

CRITICAL ILLNESS INSURANCE POLICY

This Policy is issued to the **Insured** based on the **Proposal** and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein to the **Insurer** upon payment of the Premium. This Policy records the agreement between **Insurer** and **Insured** and sets out the terms of insurance and the obligations of each party.

DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

"Accident" means a sudden, unforeseen and involuntary event caused by external and visible means.

"Age" means completed years at the Commencement Date of the Policy Period.

"Critical Illness" means an illness, sickness or a disease or a corrective measure like Cancer, Kidney failure, Coronary Artery (Bypass) Surgery, Heart Attack (Myocardial Infarction), Heart Valve Surgery, Major Organ Transplantation, Multiple Sclerosis, Primary Pulmonary Arterial Hypertension, Aorta graft surgery, Paralysis, Coma, Total Blindness and Stroke all as defined in Scope of Cover & Benefits section of this Policy.

"Disease / Illness" means a condition affecting the general well being and health of the body that first manifests itself in the Policy Period and which requires treatment by a **Medical Practitioner**.

"Congenital Anomaly" means a condition(s) which is present since birth, in the Visible and an accessible part of the body and which is abnormal with reference to form, structure or Position.

"Hospital/Nursing Home": means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified **Medical Practitioner** OR must comply with all minimum criteria as under:

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

"Insured" means You/Your Self/the person named in the **Schedule**, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.

"Insurer" means Us/Our/We SBI General Insurance Company Limited.

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“**Internal Congenital Anomaly**” means disease not manifested externally resulting from congenital disorder due to defects in or damage to a developing fetus. It may be the result of genetic abnormalities, the intrauterine (uterus) environment, errors of morphogenesis, or a chromosomal abnormality.

“**Medical Practitioner**”: means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The term **Medical Practitioner** would include Physician, Specialist and Surgeon. The registered **Medical Practitioner** should not be the **Insured** or any one of the close family members of the **Insured**.

“**Other Insurer**” means any of the registered **Insurers** in India other than Us/Our/We SBI General Insurance Company Limited.

“**Pre-existing Condition**” means any condition, ailment or injury or related condition(s) for which **Insured** had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the **Insurer**.

“**Survival Period**” means the benefits under the Policy shall be payable only if the **Insured** is first diagnosed as suffering from a defined **Critical Illness** during the Policy **Period**, and the **Insured** survives for at least 28 days following such diagnosis and/or also subject to survival of the **Insured** for the minimum assessment periods for covered **Critical Illnesses** as provided under the descriptions for each of the **Critical Illness**.

“**Waiting Period**” means the benefits under the Policy shall be payable only if the **Insured** is first diagnosed as suffering from a defined **Critical Illness** after 90 days of the commencement of the Policy **Period** and the **Insured** has not previously been **Insured** continuously and without interruption under an Critical Illness Insurance Policy with **Insurer**.

SCOPE OF COVER & BENEFITS

Insurer hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to the **Insured** and/or nominees/legal heirs, to pay the following benefits in the manner, for the period and to the extent of the Sum Insured as specified in the **Schedule** to this Policy. For the purposes of this Section and the determination of **Insurer’s** liability under it, the **Insured** Event in relation to the **Insured**, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs, symptoms & diagnosis occurs for the first time after 90 days after the commencement of Period of Insurance and shall only include -

- A. First diagnosis of the below-mentioned Illnesses more specifically described below:
 1. Cancer
 2. Kidney Failure (End Stage Renal Failure)
 3. Primary Pulmonary Arterial Hypertension
 4. Multiple Sclerosis

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- B. Undergoing for the first time of the following surgical procedures, more specifically described below:
1. Major Organ Transplant
 2. Coronary Artery Bypass Graft
 3. Aorta Graft Surgery
 4. Heart Valve Surgery
- C. Occurrence for the first time of the following medical events more specifically described below:
1. Stroke
 2. Myocardial Infarction (First Heart Attack)
 3. Coma
 4. Total blindness
 5. Paralysis

Only one **Critical Illness** claim can be allowed by us during the lifetime of the **Insured**. Without prejudice to the provisions relating to the termination of the Policy mentioned elsewhere, the **Critical Illness Insurance** Policy terminates immediately on the payment of first **Critical Illness** benefit under the Policy.

The maximum benefit amount under **Critical Illness** cover to any **Insured** is INR 5,000,000 including all policies that are issued by the **Insurer**.

The Insured Event under this Section and the conditions applicable to the same are more particularly defined below:

1. Cancer:

A malignant tumor characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma & sarcoma.

