

THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001

NEW INDIA CANCER GUARD POLICY DOCUMENT

1. PREAMBLE

This is Your NEW INDIA CANCER GUARD POLICY, which has been issued by Us, relying on the information disclosed by You in Your Proposal for this Policy or its preceding Policy of which this is a renewal.

The terms and conditions set out in this Policy and its Schedule will be the basis for any claim and/or benefit under this Policy.

Please read this Policy carefully and point out discrepancy, if any, in the Schedule. Otherwise, it will be presumed that the Policy and the Schedule correctly represent the cover agreed upon by You and Us.

If during the **Period of Insurance**, You or any **Insured Person** incurs **Medical Expenses** that are **Reasonable and Customary**, and **Medically Necessary** for treatment of **Cancer**, We will reimburse such expense incurred by You, through the Third Party Administrator, in the manner stated herein.

Please note that the above coverage is subject to Limits and Terms & Conditions contained in this Policy.

The Policy has a waiting period of 90 days. If the Insured contracts or is diagnosed with Cancer during the waiting period, the premiums are returned and policy is cancelled. However, this shall not apply in case of renewal

2. DEFINITIONS

STANDARD DEFINITIONS

2.1 **CANCER OF SPECIFIED SEVERITY** means

- I. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukaemia, lymphoma and sarcoma.
- II. The following are excluded -
 - i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
 - ii. Any skin cancer other than invasive malignant melanoma
 - iii. All tumours of the prostate unless histologically classified as having a Gleason score

greater than 6 or having progressed to at least clinical TNM classification T2N0M0.

- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Micro carcinoma of the bladder
- vii. All tumours in the presence of HIV infection.

2.2 CASHLESS FACILITY means a facility extended by Us to You where We, to the extent pre-authorization approved, directly make the payment of the cost of treatment undergone by You in accordance with the policy terms and conditions, to the network provider.

2.3 CONDITION PRECEDENT shall mean a policy term or condition upon which Our liability under the policy is conditional upon.

2.4 CONGENITAL ANOMALY means to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- **CONGENITAL INTERNAL ANOMALY** means a Congenital Anomaly, which is not in the visible and accessible parts of the body.
- **CONGENITAL EXTERNAL ANOMALY** means a Congenital Anomaly, which is in the visible and accessible parts of the body.

2.5 CUMULATIVE BONUS means any increase or addition in the Sum Insured granted by Us without an associated increase in premium

2.6 DAY CARE TREATMENT refers to medical treatment, and/or Surgical Procedure which is:

- Undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than twenty-four hours because of technological advancement, and
- Which would have otherwise required a Hospitalization of more than twenty-four hours.

2.7 DAY CARE CENTRE means any institution established for Day Care Treatment of Cancer or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:

- has qualified nursing staff under its employment;
- has qualified Medical Practitioner/s in charge;
- Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- Maintains daily record of patients and will make these accessible to the insurance company's authorized personnel.

2.8 DISCLOSURE TO INFORMATION NORM: 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.

2.9 GRACE PERIOD means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

2.10 HOSPITAL means any institution established for Inpatient Care and Day Care Treatment of Cancer and which has been registered as a Hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said act.

OR complies with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified Medical Practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where Surgical Procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

2.11 HOSPITALISATION means admission in a Hospital for a minimum period of twenty-four consecutive hours of Inpatient Care except for specified procedures / treatments as mentioned in Annexure I, where such admission could be for a period of less than twenty-four consecutive hours.

2.12 ICU (INTENSIVE CARE UNIT) means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.13 ICU CHARGES means the amount charged by a Hospital towards ICU expenses, which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.

2.14 ILLNESS means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

2.15 INPATIENT CARE means treatment of Cancer for which You have to stay in a Hospital for more than twenty-four hours.

2.16 MEDICAL ADVICE means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

2.17 MEDICAL EXPENSES means those expenses that You have necessarily and actually incurred for medical treatment on account of Cancer on the advice of a Medical Practitioner, as long as these are no more than would have been payable if You had not been Insured and no more than other Hospitals or Medical Practitioner in the same locality would have charged for the same medical treatment.

2.18 MEDICALLY NECESSARY TREATMENT means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- is required for the medical management of the Cancer suffered by You;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

- must have been prescribed by a Medical Practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.19 MEDICAL PRACTITIONER is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Indian Medicine or for Homeopathy 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 his license.

