/representatives, as the case may be, shall immediately notify the Company of any accident or incident that may give rise to a claim under this Policy within thirty (30) days of the occurrence of the insured event. Failure to furnish such intimation within the required time shall not invalidate or reduce the claim, if he/she can satisfy the company that it was not reasonably possible for him/her to provide such proof within that period. The Company may, at its discretion, relax these timelines in exceptional circumstances where the delay was due to reasons beyond the control of the Insured person.

2. Claim Verification:

Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured Person in the event of any alleged injury or disablement, when and as often as reasonably required by the Company. In the event of death, a post-mortem examination of the Insured Person's body shall be conducted, and such evidence as the Company may, from time to time, require (including a post-mortem examination, if necessary) shall be provided within thirty (30) days from the date of intimation. Additionally, in the event of a claim for loss of sight, the Insured person shall undergo, at their own expense, such operations or treatments as the Company may reasonably deem necessary.

3. Settlement Conditions:

- (a) Upon payment of a claim under Death or Permanent Total Disablement, resulting in a settlement of 100% of the sum insured, the policy shall terminate for the insured person for whom the claim has been paid.
- (b) In the case of a claim under Permanent Total Disablement resulting in a settlement of 50% of the sum insured, the remaining sum insured available for the remaining period of the policy would be 50%.

4. List of Claim documents:

The Claimant, which includes the Insured Person, Nominee, or legal heirs/representatives, as applicable, shall be required to submit the following documents when lodging a claim under the Policy. The documents mentioned below are an indicative list. Additional documents may be asked, if required, for Specific claims. All documents must be duly attested by the Claimant.

(a) Accidental Death Claim Check List:

- (i) Duly filled and signed claim form
- (ii) Copy of First Information Report (FIR) / Medico Legal Certificate (MLC) / Panchnama, wherever applicable
- (iii) Copies of medical documents supporting the accidental injury and treatment taken related to the same (if any)
- (iv) Copy of Death Certificate issued by competent Authorities.
- (v) Copy of Death Summary, Treatment Papers & Investigation Reports
- (vi) Post Mortem Report (Viscera report may be asked in case chemical analysis preserved)
- (vii) Copy of Photo ID and Address Proof of the Insured person/ deceased
- (viii) Copy of Photo ID and address proof issued of the beneficiary / Nominee / Legal Heirs



- (ix) Legal Heir Certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (Mandatory in case there is no subsisting nominee / Nominee name is not mentioned on policy schedule)
- (x) NEFT mandate form filled by beneficiary / Nominee / Legal Heirs in whose name the payment is to be done
- (xi) Any other relevant document, as applicable

(b) Disability Claim Check List:

- (i) Duly filled and signed claim form
- (ii) Copy of First Information Report (FIR) / Medico Legal Certificate (MLC) / Panchnama, wherever applicable.
- (iii) Copies of medical documents supporting the accidental injury and treatment taken related to the same.
- (iv) Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability
- (v) Original Discharge Summary of Hospital mentioning the date of admission, date of discharge, presenting complaints with duration, clinical condition, detailed line of treatment, final diagnosis and past medical and surgical history with duration, wherever applicable
- (vi) Photographs of the Insured Person highlighting the injury / disability where his/her face is clearly visible
- (vii) Copy of Photo ID and Address Proof of Insured person
- (viii) NEFT mandate form filled by beneficiary / Insured person in whose name the payment is to be done
- (ix) Any other relevant document, as applicable

VI. POLICY SERVICING

In case of any queries, the Insured shall contact the policy issuing office, details of which are mentioned in the Policy Document.

VII. GRIEVANCE REDRESSAL

In case of any grievance, the insured may contact UIIC through:

- **Website:** www.uiic.co.in
- **Toll free:** 1800 425 333 33
- **E-mail:** customercare@uiic.co.in
- **Courier:** Customer Care Department, Head Office, United India Insurance Co. Ltd., 24, Whites Road, Chennai, Tamil Nadu- 600014

Insured/Insured person, their Nominee or legal representatives may also approach the grievance cell at any of the Company's branches with the details of the grievance. If he/she is not satisfied with the redressal of the grievance through one of the above methods, he/she may contact the grievance officer at customercare@uiic.co.in.

- For updated details of grievance officer, kindly refer the link <https://uiic.co.in/en/customercare/grievance>.
- If Insured is not satisfied with the redressal of grievance through above methods, the Insured may also approach the **Office of Insurance Ombudsman** of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure 1.
- Grievance may also be lodged at IRDAI Integrated Grievance Management System: <https://bimabharosa.irdai.gov.in/>

**Annexure 1**

Office of Ombudsman	Contact Details	Areas Of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD - 380 001 Tel.: 079 - 25501201/02 E-mail: bimalokpal.ahmedabad@cioins.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU - 560 078 . Tel.: 080 - 26652048/26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal - 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009 Tel.: 0674 - 2596461 / 2596455 / 2596429 / 2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, CHANDIGARH - 160 017 . Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, UTs of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018 Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamilnadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel.: 011 - 46013992 / 23213504 / 23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nivesh, 5th floor, Near Panbazar, S.S. Road, GUWAHATI - 781 001 Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court Lane, Opp. Hyundai Showroom, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam - part of Territory of Pondicherry
JAIPUR	Insurance Ombudsman, 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	Rajasthan
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp. to Maharaja's College Ground, M.G. Road, KOCHI - 682 011 . Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe - a part of UT of Puducherry.
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072 Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	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,



JANATA PERSONAL ACCIDENT INSURANCE POLICY (INDIVIDUAL)

		Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), MUMBAI - 400 054 Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e. M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA	Insurance Ombudsman, 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	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, PATNA 800 001 . Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, PUNE - 411 030 . Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantnao Naik Mahamarg, Road, Thane (West), THANE - 400604 . Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.

The updated details of Insurance Ombudsman are also available at:

- IRDAI website: <https://www.irdai.gov.in/>
- General Insurance Council website: <https://www.gicouncil.in/>
- Our Company Website: <https://uiic.co.in/>
- <https://www.cioins.co.in/Ombudsman>