

Policy Wording**HDFC ERGO Wellness Corner (Group)****A. Operative Clause**

We will provide Insurance coverage to the Insured Person(s) under this Policy up to Sum Insured subject to Terms, Conditions, Exclusions and waiting period, mentioned in the Policy Schedule/Certificate of Insurance.

- 1.** This Add-on covers two sections as mentioned below. Depending on the requirement, any one section or both the sections can be opted with the base policy
- 2.** HDFC ERGO Wellness Corner is an add-on that can be only opted along with an active HDFC ERGO Group base policy. This add-on cannot be opted in isolation or as a separate product.
- 3.** There is no refund upon cancellation of this add-on.
- 4.** No waiting periods shall apply to any benefit of this add-on thus all benefits that are in force shall be available from Day 1 of this add-on

B. Base Coverage**SECTION 1. WELLNESS BENEFITS****A. Operative Clause**

- 1.** This section is free of cost.
- 2.** The list of benefits in force under this section at any point in time shall be as stipulated in Annexure 1.
- 3.** Details on amount, limits and discounts, conditions for validity and process for availing benefits shall be as per link in Annexure 1.
- 4.** The benefits that are in force and their limits/conditions may be subject to change. Hence, customers are advised to refer to link in Annexure 1 prior to availing benefits.
- 5.** Any of the below benefits if in force shall only be applicable for redemption during the Policy Period of Base policy.
- 6.** All services shall be provided through our service Provider(s) subject to availability at the time of availing that benefit.
- 7.** The Section can be opted at inception or renewal or any time during the Policy Period of Base policy
- 8.** There are no exclusion applicable to this section
- 9.** We shall only facilitate the Insured Person in availing services or discounts or products offered by our service Provider(s). In case the Insured Person wishes to avail any chargeable services under any benefit of this Section, the cost of the same shall be borne by the Insured Person.
- 10.** The services provided under the various benefits in this Section are through our Service Provider(s) and we are not responsible for any kind of liability arising out of them. Benefits availed under this Sections shall not be valid for any medico-legal cases.
- 11.** This Section shall automatically be renewed when the Base policy is renewed.



- 12.** The cover will be restricted to India unless otherwise specified in Annexure 1
- 13.** All other general terms & conditions and definitions applicable to the base policy will apply to this add-on as well, unless otherwise specified under this Section

B. Benefits

- a.** Below is the list of indicative benefits available under this Section. However, the list of benefits in force for a particular Insured Person under this Section at any point in time shall be as stipulated in Annexure 1.
- b.** The term Service Provider(s) wherever mentioned in this document means any person, organization, institution that has been empanelled with Us to provide health related services specified under the benefits to the Insured Person.
- c.** We shall only facilitate the Insured Person in availing services or discounts or products offered by our Service Provider. Any costs incurred for availing services under any of the below benefits shall be borne by the Insured Person.

Benefit 1. Discounts on Out-Patient consultations

Under this benefit the Insured person(s) can avail discounts on out-patient consultations during the Policy period. These consultations may either be physical or digital.

Benefit 2. Discounts on out-patient treatment

Under this benefit the Insured person(s) can avail discounts on out-patient treatments during the Policy period

Benefit 3. Discounts on Diagnostic services

Under this benefit the Insured person(s) can avail discounts on Diagnostic services during the Policy period

Benefit 4. Discount on Pharmacy expenses

Under this benefit the Insured person(s) can avail discounts on Pharmacy expenses during the Policy period

Benefit 5. Discounts on Health Check-up

Under this benefit the Insured person(s) can avail discounts on routine physical and preventive Health Check-ups during the Policy period.

Benefit 6. Discounts on Chronic Care Management Program

Under this benefit the Insured person(s) can avail discounts on Chronic Care Management Programs offered by our Service Provider(s).

A Chronic Care Management Program is a customized program for Insured Persons with any chronic diseases. The program aims to educate, empower and engage Insured Persons to become more aware of their health conditions and proactively manage them.

**Benefit 7. Discount on Lifestyle Management Program**

Under this benefit the Insured person(s) can avail discounts on Lifestyle Management Programs offered by our Service Provider(s).