Note: The Medical Practitioner should not be the Insured or close family members.

- 2.20 NETWORK PROVIDER** means Hospitals or health care providers enlisted by Us, TPA or jointly by Us and TPA to provide medical services to You by a cashless facility. The list is available with Us/TPA and subject to amendment from time to time.
- 2.21 NON-NETWORK PROVIDER** means any Hospital, Day Care Centre or other provider that is not part of the Network.
- 2.22 NOTIFICATION OF CLAIM** means the process of intimating a claim to Us or TPA through any of the recognized modes of communication.
- 2.23 OPD TREATMENT** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 2.24 PORTABILITY** Portability means transfer by an individual Health insurance policyholder (including family cover) of the credit gained for Pre-Existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 2.25 QUALIFIED NURSE** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 2.26 REASONABLE AND CUSTOMARY CHARGES** mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
- 2.27 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 2.28 ROOM RENT** means the amount charged by a Hospital towards Room and Boarding expense and shall include associated medical expenses.
- 2.29 UNPROVEN/EXPERIMENTAL TREATMENT** means treatment including drug, experimental therapy which is not based on established medical practice in India.

SPECIFIC DEFINITIONS

2.30 ASSIGNMENT A transfer or assignment of a policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a

separate instrument, signed in either case by the transferor or by the assignor or his duly authorized agent and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made.

2.31 ADVANCED METASTATIC CANCER means the diagnosis of Stage IV (based on TNM classification) or advanced metastatic cancer, evidenced by spread of cancer to other organs or parts of the body which are not directly connected with each other basis confirmation by histopathological evidence &/or radiological evidence like PET, CT, MRI. Spread of cancer to lymph nodes only is not covered under this definition

2.32 CANCER: A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma, sarcoma and Carcinoma.

Please note the following is Included -

- Any In-situ Cancer, which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues.
- Any pre-cancerous change in the cells that are cytological or histologically classified as high-grade dysplasia or severe dysplasia.

Note: The definition under 2.1 should be read in conjunction with definition 2.32 for the purpose of Cancer Treatment under this policy

2.33 CLAIM FREE YEAR means coverage under the New India Cancer Guard Policy for a period of a year during which, no claim is paid or shall be payable under the terms and conditions of the Policy in respect of any Insured Person.

2.34 DATE OF DIAGNOSIS refers to the date of histopathology report, based on which Medical Practitioner confirms the initial diagnosis of Cancer.

2.35 INSURED PERSON means You and each of the others who are covered under this Policy as shown in the Schedule.

2.36 PERIOD OF INSURANCE means the period for which this Policy is issued, as specified in the Schedule.

2.37 PRE-HOSPITALISATION MEDICAL EXPENSES mean Medical Expenses incurred during thirty days preceding Your Hospitalisation, provided that:

- i. Such Medical Expenses are incurred for Cancer, and
- ii. The Inpatient Hospitalization claim is admissible by Us.

2.38 POST-HOSPITALISATION MEDICAL EXPENSES mean Medical Expenses incurred during sixty days immediately after You are discharged from the Hospital provided that:

- i. Such Medical Expenses are incurred for Cancer, and
- ii. The Inpatient Hospitalisation claim is admissible by Us.

- 2.39 PRE-EXISTING CONDITION / DISEASE** means any condition, ailment of Cancer or related condition(s) for which You had signs or symptoms, and/or were diagnosed, and/or for which You received medical advice / treatment prior to the first Policy issued by Us (as mentioned in the Schedule) and renewed continuously thereafter.
- 2.40 SUM INSURED** is the maximum amount of coverage opted for each Insured Person and as shown in the Schedule.
- 2.41 SURGERY OR SURGICAL PROCEDURE** means manual and/or operative procedure(s) required for treatment of Cancer, correction of deformities and defects, diagnosis and cure of Cancer, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- 2.42 TPA (THIRD PARTY ADMINISTRATORS)** means any person who is registered under the IRDAI (Third Party Administrators - Health Services) Regulation, 2016 notified by the Authority, and is engaged, for a fee or remuneration by Us, for the purposes of providing Health Services defined in those Regulations.
- 2.43 WE/OUR/US/COMPANY** means **The New India Assurance Co. Ltd.**
- 2.44 YOU/YOUR** means the person who has taken this Policy and is shown as Insured or the first insured (if more than one) in the Schedule.

