

CORONA CARE (GROUP)

Policy Wordings

SECTION A) PREAMBLE

Whereas the insured described in the Group Policy Schedule hereto (hereinafter called the 'Insured' or "Policy holder/Policy Holder" or "Proposer") has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal of Insured for Group Policy and proposal of/transcript of the Proposal of Insured on behalf of respective Insured Beneficiary/ies and or proposal of/transcript of the Proposal of Insured Beneficiary, for issuance of Certificate of Insurance [COI], which shall be the basis of this Contract and Certificate of Insurance and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Group Policy issued in the name of Policy Holder and Certificate of Insurance to be issued thereunder in the name of Insured Beneficiary, and the Insured Beneficiary and or Policy Holder on behalf of Insured Beneficiary has paid the premium specified in the Certificate of Insurance read with Group Policy as consideration for such insurance Contract, now the Company agrees, subject always to the Sum Insured as specified in the respective Certificate of Insurance, and the terms, conditions, exclusions, and limitations of the Group Policy and Certificate of Insurance, and in excess of the amount of the Deductible, to indemnify the Insured Beneficiary against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period, in the manner and to the extent hereinafter stated:

The term **Insured Beneficiary** in this document refers to the individual group members who will be treated as Insured Beneficiary and the term **Proposer /Policy Holder/ Group Manager / Group Organizer** in this document refers to Person/ Organization who has signed the proposal form and in whose name the Group Policy is issued. Also, the term **Insurer/ Us/ Our/ Company** in this document refers to Bajaj Allianz General Insurance Company Ltd.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

The terms defined below and at other junctures in the Group Policy have the meanings ascribed to them wherever they appear in this Group Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

- 1. Accident, Accidental**
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means
- 2. Any one illness**
Any one illness means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
- 3. Cashless Facility** means a facility extended by the Insurer to the insured where the payments, of the costs of treatment undergone by the Insured Beneficiary in accordance with the Group Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.
- 4. Condition Precedent**
Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- 5. Grace Period** means specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Certificate of Insurance in force without loss of continuity benefits such as waiting period and coverage of Pre- Existing Diseases. Coverage is not available for the period for which no premium is received.
- 6. Cashless Facility** means a facility extended by the Insurer to the Insured Beneficiary where the payments, of the costs of treatment undergone by the Insured Beneficiary in accordance with the Certificate of Insurance read with Group Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.
- 7. Co-Payment:**
A co-payment means a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- 8. Day care centre:**
A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
 - i. has qualified nursing staff under its employment,
 - ii. has qualified medical practitioner(s) in charge,
 - iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
- 9. Dental Treatment**
Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 10. Disclosure to information norm:**
The Certificate of Insurance shall be void and all premiums 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.

CORONA CARE (GROUP)**11. Emergency Care:**

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 Beneficiary's health.

12. Grace Period

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

13. Hospital:

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (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:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.
- vi. For the purpose of this Certificate of Insurance any other make-shift or temporary Hospital permitted by the Central or State Government for the treatment of Covid shall also be considered as Hospital.

- 14. Hospitalization** means admission in a Hospital for a minimum period of twenty-four (24) hours consecutive 'In-patient care' provided it will not include procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

- 15. Inpatient care** means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

- 16. 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.

- 17. ICU (Intensive Care Unit) 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 intensivist charges.

18. Illness

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

- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. it needs ongoing or long-term control for relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur.

- 19. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

- 20. Medical Expenses** means those expenses that an Insured Beneficiary has necessarily and actually incurred for Medically Necessary Treatment on account of illness or accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Beneficiary had not been insured and no more than other Hospitals or Medical Practitioner(s) in the same locality would have charged for the same Medically Necessary Treatment.

- 21. Medical Practitioner(s) or Doctor(s)** means 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 license, provided he/she is not in any way related to the Insured Beneficiary or he/she has no conflict of interest.

- 22. Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - i. is required for the medical management of the illness or injury suffered by the Insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner,
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

23. Migration

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

- 24. Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

- 25. Non-Network provider** means any hospital, day care centre or other provider that is not part of the Network Provider

- 26. Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

CORONA CARE (GROUP)

- 27. Out-Patient (OPD) Treatment** means the one in which the Insured Beneficiary visits a clinic or Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured Beneficiary is not admitted as a day care or in-patient
- 28. Portability**
Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.
- 29. Pre-Existing Disease**
Pre-existing disease means any condition, ailment or injury or disease
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement **Or**
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 30. Pre-Hospitalization Medical Expenses** means Medical Expenses incurred during the period of 30 days preceding the Hospitalization treatment of the Insured Beneficiary, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Beneficiary's Hospitalization was required, and
 - The In-patient Hospitalization claim/claim for such Hospitalization is admissible by the Insurance Company.
- 31. Post Hospitalization Medical Expenses** means Medical Expenses incurred during the period of 30 days immediately after the Insured Beneficiary is discharged from the Hospital/ completion of provided that:
- Such Medical Expenses are for the same condition for which the Insured Beneficiary person's Hospitalization treatment was required, and
 - The inpatient Hospitalization treatment claim for such Hospitalization treatment is admissible by the Insurance Company.
- 32. 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.
- 33. Reasonable and Customary charges**
Reasonable and Customary charges means 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.
- 34. Renewal**
Renewal means the terms on which the Certificate 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.
- 35. Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 36. Surgery or Surgical Procedure**
Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 37. Unproven/Experimental treatment**
Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

SECTION B) DEFINITIONS - SPECIFIC DEFINITIONS

- Age** means age of the Insured Beneficiary on last birthday as on date of commencement of the Cover Period under Certificate of Insurance.
- Break in Policy** means the period of gap that occurs at the end of the existing Cover Period under Certificate of Insurance, when the premium due for renewal on a given Certificate of Insurance is not paid on or before the premium renewal date or within 30 days thereof subject to Group Policy is renewed.
- Certificate of Insurance ["COI"]** means the document issued by the Company to the Insured Beneficiary as per these terms and conditions detailing the Insured Beneficiary(s) name, address, age, commencement date and expiry date of the cover, coverage, Sums Insured, condition(s), exclusions and or endorsement(s).. Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Group Policy Wordings, then these Group Policy Wordings shall prevail.
- Coronavirus Disease-** This specifically refers to Novel Coronavirus Disease 2019 (officially named as COVID-19) which is caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2).
- Cover Period:** Cover Period means period of one year for which the Insured Beneficiary is covered under the Certificate of Insurance.
- Group-** The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.
- Group Policy or Master Policy** the Proposal/transcript of proposal of Policy Holder , the Group Policy Schedule/Bajaj Allianz CORONA CARE Group Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof along with these Terms and Conditions, and the Proposal, declaration and applicable Endorsements under the Group Policy containing the terms and conditions

CORONA CARE (GROUP)

of the insurance coverage and exclusions and copay and deductible and under which Certificates of Insurance will be issued to the Insured Beneficiary/ies, either on the Risk Inception Date of Policy Schedule or during the Group Policy Period, with the details of the extent of cover available to the Insured Beneficiary, the Exclusions under the cover and the terms, conditions, warranties and limitations.

8. **Insured Beneficiary** means individual persons for whom the Policy Holder has taken the Group Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary.
9. **Policy Holder/Group Manager/Proposer/Group Administered or "Insured"** is the Organization or Legal Entity which has taken the Group Policy on behalf of all Insured Beneficiaries.
10. **Master Policy Period** means period of one year for which the Group Policy/Master Policy is valid in the name of Group Manager/Policy Holder. Group Policy Schedule means the Group Policy Schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the Group Policy.
11. **Sum Insured/Sum Assured** means the amount stated in the Certificate of Insurance against each relevant Section. Sum Insured represents the maximum, total and cumulative liability of Insurer for any and all claims made under the Certificate of Insurance, in respect of that Insured Beneficiary (on Individual basis) during the Cover Period.
12. **Waiting Period** means a period from the inception of the Certificate of Insurance during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Certificate of Insurance has been continuously renewed without any break.
13. **You, Your, Yourself** the Insured Beneficiary as set out in the Certificate of Insurance.
14. **We, Our, Ours, the Company, Insurer** means the Bajaj Allianz General Insurance Company Limited.

SECTION C) BENEFITS COVERED UNDER THE POLICY

Cover Period Under Certificate Of Insurance: 1 year

Eligibility

All members forming part of the Group can be covered with Individual Sum Insured for each Insured Beneficiary.

Scope Of The Product

This product is exclusively provide covers against Novel Coronavirus Disease 2019 officially named as COVID-19 which is caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2).

The Insured Beneficiary will be covered towards Hospitalization expenses (as an in-patient) incurred due to Coronavirus Disease subject to terms, conditions and exclusions of the Group Policy read with Certificate of Insurance.