A Lifestyle management program is a program with a specific focus to educate, empower and engage Insured Persons to become more aware of their health and proactively manage it.

For example: Programs on stress management, smoking cessation etc.

Benefit 8. Fitness Discounts

Insured person(s) can avail discounts on fitness services offered by our Service Provider(s). Fitness discounts can pertain to

- a. Gyms
- b. Yoga centers
- c. Sports clubs
- d. Fitness centers

Benefit 9. Out-patient consultations

Insured person(s) can avail consultations through our Service Provider(s) for assessing medical records or routine health issues of the Insured Person. These consultations can be physical or through digital modes of communication like telephone, email, chat, video, online portal, or mobile application. Details on type of specialist, mode of availing this service and limits shall be as specified in Annexure 1.

Benefit 10. Emergency Road Ambulance Assistance

Insured Person can avail assistance in booking a Road ambulance, through our service Provider(s), following an emergency.

Benefit 11. Fitness Services

Insured person(s) can avail vouchers/memberships/services on fitness offered by our Service Provider(s). Such vouchers/memberships/services can pertain to

- a. Gyms
- b. Yoga centers
- c. Sports clubs
- d. Fitness centers

Benefit 12. Counselling

Insured person(s) can avail counselling sessions through our Service Provider(s) for dealing with issues pertaining to psychological/mental illness, speech impairment and problems related to personal and lifestyle imbalance.

Benefit 13. Wellness Sessions

Insured person(s) can avail wellness sessions conducted by our Service Provider(s).

Wellness Sessions shall mean any off-site or on-site mode of providing education or training on complete wellbeing. This may include sessions on physical fitness, diet and nutrition,



mental wellbeing etc.

Benefit 14. Health Risk Assessment

Insured person(s) can undertake Health Risk Assessment modules conducted by our Service Provider(s).

Health Risk Assessment means any online or hard copy questionnaire tool used for evaluating an Insured Person's health and quality of life by reviewing his current lifestyle practices, habits, diet, existing health issues, pathology, family history and others that affect his health status.

Benefit 15. Wellness Event

Insured person(s) can engage in wellness events organised by our Service Provider(s).

Wellness Event shall mean any planned on-site or off-site event focusing on health parameters such as marathons, vaccination drives, eye screening, dental screening etc.

SECTION 2. PERSONAL ACCIDENT

For the purposes of interpretation and understanding of this Policy, we have defined some important words used in the Policy which will have the special meaning accorded to these terms for the purposes of this Policy. For the remaining language and words used, the usual meaning as described in Standard English language dictionaries shall apply

A. Standard Definitions

- Def. 1** **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2** **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 3** **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 4** **Emergency Care** means management for an Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 5** **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

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- Def. 6** **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.
- Def. 7** **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 8** **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- Def. 9** **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
- Def. 10** **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.

B. Specific Definitions

- Def. 1** **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not.
- Def. 2** **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- Def. 3** **Chemical attack or weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Def. 4** **Biological attack or weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- Def. 5** **Period of Insurance** means the period between the Coverage Commencement Date and the Expiry Date specified in the Policy Schedule/Certificate of Insurance under the Policy with the Company under which Insured Person is covered.
- Def. 6** **Policy Schedule** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 7** **Sum Insured** means amount equivalent to INR 10,000 which represents Our maximum liability for each Insured Person during the lifetime of the Policy.
- Def. 8** **Insured Person** means the person who has proposed the Policy and in whose name the Policy is

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issued the Person/s who has/have purchased Insurance Cover under this Policy

C. Benefits**I. Accidental Death****a) Coverage**

We will pay the Sum Insured equivalent to INR 10,000, if Insured Person sustains Injury due to Accident during the Period of Insurance, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.

b) Specific Conditions applicable to Cover I – Accidental Death

The Coverage under this section of the Add-on terminates on admissibility of Claim equal to the Sum Insured.

D. General Exclusions

We will not make any payment for any claim in respect of any Insured Person for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy Schedule/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports

**E. General Terms and Clauses****I. Standard General Terms And Clauses****1. Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Policyholder.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2% above the bank rate.

4. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and



- d. any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement or suppression of material fact are within the knowledge of the Insurer

6. Cancellation**i. Cancellation by Insurer**

We may cancel the Policy or Coverage on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form/enrolment form or non-cooperation by Policy Holder or Insured Person. Cancellation shall be ab initio from the inception date or the Renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

ii. Cancellation by Insured Person

You may cancel your Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. No premium will be refunded in case of cancellation and the Company will retain the premium

7. Migration

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

8. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire Policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Portability.

9. Renewal

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause.

- Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.

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- The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- No loading shall apply on renewals based on individual claims experience
- The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- Renewal premium due can be paid prior to the due date as per norms set out by the Company.

10. Withdrawal of Policy

- a. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- b. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

11. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

12. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected

**13. Grievance Redressal Procedure**

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

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234 / www.hdfcergo.com
Level 1	<p>For lack of a response or if the response provided does not meet your expectation, you can:</p> <ol style="list-style-type: none"> 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <ol style="list-style-type: none"> 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com
Level 3	<p>In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in</p>

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website <https://www.hdfcergo.com/customer-voice/grievances>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in>

**14. 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 death of the Policyholder. 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 death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/ Certificate of Insurance/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

II. Specific Terms And Clauses**1. Entire Contract**

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

2. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

3. Geography

This section provided worldwide coverage

4. Grace Period

- i. A grace period of 30 days for Renewal of Coverage is applicable under the Policy.
- ii. For Renewal received after completion of 30-day grace period, the Coverage would be considered as fresh without any Renewal benefits.

5. Endorsements

The following endorsements are permissible during the Coverage Period:

- a. Non-Financial Endorsements – which do not affect the premium
 - i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
 - ii. Rectification in gender of the Insured Person (if this does not impact the premium)
 - iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
 - iv. Change in the correspondence address of the Proposer (if this does not impact the



premium)

- v. Change in Nominee Details
 - vi. Change in bank details
 - vii. Any other non-financial endorsement
- b. Financial Endorsements – which result in alteration in premium
- i. Cancellation of Policy
 - ii. Any other financial endorsement
- iii. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

III. Other Terms & Conditions**1. Claims Procedure**

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website, You can register your claim through call to our IPO (Mobile/Portal) app, e-mail, Call to our call centre.
Claim Intimation Timelines	Within 15 days from the date of occurrence of the event
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none">1. Policy Number,2. Name of the Insured Person(s) named in the Policy schedule/Certificate of Insurance availing treatment (if applicable)3. Nature of disease/illness/injury (if applicable)4. Name and address of the attending Medical Practitioner/Hospital (if applicable)5. Date of admission & probable date of discharge (if applicable)6. First Information Report and Final Police report, wherever is necessary7. Any other supporting documents as may be required by the Company8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.

2. Condonation of delay

If the claim is not notified/ or submitted w condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

**3. Claim Documents to be submitted**

Claims documents to be submitted	<ol style="list-style-type: none">1. Medical Practitioner's Report2. Medico Legal Certificate3. Death certificate4. Post mortem if conducted/FSL (Forensic science laboratory) report – To check for drug abuse/intoxication5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.6. Duly filed in Claim form
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1. Claims Contact details

Claim Intimation:	Service No: 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh



Ombudsman Details

The contact details of the Insurance Ombudsman offices are as below-

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU 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 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.
BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
CHANDIGARH 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, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHEENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).



Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, 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, Sonepat & Bahadurgarh.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD 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, Yanam and part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI 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 Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue,	West Bengal, Sikkim, Andaman & Nicobar Islands.

Office Details	Jurisdiction of Office Union Territory, District)
<p>Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdha, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annex, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>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.</p>
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region</p>



THANE

Office of the Insurance Ombudsman,

2nd Floor, Jeevan Chintamani Building,
Vasantrao Naik Mahamarg,
Thane (West)- 400604
Tel.: 022-20812868/69
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."

ANNEXURE 1

The below link provide details about benefits which are in-force and available for a particular Insured Person along with amount/limits/discounts and conditions applicable:

xyzz.hdfcergo.com