3. BENEFITS COVERED UNDER THE POLICY

The policy shall cover treatment for Cancer taken as Inpatient or Outpatient or Day Care. Following Conventional and Advanced Treatment shall be covered in the Policy:

1. Chemotherapy
2. Radiotherapy
3. Organ transplant, as part of Cancer treatment
4. Onco-surgery (Surgeries for excision of cancerous tissue or removal of organs/ tissues)
5. Proton Treatment
6. Personalised & Targeted therapy
7. Hormonal Therapy or Endocrine manipulation
8. Immunotherapy including immunology agents
9. Stem cell transplantation
10. Bone marrow transplantation

- 3.1** Our liability for all claims admitted during the Period of Insurance shall not exceed the aggregate of the Sum Insured and Cumulative Bonus, if any. Subject to this, We will reimburse the following Reasonable and Customary, and Medically Necessary Expenses admissible as per the terms and conditions of the Policy:

3.1 (a)	Room Rent, boarding and nursing expenses, For Sum Insured for 5, 10 and 15 Lakhs - Single AC room For Sum Insured for 25 and 50 Lakhs - Deluxe room
3.1 (b)	Intensive Care Unit (ICU) expenses, as actuals

3.1 (c)	Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees
3.1 (d)	Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Prosthetic devices implanted during Surgery, Relevant Laboratory / Diagnostic test, X-Ray and other medical expenses related to the treatment of Cancer
3.1 (e)	Pre-Hospitalization Medical expenses, up to 30 days
3.1 (f)	Post-Hospitalization Medical expenses, up to 60 days

Note:

1. All the above expenses will be available for the treatment of Cancer as defined under 2.32
2. Expenses relating to Hospitalization will be considered in proportion to the eligible room rent stated in the Policy or actual whichever is less.

3.2 PAYMENT OF AMBULANCE CHARGES:

We will pay You the charges for Ambulance services not exceeding Rs. 3,000 per Hospitalization, incurred for shifting any Insured Person.

3.3 MEDICAL EXPENSES FOR ORGAN TRANSPLANT:

If treatment involves Organ transplant, as part of Cancer treatment, to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the Insured recipient shall not exceed the aggregate of the Sum Insured and Cumulative Bonus, if any, of the Insured Person receiving the organ.

3.4 RECONSTRUCTION OF AFFECTED BODY PART POST SURGERY:

We will pay for Medical Expenses incurred for the reconstruction of affected body part to restore your essential physical functioning as a direct result of Cancer Surgery, provided the claim for cancer surgery is admissible and the policy is in force without a break.

3.5 POST TREATMENT FOLLOW UP:

Medical Expenses incurred on follow up check-up shall be payable up to Rs. 10,000 once in a policy period, provided the Insured has gone into a state of complete remission and the treatment for Cancer has been discontinued on recommendation of Medical Practitioner for at least six months with "No evidence of disease (NED)".

3.6 SECOND OPINION FOR SURGERY:

In case any Insured Person requires to undergo a Surgery as advised by a Medical Practitioner, the expenses incurred towards consultation with another Medical Practitioner to seek advice on the Surgery shall be payable, up to Rs. 5,000 for Sum Insured of Rs. 5, 10 & 15 Lakhs and up to Rs. 10,000 for Sum Insured of Rs. 25 & 50 Lakhs. Cashless facility for availing such second opinion may be provided by the TPA with enlisted Network Providers.

3.7 CANCER CARE BENEFIT:

If during the Period of Insurance, any Insured Person is first time diagnosed for Cancer and is in Stage IV (based on TNM classification) or Advanced Metastatic Cancer, 50% of the Sum Insured would be paid as Critical Care Benefit in addition to the admissible claim amount.

Cancer Care Benefit is payable only once in the lifetime of each Insured Person. It will not be applicable for whom it is a Pre- Existing Condition. Any payment under this Clause would be in addition to the Sum Insured.

3.8 CUMULATIVE BONUS:

The Sum Insured under Policy shall be increased by 10% at each renewal in respect of each claim free year of Insurance, subject to maximum of 50%. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it is accrued.

Cumulative bonus will be lost if policy is not renewed before or within 30 days from the date of expiry. In case Sum Insured under the policy is reduced at the time of renewal, the percentage of Cumulative Bonus shall be applicable on such reduced Sum Insured.