The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this Group Policy and the limit up to Sum Insured opted under Certificate of Insurance [COI].

What is covered under BAGIC Corona Care?

This product is a Hospitalisation Indemnity Plan

SECTION 1: COVERAGE

In-Patient Hospitalization Indemnity Cover

If Insured Beneficiary is Hospitalized due to Coronavirus Disease on the advice of a Doctor/ Medical Practitioner provided COVID-19 has been confirmed positive basis on investigation report by Authorised centres and certified by District Surveillance officer, Govt. Chief Medical Officer or any other Govt. authority appointed by Government of India during the Cover Period requiring Hospitalisation of Insured

Beneficiary, then the Company will indemnify and pay Medical Expenses for the below listed items up to the Sum Insured stated in the Certificate of Insurance under the heading 'In-patient Hospitalization Indemnity Cover', subject otherwise to all other terms, conditions and exclusions of the Certificate of Insurance read with Policy.

- Room rent, boarding expenses
- Nursing
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen,
- Medicines, drugs and consumables,
- Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Pre Hospitalization

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Certificate of Insurance.

Post Hospitalisation

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 30 days from the date of discharge from the Hospital, following an admissible Hospitalization covered under the Certificate of Insurance.

CORONA CARE (GROUP)

SECTION D) EXCLUSIONS - STANDARD EXCLUSIONS

1. Investigation & Evaluation (Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment for Coronavirus Disease are excluded.

2. Rest Cure, rehabilitation and respite care (Excl05)

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

3. Breach of law (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

4. Excluded Providers (Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

5. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

6. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)

7. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner. (Excl14)

8. Unproven Treatments (Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

SECTION D) EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS

I. Waiting Period

1. 15 days Waiting Period-
No claim would be payable for initial 15 days

II. Exclusions

1. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.
2. All non-medical Items as per Annexure I provided in Policy Wordings.
3. Any treatment received outside India is not covered under this policy.
4. If Insured beneficiary has travelled to international locations in last 30 days & domestic location having outbreak of Coronavirus Disease.
5. If Insured beneficiary having infections in last 30 days.
6. A person having had direct physical contact with a COVID-19 positive case without recommended personal protective equipment (PPE)

SECTION E) GENERAL TERMS AND CLAUSES - 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. Fraud

- i. If any claim made by the Insured beneficiary, 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 beneficiary 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.
- ii. 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 has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
- iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, 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 beneficiary does not believe to be true;
 - b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;

CORONA CARE (GROUP)

- c) any other act fitted to deceive; and
 - d) any such actor 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 beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

4. Grievance Redressal Procedure

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of “Caringly Yours”. To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say “Hi” on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail
- a) Level 1 Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
- b) Level 2 In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in
- c) Level 3 If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back
5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

The contact details of the ombudsman offices are mentioned in **Annexure II**

SECTION E) GENERAL TERMS AND CLAUSES – SPECIFIC TERMS AND CLAUSES

5. Eligible Entry Age Limit :

Member	Eligible age
Self, Spouse, Parents, Parents-in-law	18 years to 65 years
Dependent Children	3 months to 30 years

6. Due Observance

The due observance of and compliance with the terms, provisions, warranties and conditions of this Certificate of Insurance insofar as they relate to anything to be done or complied with by the Insured Beneficiary and/or the Insured Beneficiary's Family shall be a condition precedent to any liability of the Company under this Certificate of Insurance.

7. Consideration

The Certificate of Insurance is issued subject to payment of premium in advance and realisation by the Company. No payment shall be valid unless made under Our official receipt. The cover shall not be valid prior to the date and time of Company's receipt/realisation of premium. Non- receipt/realisation of premium makes the Certificate of Insurance void-ab-initio.

8. Eligibility:

Indian Citizens residing in India would be considered for this Certificate of Insurance

9. Paying a Claim

- i. The Insured Beneficiary agree that the Company need only make payment when the Insured Beneficiary or someone claiming on his/ her behalf has provided to the Company with necessary documentation and information.
- ii. The Company will make payment to the Insured Beneficiary or his/ her Nominee. If there is no Nominee and the Insured Beneficiary is incapacitated or deceased, the Company will pay the Insured Beneficiary's legal heirs, executor or validly appointed legal representative and any payment the Company make in this way will be a complete and final discharge of the Company's liability to make payment.
- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per Certificate of Insurance terms and conditions read with Group Policy, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. In the cases of delay in the payment, the Company shall be liable to pay interest at a rate which is 2% above the bank rate (prevalent at the beginning of the financial year in which the claim is reviewed by it) from the date of receipt of last necessary document to the date of payment of claim.
- iv. However, where the circumstances of a claim warrant an investigation, the Company will 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, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If the Company, for any reasons decides to reject the claim under the Certificate of Insurance the reasons regarding the rejection shall be communicated to the Insured Beneficiary in writing within 30 days of the receipt of last necessary documents. The Insured Beneficiary may take recourse to the Grievance Redressal procedure stated under Certificate of Insurance read with these Group Policy wordings/ terms and conditions.

10. Basis of Claims Payment

- i. The Company shall make payment in Indian Rupees only.
- ii. If the Insured Beneficiary is diagnosed with Coronavirus Disease which results in Death of the Insured Beneficiary during Hospitalization, then the Company agrees to pay the Sum Insured stated in the Certificate of Insurance, to the Insured Beneficiary's assignee, as the case may be

CORONA CARE (GROUP)

(as per the Proposal Form read with the provisions of Section 38 Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015) and in the absence of an assignee, to the Nominee as declared by the Insured Beneficiary.

Provided however in case the assignment is partial assignment/conditional assignment, then the payment of Sum Insured upon Death of the Insured Beneficiary shall depend upon and subject to terms and conditions of such partial assignment/conditional assignment.

11. Communications

Any communication meant for the Company must be in writing and be delivered to the Company’s address shown in the Schedule. Any communication meant for the Insured Beneficiary will be sent by the Company to Insured Beneficiary’s address shown in the Certificate of Insurance.

12. Electronic Transactions

The Insured Beneficiary agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Certificate of Insurance or its terms, or the Company’s other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company’s terms and conditions for such facilities, as may be prescribed from time to time.

13. Reasonable Care

The Insured Beneficiary shall take all reasonable steps to prevent a claim from arising under the Certificate of Insurance;

14. Entire Contract – Changes

The Certificate of Insurance read with Master Policy constitutes the complete contract of insurance between the Company and Insured Beneficiary. So also the Master Policy shall constitute the complete contract of insurance between the Master Policy Holder and the Company. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Group Policy Schedule/Certificate of Insurance.

15. No constructive Notice

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

16. Special Provisions

Any special provisions subject to which the Certificate of Insurance has been entered into and endorsed in the Certificate of Insurance or in any separate instrument shall be deemed to be part of the Certificate of Insurance and shall have effect accordingly.

17. Cancellation of Certificate of Insurance:

- i. The Certificate of Insurance may be cancelled by or on behalf of the Company by giving the Insured Beneficiary at least 15 days of written notice and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Cover Period. Under normal circumstances, Certificate of Insurance will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts, if any false statement or declaration is made or used or non-cooperation. In cases of cancellation of Certificate of Insurance on grounds of misrepresentation, fraud, non-disclosure of material facts, or if any false statement or declaration is made or used premium shall be forfeited and no refund of premium shall be made by the Company. In other cases of cancellation of Certificate of Insurance by the Company, premium will be refunded on pro-rata basis.
- ii. The **Certificate of Insurance** may be cancelled by the Insured Beneficiary at any time before the expiry of the Cover Period by giving at least 15 days written notice to the Company and if no claim has been made then the Company will refund premium on short term rates for the unexpired Cover Period as per the rates detailed below.

Period in Risk	Premium Refund
	Policy Period 1 Year
Within 15 Days	
Exceeding 15 days but less than or equal to 3 months	65.00%
Exceeding 3 months but less than or equal to 6 months	45.00%
Exceeding 6 months but less than or equal to 12 months	0.00%

Note:

- The first slab of Number of days “within 15 days” in above table is applicable only in case of new business.
- In case of renewal policies, period is risk “Exceeding 15 days but less than 3 months” should be read as “within 3 months”.

18. Cancellation of Master Policy:

The Company may cancel the Master Policy by giving 15 days’ notice to Master Policy Holder and or due to Master Policy Holders misrepresentation, fraud, non-disclosure of material facts, if any false statement or declaration is made or used and or if the Cancellation of Master Policy is required due to regulatory requirements.

The Master Policy may be cancelled by the Master Policy Holder at any time before the expiry of the Master Policy Period by giving at least 15 days written notice to the Company.