The following are excluded – (1) Tumors showing the malignant changes of carcinoma-in-situ & tumors which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-situ of the breasts, Cervical dysplasia: CIN-1, CIN-2 and CIN-3; (2) Any skin cancer other than invasive malignant melanoma (3) 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 (4) Papillary micro-carcinoma of the thyroid less than 1 cm in diameter (5) Chronic lymphocytic leukaemia less than RAI stage 3 (6) Microcarcinoma of the bladder (7) All tumors in the presence of HIV infection.

2. Kidney Failure (End Stage Renal Failure):

End stage disease presented as chronic irreversible failure of both kidneys to function, as

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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.

3. Primary Pulmonary Arterial Hypertension:

Primary Pulmonary Hypertension is characterized by elevated pulmonary artery pressure with no apparent cause and substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the **Insured** being unable to perform his / her usual occupation.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or angina pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

4. Multiple Sclerosis:

The definite occurrence of multiple sclerosis with the diagnosis support by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

5. Major Organ Transplant:

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

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The following are excluded from the scope:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

6. Coronary artery by-pass grafts (with surgery to divide the breastbone):

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are: (1) Angioplasty and / or any other intra-arterial procedures (2) Any Key-hole or laser surgery

7. Aorta Graft Surgery:

The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Surgery following traumatic injury to the aorta is not covered. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft are excluded.

8. Heart Valve Surgery:

The actual undergoing of open-heart valve surgery to repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

9. Stroke:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial 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 atleast 3 months has to be produced.

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The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. Myocardial Infarction (First Heart Attack):

The first occurrence of myocardial infarction which means death of portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria: a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) b) new characteristic electrocardiogram changes c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

(1).Non-ST segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; (2).Other acute Coronary syndromes (3).Any type of angina pectoris

11. Coma:

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 :

- No response to external stimuli continuously for at least 96 hours;
- Life-support measures being necessary to sustain life; and
- 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.

12. Total Blindness:

Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. Diagnosis has to be confirmed by a specialist (best by an ophthalmologist) and evidenced by specific test results.

13. Paralysis:

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 three months.

EXCLUSIONS

Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this Policy:

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No benefit shall be paid for the following circumstances, for the following conditions/ tests/ treatments and/or any **Critical Illness** directly or indirectly arising thereof or there from:

1. Benefits will not be available for any **Pre- Existing conditions** or related condition(s) or any complications arising thereof for which **Insured** has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of **Insured's** first Policy, unless such a condition is stated in the Proposal form and specifically accepted by the **Insurer** and endorsed thereon.
2. **Insurer** shall not be liable to make any payment under this Policy in connection with or in respect of any **Insured** Event during the **Waiting Period** as defined under the Policy.
3. Any diseases causing the death of the **Insured** within the stipulated **Survival Period**, measured from the date of incidence of the illness.
4. Any medical procedure or treatment, which is not medically necessary or not performed by a **Medical Practitioner**.
5. Any congenital Illness/Conditions.
6. Any Covered **Critical Illness** arising from Birth control procedures and/or hormone replacement therapy and any complications arising thereof from.
7. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
8. Any Covered **Critical Illness** arising from Treatment by a family member and self-medication or any treatment that is NOT scientifically recognized and any complications arising thereof / there from.
9. Any Covered **Critical Illness** arising from Treatment with alternative medicines like Ayurvedic, Homeopathy & Unani, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology, aromatherapy and like and any complications arising thereof / there from.
10. Attempted suicide (whether sane or insane) or intentionally self inflicted Injury or Illness.
11. Sexually transmitted conditions, mental or nervous disorder, , Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection
12. Use/Abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a **Medical Practitioner** and taken as prescribed
13. 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
14. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which **Insured** is untrained;

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15. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease
16. Failure to seek or follow medical advice following the diagnosis of any illness/disease/injury.
17. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War
18. Participation in a criminal or unlawful act with a criminal intent.
19. 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.
20. Genetic disorders and stem cell implantation / surgery/storage.

General Conditions

A. Free Look Period:

For policies with Policy Period of 3 years or more, the Free Look Period for the first 15 days from issuance of the policy will be applicable. Where the **Insured** disagrees to any of those terms or conditions, he has the option to return the Policy stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of INR 100/- towards expenses incurred by the **Insurer**.