4. WHAT ARE EXCLUDED UNDER THIS POLICY

No claim will be payable under this Policy for the following:

SPECIFIC EXCLUSIONS

- 4.1** Any Treatment other than for Cancer.
- 4.2** Pre-Existing Condition for Cancer for which Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment prior to the first policy issued by Us (as mentioned in the Schedule).
- 4.3** Cancer diagnosed / contracted by the Insured person during the first ninety days of the commencement date of first Policy.
- 4.4** Any treatment for Cancer directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon/ ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel.
- 4.5** Plastic Surgery, cosmetic, aesthetic treatment.
- 4.6** Cost of external prosthetic devices, non-durable implants, external medical equipment.
- 4.7** Dental treatment or Surgery of any kind unless necessitated due to treatment of Cancer.
- 4.8** Kaposi Sarcoma.
- 4.9** Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of Cancer for which confinement is required at a Hospital.
- 4.10** Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner.
- 4.11** Non Allopathic treatment.

- 4.12** Any expenses relating to cost of items detailed in Annexure II.
- 4.13** Unproven/Experimental Treatment and pharmacological regimens.
- 4.14** Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital.
- 4.15** Treatment including investigation/diagnostic services availed outside India.
- 4.16** Rest Cure, Rehabilitation and Respite care.
- 4.17** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- Custodial care either at home, or in a Hospital / nursing facility for personal care either by skilled nurses or assistants or unskilled persons.
 - Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.
- 4.18** Specified healthcare providers
- Treatment rendered by a Medical Practitioner, which is outside his discipline or the discipline for which he is licensed.
 - Treatments rendered by a Medical Practitioner, who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
 - Any treatment or part of a treatment that is not of a reasonable charge, not Medically Necessary; drugs or treatments that are not supported by treating doctor's prescription.
 - Charges related to a Hospital stay not expressly mentioned as being covered in this Policy, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
 - Any non-medical expenses mentioned on our website and or attached with this policy.

5. CONDITIONS GENERAL TERMS AND CLAUSES

STANDARD GENERAL TERMS AND CLAUSES

5.1 MULTIPLE POLICIES:

If two or more policies are taken by You during a period from Us or other Insurers to indemnify treatment costs, You shall have the right to require a settlement of Your claim in terms of any of Your policies.

1. In all such cases Insurer who has issued the chosen Policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of chosen policy.
2. Claims under other Policy may be made after exhaustion of Sum Insured in the earlier chosen policy / policies.
3. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, You shall have the right to choose Insurers from whom You want to claim the balance amount.

4. You shall also have the right to prefer claims for the amount disallowed under the earlier chosen policy, even if the Sum Insured is not exhausted.
5. You shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen Policy.

Note: The Insured Person must disclose such other Insurance at the time of making a claim under this Policy.

5.2 RENEWAL CLAUSE:

We shall renew this Policy if You shall remit the requisite Premium to Us prior to expiry of the Period of Insurance stated in the Schedule. The Renewal is subject to the rates & terms prevalent at the time of Renewal.

We shall be entitled to decline Renewal if

1. We have withdrawn the Policy, in which event You shall have the option for Renewal under any similar Policy being issued by Us, provided however, benefits payable shall be subject to the terms contained in such other Policy; or
2. Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining Insurance or subsequently in relation thereto; or
3. You fail to remit Premium for Renewal before expiry of the Period of Insurance. We will accept Renewal of the Policy if it is effected within thirty days (as per the Grace Period defined above) of the expiry of the Period of Insurance. On such acceptance of Renewal, We however shall not be liable for any claim arising out of Cancer contracted or Hospitalisation commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.

Note: In case of revision including the premium, modification, or withdrawal of the Policy a notice, by suitable mode of communication, will be provided to You 90 days before such revision, modification or withdrawal. You will have the option to migrate to similar Health Insurance Policy with Us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. Provided the policy has been maintained without a break as per portability guidelines prescribed by IRDAI.

There will be no loading on renewals on Individual claims experience basis.

5.3 CANCELLATION CLAUSE:

If You are diagnosed with Cancer during the first ninety days of the commencement date of first Policy, Your Policy shall be cancelled ab-initio and entire premium will be refunded. If there are more than one Insured Person covered in the Policy, cover shall cease for that Insured Person and the premium collected for him/her shall be refunded.

The policy shall be null and void, and no benefits shall be payable in case of Fraud, misrepresentation, mis-description or nondisclosure of any material fact / particular. Premium paid shall also stand forfeited.

You may also at any time cancel this Policy. We shall allow refund of premium, if no claim has been made or paid under the Policy, at short period rate which is tabulated below:

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED (RETAINED)
Up to one month	1/4th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate

5.4 **PORTABILITY AND MIGRATION:**

Migration:

You will have the option to migrate the policy to other Health Insurance products/plans offered by the company by applying for migration of the policy at-least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If You are presently covered and has been continuously covered without any lapses under any Health Insurance product/plan offered by the Company, then You will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration. For detailed guidelines on Migration. Kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_NoYearList.aspx?DF=RL&mid=4.2

Portability:

You will have the option to port the policy to other Insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at-least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any Health Insurance policy with an India General/Health Insurer, the proposed Insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For detailed guidelines on Portability. Kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_NoYearList.aspx?DF=RL&mid=4.2

5.5 **FREE LOOK PERIOD:**

The free look period shall be applicable at the inception of the first New India Cancer Guard Policy.

You will be allowed a period of fifteen (15) days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.

If You have not made any claim during the free look period, You shall be entitled to:

1. A refund of the premium paid less any expenses incurred by Us on medical examination and the stamp duty charges or;
2. where the risk has already commenced and the option of return of the policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;

Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

5.6 **GRIEVANCE REDRESSAL:**

If You have any grievance relating to the Policy or any Claim thereunder, You may contact any of the Customer Care Cells at Regional Offices of the Company or Office of the Insurance

Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact detail of the office of the Insurance Ombudsman is provided in the Annexure III.

Senior Citizens may write to seniorcitizencare.ho@newindia.co.in

SPECIFIC TERMS AND CLAUSES

5.7 BASIS OF INSURANCE:

This Policy is issued based on the truth and accuracy of statements in the Proposal. If there is any misrepresentation or non-disclosure of material facts, We will treat the Policy as void ab-initio.

5.8 PREMIUM:

Unless premium is paid before commencement of risk, this Policy shall have no effect.

5.9 PLACE OF TREATMENT AND PAYMENT:

This Policy covers Medical/ Surgical treatment and/or services rendered only in India.

Admissible claims shall be payable only in Indian Rupees.

Payment shall be made directly to Network Hospital if Cashless facility is availed. If request for Cashless facility is not availed/approved, bills needs to be submitted for reimbursement.

Note: Cashless facility is only a mode of claim payment and cannot be demanded in every claim. If We have doubts regarding admissibility of a claim at the initial stage, which cannot be decided without further verification of treatment records, request for Cashless facility may be declined. Such decision by Us shall be final. Denial of Cashless facility would not imply denial of claim. If Cashless facility is denied, You may submit the papers on completion of treatment and admissibility of the claim would be subject to the terms, conditions and exclusions of the Policy.

5.10 COMMUNICATION:

You must send all communications and papers regarding a claim to the TPA at the address shown in the Policy Schedule.

For all other matters relating to the policy, communication must be sent to our Policy issuing office.

Communications you wish to rely upon must be in writing.

5.11 NOTICE OF CLAIM:

If You intend to make any claim under this Policy You **must:**

- a. Intimate within seventy-two hours from the time of Hospitalisation.
- b. Submit following supporting documents to TPA relating to the claim within fifteen (15) days from the date of discharge from the Hospital:
 - i. Duly completed claim form
 - ii. Numbered Bill, Receipt and Discharge certificate / card from the Hospital.

- iii. Numbered Cash Memos from the Hospitals(s) / Chemists(s), supported by proper prescriptions.
 - iv. Numbered Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such tests.
 - v. Surgeon's certificate stating nature of operation performed and Surgeons' numbered bill and receipt.
 - vi. Attending Medical Practitioner's / Anaesthetist's numbered bill and receipt, and certificate regarding diagnosis.
 - vii. Copy of PAN Card and NEFT Details.
- c. In case of Post-Hospitalisation treatment (limited to sixty days), submit all claim documents within fifteen (15) days after completion of such treatment.
- d. Provide TPA with authorization to obtain medical and other records from any Hospital, Laboratory or other agency.

Note: All the documents have to be in original. If the originals have been submitted to some other company, certified true copy of the same along with the settlement note should be submitted.

The above stipulations are not intended to prejudice Your claims, but their compliance is of utmost importance and necessity for Us to identify and verify all facts and surrounding circumstances relating to a claim and determine whether it is payable.

Waiver of delay may be considered in genuine cases of hardship, but only if it is proved to Our satisfaction it was not possible for You or any other person to comply with the prescribed time-limit.

The Insured person shall give the TPA/Us any additional information and assistance as the TPA / We may require.

5.12 Any Independent Medical Practitioner authorised by the TPA/Us shall be allowed to examine the Insured Person, at our cost, if We deem Medically Necessary in connection with any claim.

5.13 ENHANCEMENT OF SUM INSURED:

You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted subject to the underwriting guidelines. Enhancement of Sum Insured shall be allowed based on the following table:

Age<=50 years	Enhancement up to Sum Insured of 50 Lakhs
Age 51-55 Years	Enhancement up to Sum Insured of 15 Lakhs
Age 56-60 Years	Enhancement up to Sum Insured of 10 Lakhs

Enhancement of Sum Insured will not be considered for:

- 1) Insured Persons over 60 years of age.
- 2) Insured Person who diagnosed for Cancer (including Cancer survivors).

In respect of any increase in Sum Insured, exclusion 4.1, 4.2 and 4.3 would apply to the additional Sum Insured from the date of such increase.

5.14 If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration.

The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

No reference to Arbitration shall be made unless We have Admitted Our liability for a claim in writing.

If a claim is declined and within twelve calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.15 MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy only. Sum Insured of the Renewed Policy will not be available for the Hospitalisation (including Pre & Post Hospitalisation Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

5.16 PROTECTION OF POLICY HOLDERS' INTEREST:

This policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017.

5.17 SETTLEMENT/REJECTION OF CLAIM:

- i. We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document.
- ii. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Insurer, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. While efforts will be made by Us to not call for any document not listed in Clause 5.11, where any additional document or clarification is necessary to take a decision on the claim, such additional documents will be called for.
- vi. All necessary claim documents pertaining to Hospitalisation should be furnished by the Insured Person in original to the TPA (as mentioned in the Schedule), within fifteen (15) days from the date of discharge from the Hospital. However, claims filed even beyond such period will be considered, if there are valid reasons for delay in submission.
 - a. In case of any deficiency in submission of documents, the TPA shall issue a deficiency request.
 - b. In case of non-submission of documents requested in the deficiency request within seven days from the date of receipt of the deficiency request, three reminders shall be sent by the TPA at an interval of seven days each.

- c. The claim shall stand repudiated if the documents, mandatory for taking the decision of admissibility of the Claim, are not submitted within seven days of the third reminder. If the required documents are such that it does not affect the admissibility of the claim and is limited to payment of certain expenditure only, the Claim will be paid after reducing such amount from the admissible amount.

5.18 SINGLE POLICY:

You are not allowed to take multiple policies of New India Cancer Guard. This condition shall be applicable to all the Insured persons taking New India Cancer Guard Policy.



ANNEXURE I: LIST OF DAY CARE PROCEDURES:

S. No.	Treatment	S. No.	Treatment
1	2D Radiotherapy	30	Interstitial Brachytherapy
2	3D Brachytherapy	31	Intracavity Brachytherapy
3	3D Conformal Radiotherapy	32	Intraluminal Brachytherapy
4	Adjuvant Chemotherapy	33	Intravesical Brachytherapy
5	Adjuvant Radiotherapy	34	IV Push Chemotherapy
6	After loading Catheter Brachytherapy	35	LDR Brachytherapy
7	Cancer Chemotherapy	36	Maintenance Chemotherapy
8	CCRT concurrent Chemo + RT	37	Muscle Biopsy
9	Conditioning Radiotherapy For BMT	38	Neoadjuvant Chemotherapy
10	Consolidation Chemotherapy	39	Neoadjuvant Radiotherapy
11	Continuous Infusional Chemotherapy	40	Nerve Biopsy
12	Electron Therapy	41	Palliative Chemotherapy
13	Epidural Steroid Injection	42	Palliative Radiotherapy
14	External Mould Brachytherapy	43	Radical Chemotherapy
15	Extracorporeal Irradiation Of Blood Products	44	Radical Radiotherapy
16	Extracorporeal Irradiation To The Homologous Bone Grafts	45	Radiotherapy For Cancer
17	FSRT fractionated SRT	46	Rotational Arc Therapy
18	Gamma knife SRS	47	SBRT stereotactic Body Radiotherapy
19	HBI hemi body Radiotherapy	48	SC Administration Of Growth Factors
20	HDR Brachytherapy	49	SRS stereotactic Radiosurgery
21	Helical Tomotherapy	50	SRT stereotactic ARC Therapy
22	IGRT Image Guided Radiotherapy	51	TBI Total Body Radiotherapy
23	Implant Brachytherapy	52	Tele Gamma Therapy
24	IMRT DMLC	53	Telecesium Therapy
25	IMRT Step & Shoot	54	Telecobalt Therapy
26	Induction Chemotherapy	55	Template Brachytherapy
27	Infusional Bisphosphonates	56	TSET total Electron Skin Therapy
28	Infusional Chemotherapy	57	VMAT volumetric Modulated Arc Therapy
29	Infusional Targeted Therapy	58	X knife SRS

ANNEXURE II: LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")

SNO	LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Not Payable
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Not Payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable

46	CREPE BANDAGE	Not Payable
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Not Payable
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	HOME VISIT CHARGES	Not Payable
62	DONOR SCREENING CHARGES	Not Payable
63	ADMISSION/REGISTRATION CHARGES	Not Payable
64	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
65	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
66	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges
67	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the Hospital payable.
68	MICROSCOPE COVER	Payable under OT Charges
69	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges
70	SURGICAL DRILL	Payable under OT Charges
71	EYE KIT	Payable under OT Charges
72	EYE DRAPE	Payable under OT Charges
73	X-RAY FILM	Payable under Radiology Charges
74	SPUTUM CUP	Payable under Investigation Charges
75	BOYLES APPARATUS CHARGES	Part of OT Charges
76	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood
77	ANTISEPTIC OR DISINFECTANT LOTIONS	Part of Dressing Charges
78	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Part of Dressing charges
79	COTTON	Part of Dressing Charges
80	COTTON BANDAGE	Part of Dressing Charges
81	MICROPORE/ SURGICAL TAPE	Part of Dressing Charges
82	BLADE	Not Payable
83	APRON	Not Payable
84	TORNIQUET	Not Payable
85	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
86	URINE CONTAINER	Not Payable

ELEMENTS OF ROOM CHARGE		
87	LUXURY TAX	Tax levied by government is payable
88	HVAC	Part of room charge
89	HOUSE KEEPING CHARGES	Part of room charge
90	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge
91	TELEVISION & AIR CONDITIONER CHARGES	Part of room charge
92	SURCHARGES	Part of room charge
93	ATTENDANT CHARGES	Part of room charge
94	IM IV INJECTION CHARGES	Part of nursing charge
95	CLEAN SHEET	Part of room charge
96	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by Hospital is payable
97	BLANKET/WARMER BLANKET	Part of room charge
ADMINISTRATIVE OR NON - MEDICAL CHARGES		
98	ADMISSION KIT	Not Payable
99	BIRTH CERTIFICATE	Not Payable
100	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
101	CERTIFICATE CHARGES	Not Payable
102	COURIER CHARGES	Not Payable
103	CONVENYANCE CHARGES	Not Payable
104	DIABETIC CHART CHARGES	Not Payable
105	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
106	DISCHARGE PROCEDURE CHARGES	Not Payable
107	DAILY CHART CHARGES	Not Payable
108	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
109	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Payable in Post-Hospitalisation
110	FILE OPENING CHARGES	Not Payable
111	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
112	MEDICAL CERTIFICATE	Not Payable
113	MAINTENANCE CHARGES	Not Payable
114	MEDICAL RECORDS	Not Payable
115	PREPARATION CHARGES	Not Payable
116	PHOTOCOPIES CHARGES	Not Payable
117	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
118	WASHING CHARGES	Not Payable
119	MEDICINE BOX	Not Payable
120	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable
121	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
122	WALKING AIDS CHARGES	Not Payable
123	BIPAP MACHINE	Not Payable
124	COMMODE	Not Payable
125	CPAP / CAPD EQUIPMENTS	Device not payable
126	INFUSION PUMP - COST	Device not payable
127	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
128	PULSEOXYMETER CHARGES	Device not payable
129	SPACER	Not Payable

130	SPIROMETRE	Device not payable
131	SPO2 PROBE	Not Payable
132	NEBULIZER KIT	Not Payable
133	STEAM INHALER	Not Payable
134	ARMSLING	Not Payable
135	THERMOMETER	Not Payable
136	CERVICAL COLLAR	Not Payable
137	SPLINT	Not Payable
138	DIABETIC FOOT WEAR	Not Payable
139	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
140	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
141	LUMBOSACRAL BELT	Not Payable
142	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU,
143	AMBULANCE COLLAR	Not Payable
144	AMBULANCE EQUIPMENT	Not Payable
145	MICROSHEILD	Not Payable
146	ABDOMINAL BINDER	Not Payable
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
147	BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	Not Payable
148	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES POST HOSPITALIZATION NURSING CHARGES	Not Payable
149	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Patient Diet provided by Hospital is payable
150	SUGAR FREE VARIENT OF MEDICINE	Payable
151	CREAMS POWDERS LOTIONS	prescribed medical pharmaceuticals payable
152	DIGESTION GELS	Payable when prescribed
153	ECG ELECTRODES	One set every second day is Payable.
154	GLOVES STERILIZED	Gloves payable / unsterilized gloves not payable
155	HIV KIT	payable Pre-operative screening
156	LISTERINE / ANTISEPTIC MOUTHWASH	Payable when prescribed
157	LOZENGES	Payable when prescribed
158	MOUTH PAINT	Payable when prescribed
159	NEBULISATION KIT	If used during Hospitalisation is Payable reasonably
160	NOVARAPID	Payable when prescribed
161	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
162	ZYTEE GEL	Payable when prescribed
163	VACCINATION CHARGES	Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
164	AHD	Not Payable
165	ALCOHOL SWABES	Not Payable
166	SCRUB SOLUTION/STERILLIUM	Not Payable
OTHERS		
167	VACCINE CHARGES FOR BABY	Not Payable
168	TPA CHARGES	Not Payable
169	VISCO BELT CHARGES	Not Payable

170	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
171	EXAMINATION GLOVES	Not payable
172	KIDNEY TRAY	Not Payable
173	MASK	Not Payable
174	OUNCE GLASS	Not Payable
175	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
176	OXYGEN MASK	Not Payable
177	PAPER GLOVES	Not Payable
178	PELVIC TRACTION BELT	Not Payable
179	REFERAL DOCTOR'S FEES	Not Payable
180	ACCU CHECK (GLUCOMETERY/ STRIPS)	Reports and Charts required
181	PAN CAN	Not Payable
182	SOFNET	Not Payable
183	TROLLY COVER	Not Payable
184	UROMETER, URINE JUG	Not Payable
185	AMBULANCE	Payable
186	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
187	URINE BAG	Payable where Medically Necessary - maximum 1 per 24 hrs
188	SOFTOVAC	Not Payable
189	STOCKINGS	Not Payable

ANNEXURE III: CONTACT DETAILS OF INSURANCE OMBUDSMEN

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>
<p>BENGALURU - Office of the Insurance Ombudsman, JeevanSoudha 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@gbic.co.in</p>	<p>Karnataka</p>
<p>BHOPAL - Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003 Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in</p>	<p>Madhya Pradesh Chattisgarh</p>
<p>BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009 Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>	<p>Orissa</p>
<p>CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017 Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh</p>

<p>CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018 Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)</p>
<p>DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002 Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in</p>	<p>Delhi</p>
<p>GUWAHATI - Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</p>
<p>HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004 Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry</p>
<p>JAIPUR - Shri. Ashok K. Jain Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005 Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@gbic.co.in</p>	<p>Rajasthan</p>
<p>ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015 Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe - a part of Pondicherry</p>

<p>KOLKATA - Shri. K. B. Saha Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072 Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands</p>
<p>LUCKNOW - Shri. N. P. Bhagat Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001 Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, 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, Santkabinagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>
<p>MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, JeevanSeva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054 Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>
<p>NOIDA - Shri. Ajesh Kumar Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301 Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
<p>PATNA - Shri. Sadasiv Mishra Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006 Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in</p>	<p>Bihar, Jharkhand</p>
<p>PUNE - Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030 Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in</p>	<p>Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>