CORONA CARE (GROUP)**19. Multiple Certificate of Insurances:**

- i. In case of multiple Policies/Certificate of insurance which provide indemnity for Hospitalisation expenses for Coronavirus Disease, on the occurrence of the covered event/s in accordance with the terms and conditions of the Policy, each Insurer shall make the claim payments independent of payments received under other similar policies.
- ii. If two or more Policies/ Certificate of Insurances are taken by an Insured Beneficiary during a period from one or more Insurers to indemnify treatment costs for Coronavirus Disease, the Insured shall have the right to require a settlement of his/her claim in terms of any of his/her Certificate of Insurance.
 - a. In all such cases the Insurer who has issued the chosen Policies/ Certificate of Insurance shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policies/ Certificate of Insurance.
 - b. Balance claim or claims disallowed under the earlier chosen Policies/Certificate of Insurance/s may be made from the other Policies/ Certificate of Insurance/s even if the Sum Insured is not exhausted in the earlier chosen Policies/Certificate of Insurance. The Insurer(s) in such cases shall independently settle the claim subject to the terms and conditions of other Policies/Certificate of Insurance so chosen.
 - c. If the amount to be claimed exceeds the Sum Insured under a single Policy/Certificate of Insurance after considering the deductibles or co-pay, the Insured beneficiary shall have the right to choose Insurers from whom he/she wants to claim the balance amount.
 - d. Where an Insured Beneficiary has Policy/Certificate of Insurances from more than one insurer to cover the same risk on indemnity basis, the Insured Beneficiary shall only be indemnified the medical expenses incurred in accordance with the terms, conditions and coverage's of the chosen Policy/Certificate of Insurance.
 - e. If Insured Beneficiary has multiple Policies/Certificate of Insurance, he/ she has the right to prefer claims from other Policies/ Certificate of Insurance for the amounts disallowed under the earlier chosen Policy/Certificate of Insurance, even if the Sum Insured is not exhausted. The Company shall settle the claim subject to the terms and conditions of the Policy/Certificate of Insurance.

20. Endorsements

This Group Policy and Certificate of Insurance constitutes the complete contract of insurance. This Group Policy and Certificate of Insurance cannot be changed by anyone (including an insurance agent or broker) except the Company. Any change that the Company make will be evidenced by a written endorsement signed and stamped by the Company.

21. Revision/ Modification of the Master Policy and or Certificate of Insurance:

There is a possibility of revision/ modification of terms, conditions, exclusions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing Insured Beneficiaries at least 3 months prior to the date of such revision/modification comes into the effect provided Group Policy is renewed as per underwriting policy of Company.

22. Withdrawal of Certificate of Insurance:

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as the Company reserve right to do so with a intimation of 3 months to all the existing Insured Beneficiaries. In such an event of withdrawal of this product, at the time of Insured Beneficiary seeking renewal of the Certificate of Insurance upon renewal of Master Policy, Insured Beneficiary can choose, among the Company's available similar and closely similar Health insurance products subject to underwriting policy of the Company. Upon Insured Beneficiary so choosing the Company's new product, Insured Beneficiary and the Insured will be charged the Premium as per the Company's Underwriting policy for such chosen new product, as approved by IRDAI.

Provided however, if Insured Beneficiary do not respond to the Company's intimation regarding the withdrawal of the product under which this Certificate of Insurance is issued, then Certificate of Insurance shall be withdrawn and shall not be available to Insured Beneficiary for renewal on the renewal date and accordingly upon Insured Beneficiary seeking renewal of the Certificate of Insurance, Insured Beneficiary shall have to take a Certificate of Insurance under available new products of the Company subject to Insured or Insured Beneficiary paying the Premium as per the Company's Underwriting policy for such available new product chosen by the Insured Beneficiary and also subject to Portability condition.

23. Territorial Limits & Governing Law

- i. Our liability shall be to make payment within India and in Indian Rupees only.
- ii. The Certificate of Insurance read with Master Policy constitutes the complete contract of insurance between the Company and Insured Beneficiary. So also the Master Policy shall constitute the complete contract of insurance between the Master Policy Holder and the Company. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Group Policy Schedule/Certificate of Insurance.
- iii. The construction, interpretation and meaning of the provisions of this Master Policy and Certificate of Insurance shall be determined in accordance with Indian law. The section headings of this Master Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Master Policy/Certificate of Insurance for the purpose of its construction or interpretation except the Headings more inputs as to intent of the respective clauses/terms and conditions.

