

Date:

PART – A

Name of the customer:

Name of the PFA/ Relationship Manager/ Broker:

Address:

License No:

Contact details:

Contact No:

Policy No:

Contact Address:

Dear Mr/Ms,

Thank you for choosing Edelweiss Tokio Life as your preferred life insurance partner.

We are confident that the product you have chosen will suit your need, and that the Personal Financial Advisor/ Relationship Manager/ Broker....., has explained the product to you to the best of your satisfaction.

We have prepared your policy on the basis of the proposal form submitted by you. For your reference, we are attaching a copy of your proposal form along with this letter.

Our Service Expert from the customer care unit will be calling you shortly to guide you through your policy document and answer any additional questions you may have.

Should you need further information or assistance, please contact our Service Expert at 1800 2121 212 or mail us at care@edelweisstokio.in

We request you to go through your Policy Document in detail and check the accuracy of information provided.

In case you do not agree with any of the terms and conditions stated in the Policy Document, you have the option to return the Policy Document to us for cancellation, stating the reasons thereof in writing, within <fifteen (15) days/ thirty (30) days> from the date of receipt of the Policy Document. On receipt of your letter along with the Policy Document, we shall refund an amount as mentioned in the Free Look clause of the Policy Terms and Conditions.

To exercise the Free Look option, you would need to send the Policy Document along with a request letter to us at any of our branches or at our Corporate Office address provided below. You are required to maintain the acknowledgement received from the Company as a proof of submission.

Please note that if the Policy is opted through Insurance Repository ('IR'), the computation of the said Free Look Period will be as stated below: -

- For existing e-Insurance Account (eIA): Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the 'welcome kit' from the IR with the credentials to log on to the e-Insurance Account(eIA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance policy by the IR to the eIA, whichever is later, shall be reckoned for the purpose of computation of the free look period.

We look forward to servicing you during your policy term and request you to keep the policy document safely for future reference.

Regards,

For Edelweiss Tokio Life Insurance Company Limited

Authorised Signatory

SAMPLE

Edelweiss Tokio Life Insurance Company Limited

Registered and Corporate Office - 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiroi Road,

Kurla (W), Mumbai – 400070

Edelweiss Tokio Life – Critical Illness Rider

(An Individual, Non-Linked, Non-Par, Pure Risk Premium, Health Insurance rider)

UIN NO: 147B005V04

POLICY PREAMBLE

Edelweiss Tokio Life Insurance Company Limited has received a Proposal, Declaration along with Statements and the first premium from You. Both You and the Company have accepted that the said Proposal, Declaration along with Statements, reports or other documents are the basis of this contract of insurance and in consideration of and subject to receipt of due premiums as stated in the Policy Schedule, we have entered into this Policy with You which is the legal contract between You and the Company and is subject to the Terms & Conditions as stated in this Policy.

POLICY SCHEDULE

Policy Number	Rider Name & UIN No

Name of the Policyholder	Date of Birth	Gender	Age

Address

Name of the Life Insured	Date of Birth	Gender	Age	Age Admitted

Name of the Nominee (s)	<Nominee 1>	<Nominee 2>	<Nominee 3>
Age of the Nominee (s)			
Nomination Percentage			
Relationship with Life Insured			
Name of the Appointee (if Nominee is a minor)	<Appointee 1>	< Appointee 2>	< Appointee 3>

Rider Details	
Risk Commencement Date	
Policy Commencement Date	
Rider Term	
Rider Premium Paying Term	
Premium Frequency	
Modal Premium	Rs.
Annualized Premium	Rs.
Modal Premium plus Applicable Taxes	Rs.
Premium Due Date(s)	Date/month
Last Premium Due Date	
Rider Maturity Date	

BENEFIT INFORMATION

Rider Sum Assured : Rs. Sum Assured

Consolidated Stamp duty paid: Rs.<< POL-STMP-DUTY-AMT>>/- paid by Pay order, vide Mudrank receipt no: _____ dated _____

For and on behalf of "Edelweiss Tokio Life Insurance Company Ltd"

Authorised Signatory

We request you to go through the Policy in detail and check for the accuracy of information provided in the Policy and return the Policy document to Us for correcting the discrepancies if any