B. Duties and Obligations of the Insured and Upon the Diagnosis of an Event of Critical Illness: Upon the occurrence of the **Insured** event, it is a condition precedent to **Insurer's** liability to make any payment under this Policy that the **Insured** and /or a representative of **Insured** shall immediately and in any event within 60 days of occurrence of **Insured** event provide **Insurer** with written notification of a claim, and

- a) The **Insured** and/or a representative of the **Insured** shall expeditiously provide **Insurer** with all relevant information and documentation in respect of the claimed **Insured** event including the documents or information as sought by the **Insurer**. The **Insured** shall submit himself for examination by the **Insurer's** medical advisors as often as may be considered necessary by the **Insurer** for establishing the liability under the Policy. The **Insurer** will reimburse the amount towards the expenses incurred for the said medical examination to the **Insured**.
- b) **Insurer** shall be under no obligation to make any payment under this Policy till the **Insurer** has ascertained the validity of the claim and other conditions for admission of claim, as provided under the Policy.

C. Payment of claims

If **Insured** is diagnosed / underwent a surgical procedure or any medical condition falling under purview of the definition of **Critical Illness** as mentioned in the Policy that may result in a claim, then as a condition precedent to **Insurer's** liability, **Insured** must provide intimation to **Insurer** immediately and in any event within 60 days of the aforesaid Illness/ condition/ surgical event, if admissible under the Policy and which can be received from

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Insured through various modes like email / telephone/ fax/ in person or may be via letter or any other suitable mode. Upon receipt of information **Insurer** will register the claim under a unique claim number.

Insured will need to submit the below mentioned documents for the processing of **Critical Illness Claim**:

- Identity proof of the claimant
 - Dully filled Claim form
 - Copy of **Hospital** summary/Discharge card/treatment advise / medical reference
 - Copy of Medical reports/records
 - Copy of Investigation reports
 - Doctor's certificate
 - Any other relevant document as requested by the **Insurer**.
- On receipt of claim documents from **Insured**, **Insurer** shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the **Insurer** will make the payment of benefit as per the contract. In case if the claim is repudiated **Insurer** will inform the **Insured** about the same in writing with reason for repudiation. Lack of documents or medical certificates confirming the diagnosis of illness or undergoing of medical/surgical procedure will result in forfeiture of the claim.

In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the **Insurer** shall have the right to call for an examination of the **Insured** in concurrence with **Insured** or his legal representative on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the **Insurer** and the opinion of such Specialist as to such diagnosis shall be considered binding on both the **Insured** and the **Insurer**.

In the event of death of the **Insured** post the survival period, the immediate family member/relative of the **Insured** and claiming on **Insured's** behalf must inform **Insurer** in writing immediately and send **Insurer** a copy of all the required documents to prove the cause of death within 14 days. **Insurer** upon acceptance of the admission of claim under the Policy shall make payment to the **Insured** or Nominee/legal heirs of the **Insured**, in case of the death of the **Insured post the survival period**.

D. Fraud

If the **Insured** and/ or **Proposer** shall make fraud by non-disclosure of valid information or misinformation at the application stage or renewal or advance any claim knowing the same to be false or fraudulent as regards amount or otherwise, this Policy shall be void and all claims or payments hereunder shall be forfeited.

E. Renewal & Cancellation

Ordinarily renewal of will not be refused /cancellation will not be invoked by **Insurer** except on ground of fraud, moral hazard or misrepresentation. Every renewal premium (which

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shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the **Proposal** or declaration herein before mentioned and that nothing is known to the **Insured** that may increase the risk to the **Insurer** under the coverage provided hereunder. In case any disease /illness is contracted during the last 12 months from the Policy commencement date (whether a claim is made or not with the **Insurer**), the information on the same needs to be provided to us at the time of renewal.

The Policy will automatically terminate at the end of the Policy Period and we are under no obligation to give notice that it is due for renewal. In case of a Policy that has expired/ not renewed with **Insurer** before the end date of period of insurance and being renewed upon specific acceptance by the **Insurer** within 15 days from the date of expiry of the period of insurance, the cover would be without loss of continuity benefits of **Waiting Period** and coverage of **Pre-existing diseases**. However, no coverage is available for any **Critical Illness/disease** contracted/arising from an illness/disease/accident contracted or inflicted during the period of break in insurance falling between the end date of period of insurance of the original Policy and the commencement date of the Policy renewed within the days from the expiry of the Policy.

In the event of any renewal of the policy after 15 days from the expiry of the policy, the same will be treated as a fresh policy and all the terms and conditions of the policy will be applicable. In terms of the above, **Insurer** may cancel this insurance by giving **Insured** at least 15 days written notice and shall refund a pro-rata premium for the unexpired Policy Period. **Insured** may cancel this insurance by giving **Insurer** at least 15 days written notice, and if no claim has been made then the **Insurer** shall refund premium on short term rates for the unexpired Policy **Period** as per the rates detailed below.