24. Arbitration and Reconciliation

- i. If any dispute or difference shall arise as to the quantum of claim to be paid under the Certificate of Insurance (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the Insured Beneficiary and the Insurer or if they cannot agree upon a single arbitrator within 30 days of Insured Beneficiary or the Insurer invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted in English under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be in Pune.
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of claim under the Certificate of Insurance.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon Certificate of Insurance read with Group Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- iv. It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured Beneficiary for any claim hereunder and such claim shall not, within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits of indemnities under the Certificate of

CORONA CARE (GROUP)

Insurance shall be forfeited and the rights of Insured Beneficiary shall stand extinguished and the liability of the Company shall also stand discharged.

- v. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

SECTION E) GENERAL TERMS AND CLAUSES - OTHER TERMS AND CONDITIONS

25. Claims Procedure

Reimbursement Claim Procedure of All Sections

If the Insured Beneficiary meets with any of the opted contingencies that may result in a claim, then as a condition precedent to our liability:

- Policy Holder or the Insured Beneficiary or someone claiming on his/her behalf must inform us in writing immediately and in any event within 30 days from the date of the accident and submit all documents to us within 30 days from the date of intimation.
- Insured Beneficiary must take reasonable steps to lessen the consequence of incidence.
- Policy Holder or Insured Beneficiary or someone claiming on his/her behalf must promptly give us documentation and other information we ask for to investigate the claim or our obligation to make payment for it.
- In case of the Insured Beneficiary's death, someone claiming on his/her behalf must inform us in writing immediately and send us a copy of the post mortem report (if conducted) within 30 days.

*Note: Waiver of conditions (a) and (d) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Beneficiary was placed, it was not possible for the Insured Beneficiary or any other person claiming on his/her behalf to give notice or file claim within the prescribed time limit.

Cashless treatment

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

- Prior to taking treatment and/or incurring Medical Expenses for any Accidental Injury, at a Network Hospital, the Insured Beneficiary must call Us and request preauthorization by way of the written form which the Company will provide.
- After considering the Insured Beneficiary's request and after obtaining any further information or documentation We have sought, the Company may if satisfied send to the Insured Beneficiary or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured Beneficiary along with this Certificate of Insurance and any other information or documentation that the Company have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured Beneficiary's admission to the same.
- If the procedure above is followed, the Insured Beneficiary will not be required to directly pay for the Medical Expenses raised for treating the Coronavirus Disease, in the Network Hospital that the Company is liable to indemnify under IN-PATIENT HOSPITALIZATION INDEMNITY COVER Expenses and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered.
- We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Certificate of Insurance. You shall, in any event, be required to settle all other expenses directly.

Please send the documents on below address

Bajaj Allianz General Insurance Company
2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park,
Off Nagar Road, Viman Nagar
Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

LIST OF CLAIM DOCUMENTS:

List of Common Claim Documents-

- Duly Completed Claim Form signed by Nominee/ legal heir of the Insured Beneficiary/ Insured Beneficiary.
- Copy of address proof (Ration card or electricity bill copy).
- NEFT details & cancelled cheque of the Insured Beneficiary/ Insured Beneficiary
- Original Certificate of Insurance copy along with Original Assignment endorsement (if any)
- Certificate from District Surveillance officer or any other govt authority appointed by Government of India
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the Certificate of Insurance while issuance or in previous claim)
- Certificate from District Surveillance officer, Govt. Chief Medical Officer or any other Govt. authority appointed by Government of India if tested as to Coronavirus Disease positive
- Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Any document Health Administration Team will require which is necessary to process the claim further and not mentioned in the below list.

CORONA CARE (GROUP)

Annexure I:-**List I: List of Non-Medical Items**

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACKsnp	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	TELEVISION CHARGES	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable

CORONA CARE (GROUP)

36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT ,RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
67	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB

CORONA CARE (GROUP)

7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES

List III- Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER

CORONA CARE (GROUP)

6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

CORONA CARE (GROUP)

**Annexure II
 Contact details of the Ombudsman offices**

Office Details	Jurisdiction of Office Union Territory, District)
<p>AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>
<p>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</p>	<p>Karnataka.</p>
<p>BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Insurance Ombudsman 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 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)</p>
<p>DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>

CORONA CARE (GROUP)

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	
GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 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. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
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.
ERNAKULAM – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 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 - 2231330 / 2231331 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, 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.	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

CORONA CARE (GROUP)

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	
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, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA – 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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).