

**Cholamandalam MS General Insurance  
Domestic Travel Insurance**

The Insurer's agreement to extend cover to the Proposer up to the Limit of Indemnity as per the terms and conditions contained in this Policy is based upon the Proposer's payment of full premium and the completed proposal, which is incorporated into the Policy and is the basis of it.

**Section A: Definitions**

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice versa in both cases.

1. **Accidental Bodily Injury** means physical bodily harm or injury that is visible and is caused by a sudden, unexpected, fortuitous, visible and external event and which requires treatment by a Doctor.
2. Age indicates the age of the Insured on his/her most recent birthday i.e. completed age as on the Risk Start Date.
3. **Checked-In-Baggage** means the baggage, which is checked-in and in the custody of the airline and for which a receipt/token has been issued to the Insured by the airline.
4. **Critical Illness** means any of the below mentioned diseases

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 & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma. The following are excluded - (1) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3. (2) Any skin cancer other than invasive malignant melanoma (3) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....(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 tumours in the presence of HIV infection.

ii. **FIRST HEART ATTACK - OF SPECIFIED SEVERITY**

The first occurrence of 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 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

iii. **OPEN CHEST CABG**

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.

iv. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery 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 valve abnormality must be supported by 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.

v. 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:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are 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.

vi. 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.

vii. 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.

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.

viii. MAJOR ORGAN /BONE MARROW 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.

The following are excluded:

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

ix. 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.

x. MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons.

There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

xi. **MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**

The definite occurrence of multiple sclerosis. The diagnosis must be supported 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 at least two clinically documented episodes at least one month apart.

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

5. **Common Carrier** means any mode of public transport whether used for hire and reward or otherwise.
6. **Damages** means sums payable following judgments or awards but shall not include fines, penalties, punitive damages, exemplary damages, any non-pecuniary relief, or any other amount for which an Insured is not financially liable, or which is without legal recourse to the Insured, or any matter that may be deemed to be uninsurable under Indian Law.
7. **Deductible** means the amount stated in the Schedule, which shall be borne by the Insured in respect of each and every claim, it being agreed that the Insurer's liability to make payment is only in excess of the Deductible.
8. **Doctor** means a qualified medical practitioner holding a valid license issued by the appropriate authority in the jurisdiction within which he operates and acting within the scope of such license.
9. **Emergency Accident Medical Expenses** means medical expenses reasonably necessary at that time to protect life or relieve pain caused by **Accidental Bodily Injury** and that do not exceed the usual charge for similar treatment or services in the locality where the treatment or services have been obtained for:
  - a) Out-patient treatment, provided the same is critical and cannot be deferred.
  - b) In-patient treatment in a Hospital local to the temporary residence of the Insured or the nearest suitable Hospital;
  - c) Necessary medical aids prescribed by a Doctor;
  - d) Radiotherapy, heat therapy or photo therapy and other such treatment prescribed by a Doctor;
  - e) Costs of transportation by a recognised emergency services for medical attention at the nearest Hospital or from the nearest available Doctor prior to Hospitalisation;
  - f) Costs of being transferred to a special clinic if this is medically necessary and prescribed by a Doctor;
  - g) Medically proven procedures
10. **Hijack** means the unlawful seizure or wrongful exercise of control of an aircraft or other Common Carrier, or the crew thereof, in which the Insured is traveling as a fare-paying passenger.
11. **Hospital** 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 AND 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 Insurance company's authorized personnel.

12. **Hospitalisation or Hospitalised** shall mean the Insured's admission into a Hospital for a continuous period of at least 24 hours.
13. **Illness** means a condition affecting the general well being and health of the body or an affliction of the bodily organs having a defined and recognised pattern of symptoms that first manifests itself in the Policy period and which requires treatment by a Doctor. It does not mean any mental illness (a mental or bodily condition marked primarily by sufficient disorganisation of personality, mind, and emotions to seriously impair the normal psychological, social, or work performance of the individual) regardless of its cause or origin.
14. **Injury** means bodily injury caused solely and directly by violent, accidental, external and visible means and occurring during the Insured Period. For the avoidance of doubt, the definition of Injury does not extend to the non-physical consequences (such as mental, nervous or emotional disorders, depression or anxiety) of any Accident and these are specifically agreed to be excluded for the purposes of this Policy.
15. **Insured** means the person(s) named in the Schedule, their permanent place of residence is in India and they are aged up to 70 at the time of commencing travel.
16. **Insured period** means with respect to the Policy, the period commencing with the Risk Start Date of the Policy and terminating with the Risk End Date of the Policy as stated in the policy Schedule.
17. **Insured Journey-** means any journey undertaken, during the Insured Period:
  - which commences when the insured boards the aircraft, for onward journey
  - and terminates when the insured disembarks on return to his / her usual Town of residence or the contracted date or 30 days from the Risk Start Date whichever is earlier
18. **Insurer** means Cholamandalam MS General Insurance Company Limited.
19. **Limit of Indemnity** means the amount stated in the Schedule against each cover in force, which represents the maximum liability of the Insurer for any and all claims made during the Policy Period [regardless of the number of Insureds or the Insuring Parts under which a claim is advanced] OR [per Insured.
20. **Market Value** means the value at which the property insured can be replaced with one of same kind, type, age and condition.
21. **Medical Evacuation / Transportation** means the transportation of the Insured from the place where the Insured has suffered the emergency accidental bodily injury, to the nearest hospital where appropriate medical care is available. This is carried out if the Insured Person is transportable from medical point of view, in the opinion of the Insurer or the attending doctor.
22. **Policy** means the proposal, this policy document and the Policy Schedule document, which together govern the terms and conditions of the coverage of this policy.
23. **Pre-existing condition** means any condition, ailment or injury or related conditions for which the insured had signs or symptoms and/or were diagnosed and/or received medical advice/treatment, within 48 months prior to inception of his / her first policy with the Insurer.

24. **Proposer** means the person named in the Schedule.
25. **Residence** means the place in India where the Insured is living in the normal course and shall be the place, which is specified in the Policy Schedule.
26. **Sum Insured** means the amount stated in the Schedule against each Cover, which shall be the Insurer's maximum liability for any one claim and in the aggregate for all claims [per Insured] during the Policy Period.
27. **Trip** means planned journey within India.
28. **Valuables** means gold or silver or any precious metals or articles made from any precious metals, cash, currency (Indian or foreign), watches or jewellery or precious stones or models or coins or curios, sculptures, manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.

#### Section B: Scope of Cover

##### Cover 1. Personal Accident Domestic - death and / Total permanent Disability

If the Insured suffers **Accidental Bodily Injury** during Policy Period and this is the sole and direct cause of his Death or Permanent Disability within 12 months from the date of the accidental bodily injury, then the Insurer will pay the Insured the percentage of the Sum Insured specified for each and every form of condition mentioned in the table below as per the details below. The Insurer's maximum liability however will not be more than 100% of the Limit of Indemnity stated in the schedule.

Condition	Percentage of Limit of indemnity
Accidental Death	100%
Loss of sight of both eyes	100%
Loss of two entire hands or two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of sight of one eye and such loss of one entire foot, or hand.	100%
Complete loss of hearing of both ears & complete loss of Speech	100%
Loss of hearing - both ears	60%
Loss of speech	60%
Loss of thumb - both phalanges	25%
Loss of index finger-three phalanges or two phalanges or one phalanx	10%
Sight of one eye	50%
One hand	50%
One foot	50%

Loss wherever used herein means the permanent and total loss of functional use or complete and permanent severance.

Permanent Disability means disability lasting 12 calendar months and at the end of that period being beyond hope of improvement.

#### Terms and Conditions

1. The limits under this section are as mentioned in the Schedule of Benefits

#### Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) Any loss resulting directly or indirectly from, any internal or external congenital conditions;
- b) **Accidental Bodily Injury** due to the operation of any aircraft (other than a scheduled flight in which the Insured travels as a fare paying passenger) or parachuting;
- c) **Accidental Bodily Injury** due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- d) any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by child birth or from pregnancy;
- e) Any loss caused directly or indirectly, wholly or partly by bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- f) Any loss caused directly or indirectly, wholly or partly by medical or surgical treatment except as may be necessary solely as a result of Injury
- g) any exclusion mentioned in the General Exclusions of this policy.

#### Procedure for making a Claim under Personal Accident - death and/or Total permanent Disability

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer the information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) Additionally, submit to examination by a medical advisor nominated by the Insurer as often as and to the extent that either considers to be reasonably necessary at the cost of the insurer.
- c) any document mentioned in the Claim Documentation of this policy.

#### Cover 2. Emergency Accidental Medical Expenses reimbursement

During the Policy period if the Insured suffers **Accidental Bodily Injury** which requires immediate medical attention, then the Insurer will indemnify the Insured for the amount up to the Limit of Indemnity for Emergency Accidental Medical Expenses reimbursement incurred in a Hospital. The Insurer's liability to make payment is only in excess of the Deductible.

This cover will also include following:

Cover 2.1. Medical Evacuation/Transportation: If the Insured suffers **Accidental Bodily Injury** during the policy period while traveling, and if the Insured Person is transportable from medical point of view and in the opinion of Insurer or the attending doctor can be repatriated to the home town or the town of origin, then the Insurer will indemnify the Insured up to the Limit of Indemnity for:

- i. the transportation of the Insured (and one other person if medically or officially required) from the town where the Insured suffered the injury to the home town or the town of origin or the place of residence where necessary medical attention can be provided; the coverage for treatment will be up to the Limit of Indemnity for Medical Expenses for a maximum period of 30 days from the date of return.
- ii. necessary medical care required en route.

Cover 2.2. Repatriation of Mortal Remains: If the Insured dies as a result of any complications arising from **Accidental Bodily Injury** during the Policy period, then the Insurer will pay up to the Limit of

Indemnity towards the cost of transporting the Insured's remains to the home town or the town of origin, or towards the costs of a burial in the town where the Insured passed away. The Limit of Indemnity under this benefit will be a sub-limit to the Limit of Indemnity under the Medical Expenses cover.

Please note: The total combined liability of the Insurer towards the Cover 2, Cover 2.1 and Cover 2.2 will be to the extent of Sum Insured of the Emergency Accident Medical Expenses cover only.

#### Exclusions

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) any illness or other medical condition which has not been directly caused by the Accidental Injury
- b) any treatment if that is the sole reason or one of the reasons for the travel;
- c) any treatment, arising due to a Pre-existing condition.
- d) any person waitlisted for any treatment
- e) any treatment which could in the opinion of the Insurer and attending Doctor be or have been delayed until the Insured's return to destination;
- f) any illness and the consequences of such illnesses:
  - i) existing at the commencement of the travel.
  - ii) treated in the 48 months before the commencement of the travel.
- g) for the treatment of orthopaedic, degenerative or oncologic diseases unless the medical attention is unforeseen, and is necessary to avert a clear danger to the Insured's life
- h) the removal of physical flaws or anomalies or abnormalities (cosmetic treatment);
- i) Pregnancy or check-ups during pregnancy or termination of pregnancy or childbirth and typical complaints suffered during pregnancy and their consequences (including changes in chronic conditions) unless the medical attention is unforeseen, and is necessary to avert a clear danger to the Insured's life or that of the unborn child or to relieve acute pain and suffering of either provided that the Insured is under 38 years of age and the 30th week of the pregnancy has not been completed;
- j) Any internal or external Congenital conditions
- k) Accidental Bodily Injury due to the operation of any aircraft (other than a scheduled flight in which the Insured travels as a fare paying passenger) or parachuting.:
- l) any treatment due to mental or psychiatric disorders, disturbances of consciousness, strokes, fits affecting the entire body, and pathological disturbances caused by mental reactions;
- m) rehabilitation and physiotherapy or the costs of prostheses.
- n) any exclusion mentioned in the General Exclusions of this policy.

#### Procedure for making a Claim under Emergency Accidental Medical Expenses reimbursement

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall immediately:

- a) If the Insured suffers Accidental Bodily Injury which gives rise to or may give rise to a claim:
  - i) give the Insurer notice of a claim and expeditiously give or arrange for the Insurer to be provided with any and all information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer;
  - ii) obtain the pre-authorization from the Insurer for any medical treatment, which pre-authorization shall specify the treatment authorised; the place at which it has been authorised, and any other condition applicable to either.
  - iii) if the Accidental Bodily Injury requires an Insured's immediate Hospitalisation so as to avoid a risk to the Insured's life or health, and as a result the Insured is unable to obtain pre-authorization provided that the Insurer is given notice of the Insured's Hospitalisation as soon as reasonably practicable, and the terms under i) & ii) are complied with as soon as the risk to the Insured's life or health has passed.

- b) If the requirements of a) have been satisfied in all respects, then the Insurer shall settle the amounts payable directly with the service provider.
- c) If the requirements of a) (ii) and/or a) (iii) and/or b) have not been satisfied in all respects, then a claim shall be made to the Insurer within 30 days of the insured event and:
  - i) shall be supported by the following documentation, translated into English if necessary at no cost to the Insurer:
    - 1) original bills and vouchers bearing the name of the Insured treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
    - 2) prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of the pharmacy;
    - 3) additionally for a claim under Medical Evacuation, a Doctor's certificate indicating the condition requiring transportation and certifying the medical necessity of the transportation;
    - 4) additionally for a claim under Mortal Remains, an official death certificate and Doctor's statement giving the cause of death;
  - ii) any other information or documentation that the Insurer may reasonably require;
  - iii) if accepted, shall be payable within India in Indian Rupees
- d) any document mentioned in the Claim Documentation of this policy.
- e) in any case, if there is an event which would result in a claim under this policy, due notice should be given to the Insurer immediately on the Insured becoming aware of the same.

### **Cover 3. Trip Cancellation**

In the event of cancellation of Trip prior to its commencement, the Insurer will reimburse non-refundable expenses on cancellation of the airline travel Tickets up to the Limit of Indemnity provided the cancellation is due to any of the following:

- a) Death or diagnosis of **Critical Illness** (as defined earlier in the Policy wordings) of the Insured or following immediate family members - Spouse, Children, Parents, Brother, Sister, Grandparent, Grandchildren, Parents-in-law.
- b) Natural calamities like earthquake, storm, flood, cyclone, hurricane or tornado, and / or fog, at or in the vicinity of the city of residence or place of origin or place of destination or any intermediate place
- c) Serious damage to the Insured's Residence arising from fire, flood, earthquake or riots.

Non-refundable expenses are defined as those charges which are not refunded by the airline to the passenger in the event of the passenger cancelling the journey ticket in the airline. Examples of non-refundable charges include (but are not limited to) taxes, cancellation charges, airport fees, fuel surcharge etc.

### **Terms and Conditions**

- a) The limits under this section are as mentioned in the Schedule of Benefits
- b) The Insurer's liability to make payment is only towards reimbursement of any non-refundable portion of the fare of the cancelled air ticket.
- c) The booking should be cancelled by the Insured within 48 hours of the occurrence of any of the events, which would result in a claim under this cover.

### **Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) The reason for Trip cancellation was foreseeable for the Insured with high degree of probability
- b) any exclusion mentioned in the General Exclusions of this policy.

### **Procedure for making a Claim under Trip Cancellation**

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:



- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

#### **Cover 4. Flight Re-scheduling**

In the event of Delay of the flight in which the Insured has booked his/her ticket for travel, and if the Insured reschedules his/her flight & travels by another flight, and if the rescheduled ticket is in the same sector and in the same airline, then any excess fare paid by the Insured for booking the ticket in the rescheduled flight will be reimbursed by the Insurer up to the amount stated in the Schedule provided Insured's trip is delayed for more than 4 (four) hours due to a Covered Hazard. In case there is no alternate flight of the same airline in the same sector within the 12 hours following the scheduled departure, the Insurer will offer the benefit against travel by any alternative airline.

#### **Terms and Conditions**

##### **a) Covered Hazards are**

- i. delay of the airline caused by any severe weather condition (excluding fog) which delays the scheduled arrival or departure of the aircraft
- ii. delay due to Strike or any other action by employees of the airline scheduled to be used by the Insured for his Trip
- iii. delay caused by any sudden, unforeseen breakdown in the aircraft's equipment that caused the delay of the Insured's Trip

b) The Insurer will be liable under this cover only if the flight in which the insured has rescheduled his trip is being operated in the same sector by the same airline. Only in case of no alternate flight of the same airline in the same sector within the 12 hours following the scheduled departure, the Insurer will offer the benefit against travel by any alternative airline.

c) The limits under this section are as mentioned in the Schedule of Benefits

d) The Insurer's liability to make payment is only in excess of the Deductible.

#### **Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

- a) first 4 (four) hours of the trip delay.
- b) any delay due to Covered Hazard which was made public or known to Insured before the purchase of this policy
- c) This cover will not be applicable if the original flight in which the ticket was booked has been delayed due to fog
- d) any exclusion mentioned in the General Exclusions of this policy.

#### **Procedure for making a Claim under Flight Re-scheduling cover**

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

### **Cover 5. Flight Delay**

In the event of Delay of the flight in which the Insured has booked his/her ticket for travel, if the airline does not provide necessary meals and lodgings free of charge, the Insurer will reimburse expenses for meals and lodgings up to the amount stated in the Schedule provided Insured's trip is delayed for more than 6 (six) hours due to a Covered Hazard.

#### **Terms and Conditions**

##### **a) Covered Hazards are**

- i. delay of the airline caused by any severe weather condition (excluding fog) which delays the scheduled arrival or departure of the aircraft
- ii. delay due to Strike or any other action by employees of the airline scheduled to be used by the Insured for his Trip
- iii. delay caused by any sudden, unforeseen breakdown in the aircraft's equipment that caused the delay of the Insured's Trip

b) The Insurer will pay for each continuous and completed period of 6 (six) hours of Trip Delay

c) The limits under this section are as mentioned in the Schedule of Benefits

d) The Insurer's liability to make payment is only in excess of the Deductible.

#### **Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by, attributable to, arises out of or is howsoever connected to any of the following:

a) first 6 (six) hours of the trip delay.

b) any delay due to Covered Hazard which was made public or known to Insured before the purchase of this policy

c) any exclusion mentioned in the General Exclusions of this policy.

#### **Procedure for making a Claim under Flight Delay**

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.

b) any document mentioned in the Claim Documentation of this policy.

### **Cover 6. Trip Curtailment**

In the event of interruption of the Trip before the Insured has reached the final destination town, the Insurer will reimburse any non-refundable expenses towards cost of ticket for next available option or any incidental expenses including Boarding & Lodging for maximum one day up to the Limit of Indemnity, provided the curtailment is due to a booked aircraft being delayed for at least 24 hours due to strike, industrial action, riot, civil commotion, severe weather condition, natural disaster or hijack

#### **Terms and Conditions**

a) The limits under this section are as mentioned in the Schedule of Benefits

b) The Insurer's liability to make payment is only in excess of the Deductible.

#### **Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

a) The reason for Trip interruption was foreseeable for the Insured with high degree of probability

b) any exclusion mentioned in the General Exclusions of this policy.

#### **Procedure for making a Claim under Trip Interruption**

It is a condition precedent to the Insurer's liability that upon the happening of an event that gives rise to or may give rise to a claim, the Proposer and/or the Insured shall:

- a) give immediate written notice to the Insurer with all information and documentation that they may reasonably require in relation to the validity of the claim and the quantum of it.
- b) any document mentioned in the Claim Documentation of this policy.

#### **Cover 7. Loss of Checked Baggage**

If the Insured's checked-in accompanying baggage is permanently lost by the airline to whom it was entrusted, then the Insurer will pay up to the Limit of Indemnity towards the **Market Value** of the lost items less any recovery from the airline by the Insured.

Terms and conditions:

- a) In the event, more than one baggage is checked-in, the maximum amount payable per baggage will be 50% and per article contained in the bag will be 10% of the Limit of Indemnity.
- b) For the following articles - jewellery, watches, articles consisting of silver, gold or platinum, furs, articles trimmed with or made mostly of fur the combined maximum amount payable will be 10% of the Limit of Indemnity.
- c) In the event of loss of a pair/set, Insurer can repair or replace any part, to restore the pair or set to its value before the loss; or pay the difference between the cash value of the property before and after the loss.
- d) The limits under this section are as mentioned in the Schedule of Benefits
- e) The Insurer's liability to make payment is only in excess of the Deductible.
- f) The Insurer liability under this cover will be limited to the travel destinations specified in the main travel ticket from the airport of origin to the airport of destination during the trip. Any via destinations included in the main travel ticket will be considered for payment under this cover, only if the flight is a hopping one.
- g) The liability of the Insurer to make payment shall not arise until liability is admitted by the airline.
- h) The Insurer's payment to the Insured will be reduced by any sum for which the airline is liable to make payment.
- i) The Insurer's maximum liability will not exceed the Limit of Indemnity stated in the policy schedule

#### **Exclusions**

The Insurer shall not be liable for any claim under this Cover that is caused by or is attributable to or arises out of or is howsoever connected to any of the following:

- a) any electronic, electrical, visual or audio visual equipment, item or aid;
- b) any kind of precious metals or articles made from any precious metals, cash, currency (Indian or foreign), precious stones or models or coins or curios, sculptures manuscripts, stamps, collections of stamps, rare books, medals, moulds, designs or any other collectibles, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, bank notes, treasury or promissory notes, cheques, money, securities, or any other negotiable instrument.;
- c) any tickets;
- d) any loss due to complete/partial damage for the Checked-in-Baggage;
- e) any partial loss of the items in the Checked-in-Baggage;
- f) any item in the Checked-in-Baggage, which is valued above Rs.1000 without appropriate proof of ownership;
- g) any loss arising from any delay, detention or confiscation by customs officials, police or other public authorities;
- h) any exclusion mentioned in the General Exclusions of this policy.

#### **Procedure for making a Claim under Total Loss of Checked Baggage**

It is a condition precedent to the Insurer's liability that the Proposer and/or the Insured shall immediately:

- a) give the Insurer notice of a claim and expeditiously arrange for information and documentation in respect of the claim and/or the Insurer's liability for it that may be requested by the Insurer
- b) additionally, the Insured shall obtain a Property Irregularity Report from the airline and send it to the Insurer;
- c) any document mentioned in the Claim Documentation of this policy

### **Section C: General Exclusions (Applicable to all covers under the policy)**

- a) any treatment if that is the sole reason or one of the reasons for the travel, or any person waitlisted for any treatment, or women who are over 6 months pregnant, or any person travelling against the advice of a medical practitioner, or any person with nervous disorders or physical deformity;
- b) treatment by anybody other than a qualified medical practitioner;
- c) any kind of Consequential loss;
- d) accidents caused out of Pre-Existing Diseases (PED) like nervous disorders, cardio vascular conditions etc
- e) War (whether declared or not), civil war, invasion, act of foreign enemy hostilities, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment of all kings, princes, and people of whatsoever nation condition or quality;, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority or terrorism or terrorist acts.
- f) Any intentional, reckless or criminal act, provoked assault, suicide, or attempted suicide, or the use or abuse of any drugs, alcohol and the like;
- g) ionising radiation or contamination by radioactivity from any nuclear waste from combustion of nuclear fuel; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestosis or any related condition resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestos, or asbestos products;
- h) Participation in naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy whether foreign or domestic;
- i) any loss of which a contributing cause was the Insured's actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or resistance to arrest;
- j) HIV, AIDS and all related medical conditions.
- k) Any condition after the point at which it is certified by the attending Doctor to be of such a nature that further medical treatment may serve to stabilise or maintain it but is unlikely to result in a material improvement within a reasonable timeframe.
- l) Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional, semi-professional or amateur sportspersons.
- m) Intentionally self-inflicted injury, suicide or any attempt threat while sane or insane;
- n) Loss sustained or contracted in consequence of the insured being under the influence of alcohol or drugs unless administered on the advice of a physician;
- o) Death or bodily injury suffered whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world or in any balloon.
- p) Any opportunistic infection and/or malignant neoplasm, if at the time of the accident or sickness the Insured had an Acquired Immune Deficiency Syndrome (AIDS) or having an antibody positive blood test to HIV (Human Immune-deficiency Virus).
- q) Opportunistic infection shall include but will not be limited to pneumosystis carinii pneumonia, organism of Kaposi's Sarcoma, central nervous system lymphoma, and/other malignancies now known or which become known as causes of death in the presence of Acquired Immune Deficiency Syndrome;
- r) Death or bodily injury suffered while the insured is participating in activities of speed using a motorized vehicle or bicycle and/or hiking and/or skiing and/or skydiving and/or gliding and/or mountaineering and/or winter sports and/or rock climbing and/or parachuting, hang-gliding, bungee jumping, polo, diving, white water rafting
- s) Any loss resulting directly or indirectly from or, contributed or aggravated or prolonged by childbirth or from pregnancy.

### **Section D: General Conditions (Applicable to all covers under the policy)**

1. For Domestic Travel Insurance the minimum age of the Insured shall be 3 months and the maximum age shall be 70 years. Age shall be computed as on the Risk Start Date.
2. Deductible will be charged for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once.
3. Reasonable Precautions: The Insured shall take all reasonable precautions to prevent injury, illness and disease in order to minimize claims. Failure to do so will prejudice the Insured's claim under this policy.
4. Provision of Information: The Insured shall provide the Insurer with the details of the trip and other information as required in the proposal form - in advance.
5. **Claims Settlement:**
  - a) If the procedure stated is complied with, the Insurer will guarantee to the service provider the costs of hospitalisation, transportation for emergency services, transportation home for Insured and any covered accompanying person if applicable, transportation of the mortal remains and local burial. All costs will be directly settled by the Insurer and the same shall constitute due discharge of the Insurer's obligations hereunder.
  - b) Reimbursement of all claims will be made by the Insurer in Indian Rupees in India only.
6. **Obligations of the Insured:**
  - a) All Claims must be submitted to the Insurer not later than one (1) month after the return date or Risk End date or the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.
  - b) The Insured shall provide the Insurer on demand any information that is required to determine the occurrence of the Insured event or the Insurer's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip.
  - c) The Insurer is authorised by the Insured to take all measures that are suitable for loss prevention and claim minimization, which includes the Insured's transportation back to destination.
  - d) The Insurer shall be released from any obligations to pay the amount against any claim if any of the aforementioned obligations are breached by the Insured.
7. **Transfer and set-Off of Claims**
  - a) If the Insured has any outstanding claims against any other parties apart from the Insurer, such claims shall be transferred in writing to the Insurer up to the amount for which the reimbursement of costs is made by the Insurer in accordance with the terms hereunder.
  - b) In so far as an Insured receives compensation for costs he/she has incurred either from the parties liable for Damages or as a result of other legal circumstances, the insurer shall be entitled to set off his compensation against the insurance benefits payable if any.
  - c) Claims to the insurance benefits may neither be pledged nor transferred by the insured.
8. Geographical scope: The insurance cover applies to all regions, states and Union Territories within the political boundaries of the Republic of India.
9. In the event of the Insured's death, the Insurer or the Insurer's representatives shall have the right to carry out a post mortem/ autopsy, at the Insurer's expense.

#### **Terms and Conditions**

1. Observance of Terms & Conditions

It is a condition precedent to the Insurer's liability that the Insured shall comply in all respects with the terms and conditions of this Policy insofar as they require anything to be done or complied with by the Insured.

## 2. Due Care

The Insured shall take or procure to be taken all reasonable care and precautions to prevent a claim arising under this Policy and, in the event of a claim arising, to minimize its financial consequences.

## 3. Entire Contract

The Policy constitutes the complete contract of insurance. Only the Insurer may alter the terms and conditions of this Policy. Any alteration that may be made by the Insurer shall be evidenced by a duly signed and sealed endorsement on the Policy.

## 4. Risk Start Date

The Insurance policy will commence from the departure date from the town of origin (except Trip Cancellation) as declared on the proposal form and printed on the policy schedule provided full premium is paid.

## 5. Risk End Date

The Insurance policy will terminate on the date when the Insured disembarks on return to the usual town of residence, or the contracted Risk End Date, or 30 (thirty) calendar days from the Risk Start Date, whichever is earlier.

## 6. Renewal Condition

The policy will expire on the Risk End date on the Proposal Form and Policy Schedule, or 30 days from the Risk Start Date, whichever is earlier. The Single Trip Insurance is non-renewable.

## 7. Payment Conditions

a) The Insurer shall make payment to the Insured, but if incapacitated or deceased the Insurer shall make payment to the nominee of the Insured as mentioned in the policy schedule.

b) The Insured hereby acknowledges and agrees that the payment of any claim by or on behalf of the Insurer shall not constitute on the part of the Insurer any guarantee or assurance as to the quality or effectiveness of any medical treatment, service or other service obtained by the Insured, it being agreed and recognized by the Insured and each of them that the Insurer is not in any way responsible or liable for the availability or quality of any medical treatment or service (medical or otherwise) rendered by any institution or service provider whether pre-authorized or not.

c) Any payment made by the Insurer under this Insurance policy shall be within India and in Indian Rupees only.

d) Additionally in relation to any claim under Personal Accident except Accidental Death:

a) the Insurer shall not be liable to make any payment until such time as any course of medical treatment prescribed by a Doctor has been implemented and demonstrated to be ineffective;

b) if the Insured was suffering from any disability prior to the date of his claim, then the Insurer's liability to make payment shall be reduced by the extent of that pre-existing disability as advised by the Insurer's medical advisors, which the Insured agrees shall be as determined by the Insurer's medical advisors.

## 8. Cancellation of policy

a) Any time before the commencement of the proposed journey the Insured may request for cancellation of this Policy by giving notice in writing to the Insurer as long as the Insured is able to establish to the Insurer's satisfaction that the Proposed journey has not commenced.

b) Upon cancellation, and where no claim has been reported under this policy, the Insurer shall be entitled to deduct cancellation charges of Rs. 25 from the premium. Partial refund of the premium is not allowed in this policy.

#### 9. Notification

- a) Save as expressly provided to the contrary in this Policy, any and all notices and declarations for the attention of the Insurer shall be in writing and shall be delivered to the Insurer's address as respectively specified in the Schedule.
- b) Any and all notices and declarations for the attention of any or all of the Insured shall be in writing and shall be sent to the Insured's address as specified in the Schedule.

#### 10. Arbitration

- a) Any dispute or difference between the Insurer and any Insured or the Proposer will be resolved in accordance with Arbitration & Conciliation Act 1996 or any modification or amendment of it. The arbitration proceedings shall be conducted in the English language.
- b) It is agreed a condition precedent to any right of action or suit on this Policy that a final arbitration award shall be first obtained.
- c) If this arbitration clause is held to be invalid in whole or in part, then all disputes shall be referred to the exclusive jurisdiction of the Indian Courts.

#### 11. Fraud

If the Insured or any of them shall make or advance any claim knowing the same to be false or fraudulent in amount or otherwise then this Policy shall be void in relation to that Insured, all claims or payments due shall be forfeited and all payments made shall be repaid by that Insured in full by the Insured and/or the Proposer who shall be jointly and severally liable for the same.

#### 12. Subrogation

Each Insured:

- a) Shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which the Insurer shall be or would become entitled or subrogated upon the Insurer paying for any claim under this Policy, whether before or after indemnification.
- b) Shall not do or cause to be done anything that may cause any prejudice to the Insurer's right of subrogation.
- c) Agrees that any recoveries made shall first be applied in making good any sums paid out by or on behalf of the Insurer for the claim and the costs of recovery.

#### 13. Governing Law

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation.

#### 14. Contribution

If at the time of any claim there is or, but for the existence of this Policy, would be any other policy of indemnity or insurance in favor of or effected by or on behalf of any Insured applicable to any claim, the Insurer will only be liable to pay its ratable proportion.

#### 15. Mis-statement of Age

This policy covers individuals in the age band of 3 months to 70 years travelling by air. In case the insured or proposer has mis-stated the age then no claim shall be entertained under the policy. In such an event no refund of premium will be made.

#### 16. Documentation to be submitted in case of a claim:

For any claim that may be filed by the Insured, the duly filled Claim form has to be submitted along with the documents as indicated below for the specific cover. Additionally, the original ticket / boarding pass indicating the date of travel must also be submitted with every claim, along with the completed Claim Form.

1. Personal Accident - death and/or Total permanent Disability

Please attach the following documents

- Police report
- Medical report in the enclosed format
- In case the accident has occurred on board the aircraft, a certificate from the Airline describing the accident
- Copies of the hospital records
- original bills and vouchers bearing the name of the Insured treated, the condition treated, the individual items of medical treatment or services provided and the dates of treatment;
- prescriptions clearly showing the medicines prescribed, the price and the receipt stamp of the pharmacy;
- Certificate from treating Doctor (in case of a Permanent Disability)
- Doctor's certificate indicating the condition requiring transportation and certifying the medical necessity of the transportation (in case of a claim under Medical Evacuation,)
- Post Mortem Report and Death certificate (in case of death due to accident)
- Legal heir certificate or proof of identity of the nominee (in case of death due to accident). Proof of identity for the nominee must be in the form of a Government-issued identification document
- any other information or documentation that the Insurer may reasonably require;
- Medical statements from relatives or spouses will not be accepted.

2. Emergency Accidental Medical reimbursement

Please attach the following documents

- Doctor's reports
- Original-admission / discharge card
- Original bills / receipts / with prescriptions and diagnostic / investigative reports
- copy of the ticket and boarding pass.
- Medical statements from relatives or spouses will not be accepted.
- any other information or documentation that the Insurer may reasonably require;

Please note -

Bills/vouchers/reports/discharge summary must mention the name of the person treated, the type of injury, details of the individual items of medical treatment provided and the dates of treatment.

Treatment taken on different dates for separate ailments / injuries will be treated as separate claims.

The claims form should clearly indicate the same and supporting should be provided for each one.

Deductible will apply for each claim separately.

3. Total Loss of Checked-In Baggage -

Please attach the following documents

- details of individual items lost
- approximate cost and purchase date
- Copies of baggage tags along with the reference numbers for the baggages lost
- The Property Irregularity Report (obtained from the airline) also will need to be submitted.
- any other information or documentation that the Insurer may reasonably require

4. Trip Cancellation:-

Please attach the following documents

- Proof of cancellation of the tickets
- details of the non-refundable charges arising from the cancellation
- Copy of ticket & boarding pass (if any)
- Proof of the reason for cancellation



- a) Hospitalization records (if the cancellation is due to illness / hospitalization of immediate family member)
- b) Death certificate ((if the cancellation is due to death of immediate family member)
- c) documentary proof establishing the relationship between the insured and the family member who was stricken with illness / death
  - If the trip has been cancelled because of any of the natural calamities named earlier under the scope of cover, the following documents must be submitted
    - a) report from the meteorological Department certifying and describing the nature of the calamity, OR
    - b) copies of reports from 2 different newspapers describing the nature of the calamity
  - any other information or documentation that the Insurer may reasonably require;

5. Trip Curtailment:-

Please attach the following documents

- Proof of cancellation of the onward air tickets
- Copies of cancellation correspondence with airline authorities certifying the cancellation, along with details of compensation received from airlines / other authorities (if any)
- Copy of ticket & boarding pass (if any)
- Proof of the reason for cancellation of the onward journey
- 
- a) certificate from the airline establishing the nature, duration and reason of delay of the flight
  - any other information or documentation that the Insurer may reasonably require

6. Flight delay

Please attach the following documents

- Certificate from the airline for proof of delay of the flight
- Original bills of purchases made / expenses incurred during the period of delay
- Copies of correspondence with airline authorities certifying the delay
- Copy of ticket & boarding pass
- any other information or documentation that the Insurer may reasonably require

7. Flight Re-scheduling

Please attach the following documents

- Certificate from the airline for proof of delay of the flight
- Copies of correspondence with airline authorities certifying the delay
- Copy of the tickets of the original and rescheduled flights
- Boarding pass of the rescheduled flight
- any other information or documentation that the Insurer may reasonably require

**Mechanism for Grievance Redressal:-**

As an esteemed customer of our company, you can contact us to register complaint/ grievance, if any, including servicing of policy, claims etc. with regard to the insurance policy issued to you. The contact details of our office are given below for your reference.

**(A) Cholamandalam MS General Insurance Company's customer services helpline numbers:**

Address: H.O: Dare House 2nd floor, No 2 N.S.C. Bose Road, Chennai 600 001.  
 Toll free: 1800 200 5544  
 SMS: "CHOLA" to 56677\* (premium SMS charges apply)  
 E-MAIL: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)  
 WEBSITE: [www.cholainsurance.com](http://www.cholainsurance.com)

If you have not received any reply from us within one month from the date of the lodgment of complaint or if you are not satisfied with the reply of the Company, you can also contact the nearest Insurance Ombudsman, whose addresses are mentioned below:

Sl. No	Office of the Ombudsman	Name of the Ombudsman and Contact Details	Areas of Jurisdiction
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1	AHMEDABAD	Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Ph(O) 079-27546150, 27546139 Fax: 079-27546142 E-mail: insombahd@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
2	BHOPAL	Office of the Insurance Ombudsman 1st Floor, 117, Zone-II, Above D.M. Motors Pvt. Ltd. Maharana Pratap Nagar, Chhattisgarh BHOPAL - 462 011 Ph(O): 0755-2769200, 2769202, 2769201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
3	BHUBANESWAR	Office of the Insurance Ombudsman 62 Forest Park BHUBANESHWAR - 751009 Ph (O): 0674-2535220,2533798 Fax: 0674-2531607 E-mail: ioobbsr@dataone.in	Orissa
4	CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017 (O) 0172-2706196, 2705861 EPBX: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
5	CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Fir., No 453(old no 312 ), Anna Salai, Teynampet, CHENNAI -600 018 (O) 044-24333678, 24333668 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
6	DELHI	Office of the Insurance Ombudsman 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002 (O) 011-23239611, 23237539, 23237532 Fax: 011-23230858 E-mail : iobdelraj@rediffmail.com	Delhi & Rajasthan
7	GUWAHATI	Office of the Insurance Ombudsman Aquarius, Bhaskar Nagar, R.G. Baruah Rd., GUWAHATI - 781 021 (O) 0361-2413525, EPBX: 0361-2415430 Arunachal Pradesh, Fax: 0361-2414051 E-mail: omb_ghy@sify.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
8	HYDERABAD	Office of the Insurance Ombudsman 6-2-46, 1st Floor, Moin Court, Lane Opp.Saleem Function Palace, A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004. (O) 040-23325325, 23312122, 65504123 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh Karnataka and UT of Yanam - a part of the UT of Pondicherry
9	KOCHI	Office of the Insurance Ombudsman 2nd Fir., CC 27/ 2603 Pulinat Building Opp. Cochin Shipyard,	Kerala, UT of (a) Lakshadweep, (b) Mahe - a Part of UT of

		M.G. Road, ERNAKULAM - 682 015 (0) 0484-2358734, 2359338, 2358759 Fax: 0484-2359336 E-mail: ombudsmankochi@yahoo.co.in	Pondicherry
10	KOLKATA	Office of the Insurance Ombudsman North British Bldg. 29, N. S. Road, 3rd Fir., KOLKATA -700 001. (0) 033-22134869, 22134867, 22134866 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
11	LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001 (0) 0522-2201188, 2231330, 2231331 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
12	MUMBAI	Office of the Insurance Ombudsman 3rd Flr., Jeevan Seva Annexe, S.v. Road, Santa Cruz (W) MUMBAI - 400 054 022-26106928, 26106360 EPBX: 022-6106889 Fax: 022-26106052 Email: ombudsman@vsnl.net	Maharashtra, Goa