Part B

Defined Term	Meaning
Accident	An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Congenital Anomaly	<p>Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.</p> <p>a. Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body.</p> <p>b. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body.</p>
Day Care Centre	<p>A day care centre means any institution established for day care treatment of illness and / or injuries or a medical setup 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:-</p> <ol style="list-style-type: none"> i) has qualified nursing staff under its employment; ii) has qualified medical practitioner/s in charge; iii) has 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.
Day Care Treatment	<p>Day care treatment means to medical treatment, and/or surgical procedure which is:</p> <ol style="list-style-type: none"> i) undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and ii) which would have otherwise required hospitalization of more than 24 hours. <p>Treatment normally taken on an out-patient basis is not included in the scope of this definition.</p>
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.
Hospital	<p>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 enactments specified under the Schedule of Section 56(1) and the said Act OR complies with all minimum criteria as under:</p> <ol style="list-style-type: none"> 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;
Hospitalization	Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
Illness	<p>Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.</p> <p>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.</p> <p>b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests - it needs ongoing or long-term control or relief of symptoms - it requires your rehabilitation or for you to be specially trained to cope with it - it continues indefinitely - it recurs or is likely to recur.
Injury	Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
Medical Advice	Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
Medically Necessary Treatment	<p>Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:</p> <ul style="list-style-type: none"> - is required for the medical management of the illness or injury suffered by the insured; - 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.
Medical Practitioner	<p>Medical practitioner 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 its scope and jurisdiction of license.</p> <p>The Medical practitioner should not be</p> <ul style="list-style-type: none"> • The policyholder/insured person himself/herself; or • An authorised insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or • Employed by or under contractual engagement with the insurance company; • Related to the policyholder/insured person by blood or marriage
Pre-Existing Disease	<p>Pre-existing Disease means any condition, ailment, injury or disease:</p> <ol style="list-style-type: none"> a. 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 b. 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.
Qualified Nurse	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.
Rider	Edelweiss Tokio Life - Critical Illness Rider issued by Us and appended to the Base Policy.
Rider Premium	The premium payable for the Rider as specified in the Schedule.
Rider Sum Assured	Sum Assured opted under the Rider as specified in the Schedule.
Rider Term	The term in years between the date of commencement and expiry of the Rider.
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.

Part C
Benefits

Applicability of the Rider:		
If Rider Premium has been received and the Schedule specifies that the Rider is in force under the Policy, then the Rider is subject to the Terms and Conditions and the specific terms, conditions and exclusions of this Rider.		
Benefits under the Rider:		
Death Benefit	No amount is payable	
Survival Benefit	No amount is payable	
Critical Illness Benefit		
When payable		Amount Payable
If the Insured is diagnosed to be suffering from a Critical Illness listed below when the Policy and this Rider are in force AND the Insured survives for at least 30 days following the confirmed date of diagnosis, We will pay:		The Rider Sum Assured in lumpsum
On payment of the Rider Sum Assured, the Rider will automatically terminate but the benefits under the Base Policy will continue till the end of the Base Policy Term. You shall pay the Premiums in accordance with the Base Policy.		
<u>Waiting Period:</u> We will not be liable to make any payment under this Rider if the Critical Illness has occurred within 90 days from the commencement of the Rider Term or the revival of the Rider.		
Critical Illness		Description & Conditions for applicability
(i)	Cancer of Specified Severity	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. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded – i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3. ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond; iii. Malignant melanoma that has not caused invasion beyond the epidermis; iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0 v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below; vi. Chronic lymphocytic leukaemia less than RAI stage 3 vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; ix. All tumours in the presence of HIV infection
(ii)	Open Chest CABG	The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. The following are excluded: i. Angioplasty and/or any other intra-arterial procedures.
(iii)	Myocardial Infarction (First Heart Attack of specific severity)	The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) ii. new characteristic electrocardiogram changes iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers. Exclusions: The following are excluded: i. Other acute Coronary Syndromes ii. Any type of angina pectoris. iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
(iv)	Open Heart Replacement OR	The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the

	Repair of Heart Valves	valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Exclusions: Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.
(v)	Kidney Failure Requiring Regular Dialysis	End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.
(vi)	Third Degree Burns	There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.
(vii)	Major Organ / Bone Marrow Transplant	The actual undergoing of a transplant of: 1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or 2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. Exclusions: The following are excluded: i. Other stem-cell transplants ii. Where only islets of langerhans are transplanted
(viii)	Permanent Paralysis of Limbs	Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
(ix)	Stroke Resulting in Permanent Symptoms	Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced. Exclusions: The following are excluded: i. Transient ischemic attacks (TIA) ii. Traumatic injury of the brain iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.
(x)	Aorta Surgery	Undergoing of a laparotomy or thoracotomy to repair or correct an aneurysm, narrowing, obstruction or dissection of the aortic artery. For this definition, aorta means the thoracic and abdominal aorta but not its branches. Exclusion: Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm repair are excluded.
(xi)	Coma of Specified Severity	A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following: 1. no response to external stimuli continuously for at least 96 hours; 2. life support measures are necessary to sustain life; and 3. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
(xii)	Blindness	Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by: i. corrected visual acuity being 3/60 or less in both eyes or ; ii. the field of vision being less than 10 degrees in both eyes. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

Grace Period

If We do not receive the Premium in full by the premium due date under this Rider Policy, then We will allow a Grace Period which is same as that allowed under the Base Plan to which this Rider is appended to.

Exclusions

We will not be liable to make any payment under this Rider if the Critical Illness of the Insured is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Any Pre-Existing Disease
- Any disease occurring within 90 days of the start of coverage (i.e. during the waiting period);
- Any external congenital anomaly. Congenital anomaly which is in the visible and accessible parts of the body is referred to as External Congenital Anomaly. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- Intentional self-inflicted injury, attempted suicide, while sane or insane.
- Alcohol or solvent abuse or taking of drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.
- Failure to seek or follow medical advice.
- War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes.
- Taking part in any naval, military or air force operation during peace time.
- Participation by the Insured in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Participation by the Insured in a criminal or unlawful act.
- Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping.
- Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

Part D

Surrender Benefit:	
Premium Payment Option	Surrender Value payable
Regular Pay	NIL
Single Pay	Single Premium [#] X 70% X <u>number of remaining complete months of Rider Term</u> Total Rider Term in months
Limited Pay	70% X [Total Premium Paid [#] less {Total Premium payable [#] X (Number of completed months of rider term +1)}] Total Rider Term in months
<p><i>* Single Premium or Total Premium includes extra premium for substandard lives, if any.</i></p> <p><i>You may surrender/discontinue the Rider alone OR along with the Base Policy. If the Rider is surrendered/ discontinued alone, then the benefits under the Base Policy shall continue for the remainder of the Base Policy Term. If the Rider is surrendered, it cannot be re-attached to the Base Policy.</i></p> <p><i>Any lock in period applicable to the Base Policy will automatically apply to the Rider.</i></p>	

Specific Rider Terms & Conditions
<ol style="list-style-type: none"> 1. The benefits under the Rider which is in force shall be available for the Rider Term. 2. If You opt for the Rider on a Policy Anniversary subsequent to the Risk Commencement Date of the Base Policy, the Rider Term would be equal to the remaining Base Policy Term and the rider premium paying term will be equal to the remaining Premium Payment Term of the Base Policy. 3. Termination of the Rider: The Rider shall terminate immediately and automatically on the occurrence of the earliest of the following: <ol style="list-style-type: none"> i) The Insured's death; ii) The expiry of the Rider Term; iii) The Base Policy being terminated, discontinued or becoming paid-up; iv) The Rider being terminated or discontinued separately; v) On payment of a claim under the Rider.
Revival
<p>If You have discontinued paying the Premium under the Base Policy and the Rider, then the Rider will automatically lapse along with the Base Policy and it can be revived only in accordance with the terms of the Base Policy.</p> <p>If you have discontinued paying only the Rider Premium, the Rider will automatically lapse and the Rider cannot be revived in future. Any revival of rider will be considered along with the revival of the base policy, and not in isolation.</p>
Free look Period
<p>You may return the Policy Document to Us within 15 days* of receipt of the Policy Document if You disagree with any of the terms and conditions by giving Us written reasons for Your objection. We will refund the Premium received after deducting proportionate risk premium for the period of cover, stamp duty charges and medical expenses (if any).</p> <p>* A free look period of 30 days in case of electronic policies and policies obtained through distance mode.</p>

PART E

Not Applicable

SAMPLE

PART – F

GENERAL TERMS AND CONDITIONS

All the general Terms and conditions like Claim Procedure, Nomination, Assignment, Validity/ Non-disclosure, etc will be same as mentioned in the policy contract of Base Plan to which this Rider is appended to.

SAMPLE

PART - G

Grievance Redressal Mechanism:

We have established a Grievance Redressal Mechanism to assist in the resolution of any complaint, grievance, or dispute in respect of the Policy. You are requested to submit your complaint at any of the below mentioned touch points:

- Toll free customer care number: 1-800-2121-212 (Mon-Sat 10 AM TO 7 PM).
- Email us at: GRO@edelweisstokio.in
- Write to us at: Customer Care, Edelweiss Tokio Life Insurance Company Ltd, 6th Floor, Tower 3, Wing 'B', Kohinoor City, Kiro Road, Kurla (W), Mumbai 400070.
- You can lodge your grievance/complaint at any of our branches/offices

Details of Grievance Redressal officer:

+91-22-71013322 (Between 10 am to 7 pm on Monday to Friday, except public holidays), Email id: GRO@edelweisstokio.in. We will

respond with a resolution within 15 calendar days

In case the resolution does not meet your expectations or if you have not received any reply, you may approach the Grievance Cell of Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

- IRDAI Grievance Call Centre (IGCC) - Toll free No: 155255 / 1800 425 4732
- Email ID: complaints@irdai.gov.in
- Register online at: <https://bimabharosa.irdai.gov.in/LoginAdmin/Login>

Address for sending the complaint through courier / letter:

Consumer Affairs Department
Insurance Regulatory and Development Authority of India Survey No.
115/1
Financial District
Nanakramguda
Gachibowli
Hyderabad – 500 032, Telangana
Fax No: 91-40-6678 9768

At any point of time, if the resolution does not meet your expectation or if you have not received any reply within a period of one month from the date of receipt of complaint by the Company, you may approach the Insurance Ombudsman for redressal as per Rule 13 and 14 of the Insurance Ombudsman Rules, 2017 ('Insurance Ombudsman Rules').

Powers of Insurance Ombudsman under Rule 13 of the Insurance Ombudsman Rules:

The Ombudsman shall receive and consider the following complaints or disputes relating to:

- a. delay in settlement of claims, beyond the time specified in the Regulations, framed under Insurance Regulatory and Development Authority of India Act, 1999;
- b. any partial or total repudiation of claims by the Company;
- c. disputes over Premium paid or payable in terms of insurance Policy;
- d. misrepresentation of Policy terms and conditions at any time in the Policy Document or Policy contract;
- e. legal construction of insurance policies in so far as the dispute relates to claim;
- f. policy servicing related grievances against the Company and their agents and intermediaries;
- g. issuance of life insurance Policy including health insurance policy which is not in conformity with the Proposal Form submitted by the Proposer;
- h. non-issuance of insurance Policy after receipt of Premium in life insurance including health insurance; and
- i. any other matter resulting from the violation of provisions of the Insurance Act, 1938 as amended from time to time or the Regulations, circulars, guidelines or instructions issued by the IRDAI from time to time or the terms and conditions of the Policy contract, in so far as they relate to issues mentioned at clauses (a) to (f) as mentioned above.

Manner in which complaint is to be made in accordance with Rule 14 of the Insurance Ombudsman Rules:

1. Any person who has a grievance against the Insurer/Company/Us, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose territorial jurisdiction the branch or office of the Company, complaint against or the residential address or place of residence of the complainant is located.

2. The complaint shall be in writing duly signed by the complainant or through his legal heirs, Nominee or Assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Ombudsman.
3. No complaint to the Insurance Ombudsman shall lie unless:
 - (a) the complainant makes a written representation to the Company named in the complaint and—
 - i. either the Company had rejected the complaint; or
 - ii. the complainant had not received any reply within a period of one month after the Company received the complainant's representation; or
 - iii. the complainant is not satisfied with the reply given to him by the Company;
 - (b) The complaint is made within one year—
 - i. after the order of the Company rejecting the representation is received; or
 - ii. after receipt of decision of the Company which is not to the satisfaction of the complainant;
 - iii. after expiry of a period of one month from the date of sending the written representation to the Company if the Company named in the complaint fails to furnish reply to the complainant.
4. The Insurance Ombudsman shall be empowered to condone the delay in filing a complaint as mentioned above under (3) (b), as he may consider necessary, after calling for objections of the Company against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under the Insurance Ombudsman Rules.
5. No complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

The list of the Ombudsman with their addresses is given below:

<p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, <u>AHMEDABAD-380 001.</u> Tel.: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, <u>BHOPAL-462 003.</u> Tel.:- 0755-2769201/9202 Email: bimalokpal.bhopal@cioins.co.in</p>
<p>Office of the Insurance Ombudsman 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.: 0674-2596455/2596461 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.: 0172-2706196/2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>
<p>Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.: 044-24333668/24335284 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.: 011- 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>
<p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> Tel.: 0361- 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st Floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel.: 040-23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>
<p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road,</p>	<p>Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, 4, C.R.Avenue,</p>

<p><u>ERNAKULAM-682 015.</u></p> <p>Tel: 0484-2358759/2359338</p> <p>Email: bimalokpal.ernakulam@cioins.co.in</p>	<p><u>KOLKATA - 700072</u></p> <p>Tel: 033-22124339/22124340</p> <p>Email: bimalokpal.kolkata@cioins.co.in</p>
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