I) For Policies with 1 year Term:

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

II) For Policies with 3 years term but cancelled within one year after the free look period:

Same as above. The computation of the refund would be Total premium received - Premium to be retained (short period rate applied on the premium payable for 1 year policy)

II) For Policies with 3 years term and cancelled after completion of 1 year:

The premium refunded would be on pro-rata basis computed as below:

Total premium received*No of days on risk / Total tenure of the policy in days

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In the event of a valid claim being made under the Policy and where the **Insurer** makes the claim payment to the **Insured** claimant in terms of the Policy the **Critical Illness Insurance** Policy terminates immediately on the payment of first **Critical Illness** benefit under the Policy and renewal shall not be allowed not only for this Policy but also for all other **Critical Illness Insurance** Policies that the **Insured** has with the **Insurer**.

F. Termination of the Policy:

The **Critical Illness** cover will cease on the earliest of -

1. Payment of first Critical Illness Benefit under this Policy or other Critical Illness Insurance Policy issued by SBI GIC.
2. The date on which the Policy was lapsed by the **Insured**.

G. Dispute Resolution

- a. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single Arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 Arbitrators, one to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.
- b. It is hereby agreed and understood that no dispute or difference shall be referred to arbitration, as hereinbefore provided, if the **Insurer** has disputed or not accepted liability in respect of a claim under this Policy.
- c. It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss shall be first obtained.

The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.

H. Compliance with Policy Provisions

Failure by **Insured** to comply with any of the provisions in this Policy may invalidate all claims hereunder.

I. Mis-representation.

It is specifically and clearly understood by **Insured** that if **Insured** makes any declaration which is not true/false or misrepresentation or suppression of facts in the **Proposal** for Insurance either in the first Policy with the **Insurer** or subsequent Policies obtained and which is a material fact to the claim, in such an event the Policy stands void ab initio and no liability exists to the **Insurer** for the claims thereof.

J. GRIEVANCE REDRESSAL PROCEDURE

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In view of our commitment to provide you with the best services, we would like to inform you that if you have any queries / clarifications or grievances under your Policy, please get in touch with our local office at the address mentioned in the Policy. Kindly quote your Policy number in all communication with us. This will help us to deal with the matter faster. In case of non-availability of the policy number, we request you to contact our Insurance advisor or our local Office for the same.

The Company will settle the claims under this Policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this Policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2002.

Our Endeavour would be to resolve your queries / clarifications or grievances, at the first instance itself. But if you feel that the matter was not handled to your satisfaction, we request you to get in touch with our Customer Service Cell at the below mentioned address-

Customer Service Cell / Grievance Redressal Officer
 SBI General Insurance Company Ltd.
 101-201-301, 1st Floor, Rustomjee Nataraj,
 MV Road Junction, Off Western Express Highway,
 Andheri - Kurla Road,,Andheri East, Mumbai – 400069
 Email – customer.care@sbigeneral.in
 Telephone- 022 XXXXXXXXXXXXX

It is our commitment to resolve your queries / clarifications or grievances at the earliest. The Insurance Ombudsman is an organization set up by the IRDA to address grievances that are not settled to your satisfaction. Below mentioned are the addresses of these offices that you may get in touch with

Ombudsman Offices	
Areas of Jurisdiction	Addresses of the Ombudsman Offices
State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	AHMEDABAD 2nd Floor, Shree Jayshree Ambica Chambers, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rdiffmail.com
States of Madhya Pradesh and Chattisgarh.	BHOPAL 1 st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011 Tel: 2578100, 2578102, 2578103, Fax: 0755-2578103 Email:insombmp@satyam.net.in
State of Orissa.	BHUBANESWAR 62, Forst Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net
States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	CHANDIGARH S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D,

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	CHANDIGARH-160 017 Tel: 2706196 EPBX:0172-2706468 Fax: 0172-2708274
State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	CHENNAI Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email:insombud@md4.vsnl.net.in
States of Delhi and Rajasthan.	DELHI 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 : Tel: 23239611, Fax: 011-23230858 Email: insombudsmandel@netcracker.com
States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.	HYDERABAD 6-2-46, Yeturu Towers,Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599 Email:insombud@hd2.vsnl.net.in
State of Kerela and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.	KOCHI 2nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmankochi@hclinfinet.com
States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.	KOLKATA North British Building 29, N S Road, 3rd Floor, KOLKATTA-700 001 Tel: 22212666, 22212669, Fax:033-22212668
States of Uttar Pradesh and Uttaranchal.	LUCKNOW Jeevan Bhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: ioblko@sancharnet.in
States of Maharashtra and Goa.	MUMBAI 3rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W),Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com
States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	GUWAHATI Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 021 Tel: 2413525 , EPBX:0361-2415430 Fax: 0361-2414051

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION