

**Galaxy Plus**

**Unique ID : GHIHLGP25036V012425**

**Master Policy Schedule**

Master Policy No: PM11260000000001			
Master Policy Holder Code:	PT0000585933	Issuing Office Code:	10000
Master Policy Holder Name:	TVS CREDIT SERVICES LIMITED	Issuing office Name:	Chennai-Corporate Office
Address:	No.29, Jayalakshmi Estates, Haddows Road, Nungambakkam, Chennai, TAMIL NADU - 600006	Address:	Prestige Polygon, 12th Top Floor (P), #471, Anna Salai, Nandanam, Chennai, Tamil Nadu - 600035
Phone No:	9940379182	Phone No:	044-40017300
Email id :	venkatbabu.p@tvscredit.com	Email id :	10000@galaxyhealth.com
Receipt No:		Fulfiller Code:	GHIE00130
Receipt Date:		Intermediary Details:	
Premium:	Rs. 0.00	Code :	GHIBR0000001
Tax:	Rs. 0.00	Name :	Harita Insurance Broking Llp
Stamp Duty:	Rs. 1.00	Phone :	7338733719
Total Premium:	Rs. 0.00	Email id :	principalofficer@haritaib.com
Total Premium in words : -			
Period of Insurance : From 18-Jul-2025 00:00 Hrs To Midnight Of : 17-Jul-2026			

**Sector Classification :** No

**Condition precedent** In the event of any claim, intimation should be given to Galaxy Health Insurance Co. Ltd within 15 days from the date of occurrence of the event / diagnosis of Illness, through toll free no: 18002030007, or email: support@galaxyhealth.com.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

The insurance under this Policy is subject to definitions, terms, coverages, exclusion, conditions, clauses, warranties, endorsements attached and the availability of the Sum Insured and subject always to any sub-limits for the Benefit as specified in the Policy Schedule or Certificate of Insurance.

**Loan Applicant / Insured Person / has given his/her consent as follows (Applicable for Plan 2 - Equal Monthly Instalment Protect (Fixed Sum Insured) and Plan 3 - Personal Accident)**

- From the Commencement Date of the Policy, any claim payable by the Galaxy Health Insurance Company Limited under this Policy shall be deposited directly in the Loan Account number maintained by the TVS Credit Services Limited as the Group Administrator/Master policy holder
- In the event of any claim becoming payable under this Policy, the same shall be deposited by the Galaxy Health Insurance Company Limited in the loan account number held with the TVS Credit Services Limited without any reference/notice to the undersigned, but not exceeding the principal outstanding as on the date of the claim.
- In the event of any claim becoming payable under this Policy exceeding the principal outstanding amount under the insured member's loan account, the Galaxy Health Insurance Company Limited shall pay such claim amount which exceeds the principal outstanding amount to the insured person/Nominee
- In the event of exhaustion of sum insured under all applicable plans or death of the Insured Person whichever is earlier, the coverage shall completely discharge the Galaxy Health Insurance Company Limited from all liability, claims under the Policy and shall be binding on the insured person and his/her heirs, executives, administrators, successors or legal representatives of the insured person.

**For Galaxy Health Insurance Company Ltd.**

Entered by : GHIE00087  
Approved by : GHIE00087  
Place : Chennai-Corporate Office  
Date : 18/07/2025

**Signature valid**

Digitally Signed By:  
DS GALAXY HEALTH INSURANCE COMPANY LIMITED 1  
18/07/2025 01:14:32  
Margabandhu R

### Cover Details

#### Plan 1 – Hospital Cash:

**Mandatory Cover:** Section 1 and / or Section 2 are mandatory:-

**Section 1: Sickness Hospital Cash:** If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases and if such illness/diseases shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule for every 24 hours of hospitalisation or part thereof subject to maximum number of days stated in the Certificate of Insurance (COI).

**Section 2: Accident Hospital Cash:** If during the period stated in the Schedule, the insured person shall sustain bodily injury due to **Accident** and if such accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person/Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule **for every 24 hours of hospitalisation or part thereof** subject to maximum number of days stated in the Certificate of Insurance (COI).

**Note:**

- Coverage available for 30 days per policy year.
- Waiting Period :** Initial Waiting Period, Specific Diseases Waiting Period and Pre-Existing Diseases Waiting Period will be applicable for 7 days
- Covered within India

#### Plan 2 – Equal Monthly Instalment (EMI) Protect (Fixed Sum Insured):

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases/injury and if such illness/diseases/injury shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person/ Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance **for every completed continuous hospitalization period of 24 hours or part thereof**

**Applicable for Personal Loan, Two Wheeler, Used Car, Consumer Durable and Tractor Loan Segments:**

Hospitalisation in days	Number of EMIs sum insured payable per policy year
3-5 days	1
6-8 days	2
9 days and above	3

**Applicable for Used Commercial Vehicle Loan Segment:**

Hospitalisation in days	Number of EMIs sum insured payable per policy year
3-5 days	1
6-11 days	2
12 days and above	3

**Note:**

- Irrespective of number of days of hospitalization, the maximum number of EMIs sum insured that will be paid shall not exceed 3 in a policy year.
- This cover is available on Individual Sum insured basis only.
- Covered within India.
- Waiting Period :** Initial Waiting Period, Specific Diseases Waiting Period and Pre-Existing Diseases Waiting Period will be applicable for 7 days.

#### Plan 3 – Personal Accident

**Geographical Scope:** The Personal Accident insurance cover applies Worldwide unless otherwise stated

**Important:** Benefit 1 and / or Benefit 2 are mandatory:-

#### **Accidental Death - Benefit 1**

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in “Benefit 1” under “Schedule of Benefits”

**Permanent Total Disablement - Benefit 2** If following an Accident which caused permanent total impairment of the Insured’s physical capabilities, then the Company will pay the benefits as provided in “Benefit 2” under “Schedule of Benefits” depending upon the degree of disablement provided that:

- The disablement occurs within 12 Calendar months from the date of the Accident.
- The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under “Schedule of Benefits” in respect of the same Accident.

**Note :**

- Covered Worldwide.
- The Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

### Cover Details

#### Plan 1 – Hospital Cash:

**Mandatory Cover:** Section 1 and / or Section 2 are mandatory:-

**Section 1: Sickness Hospital Cash:** If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases and if such illness/diseases shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule **for every 24 hours of hospitalisation or part thereof** subject to maximum number of days stated in the Certificate of Insurance (COI).

**Section 2: Accident Hospital Cash:** If during the period stated in the Schedule, the insured person shall sustain bodily injury due to **Accident** and if such accident shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person/Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay, Hospital Cash Amount stated in the schedule **for every 24 hours of hospitalisation or part thereof** subject to maximum number of days stated in the Certificate of Insurance (COI).

#### Note :

- Coverage available for 30 days per policy year.
- Waiting Period :** Initial Waiting Period, Specific Diseases Waiting Period and Pre-Existing Diseases Waiting Period will be applicable for 7 days.
- Covered within India

#### Plan 2 – Equal Monthly Instalment (EMI) Protect(Fixed Sum Insured):

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness/diseases/injury and if such illness/diseases/injury shall, upon the advice of a duly Qualified **Medical Practitioner**, require admission of the **Insured person/Beneficiary** as an in-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance **for every completed continuous hospitalization period of 24 hours or part thereof**,

**Applicable for for Personal Loan, Two Wheeler, Used Car, Consumer Durable and Tractor Loan Segments:**

Hospitalisation in days	Number of EMIs sum insured payable per policy year
3-5 days	1

6-8 days	2
9 days and above	3

#### Applicable for Used Commercial Vehicle Loan Segment:

Hospitalisation in days	Number of EMIs sum insured payable per policy year
3-5 days	1
6-11 days	2
12 days and above	3

#### Note:

- Irrespective of number of days of hospitalization, the maximum number of EMI Sum Insured that will be paid shall not exceed 3 in a policy year.
- This cover is available on Individual Sum insured basis only.
- Covered within India.
- Waiting Period:** Initial Waiting Period, Specific Diseases Waiting Period and Pre-Existing Diseases Waiting Period will be applicable for 7 days.

#### Plan 3 – Personal Accident

**Geographical Scope:** The Personal Accident insurance cover applies Worldwide unless otherwise stated

**Important :** Benefit 1 and / or Benefit 2 are mandatory:-

#### Accidental Death - Benefit 1

The Company will pay as hereinafter mentioned:

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in "Benefit 1" under "Schedule of Benefits".

#### Permanent Total Disablement - Benefit 2

If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:

- The disablement occurs within 12 Calendar months from the date of the Accident.
- The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident.

#### Note :

- Covered Worldwide.
- The Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

### **Exclusions:**

#### **Applicable for Plan 1: Hospital Cash and Plan 2: Equal Monthly Instalment (EMI) Protect**

The Company shall not be liable for this policy if the hospitalization is for

1. Circumcision (unless necessary for treatment of a disease not excluded under this policy or necessitated due to an accident), Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA **-Code- Excl 19**
2. Congenital External Condition / Defects / Anomalies **- Code- Excl 20**
3. Convalescence, general debility, run-down condition, Nutritional deficiency states **- Code- Excl 21**
4. Intentional self -injury **-Code- Excl 22**
5. Injury/disease caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) **-Code- Excl 24**
6. Injury or disease caused by or contributed to by nuclear weapons/ materials **-Code- Excl 25**
7. Expenses incurred on Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion **- Code- Excl 26.**
8. Unconventional, Untested, Experimental therapies **-Code- Excl 27**
9. Autologous derived Stromal vascular fraction, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy **-Code- Excl 28**
10. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons) **-Code- Excl 31**

11. Any hospitalization which are not medically necessary / does not warrant hospitalization **-Code-Excl 36**

#### **Applicable for Plan 3 – Personal Accident**

#### **GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS PLAN):**

The Company shall not be liable to make any payments in respect of:

1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
2. Any claim in respect of Pre-existing conditions.  
**Note:** "Where the Proximate cause is accident, then the benefit will become payable as per policy"
3. Any claim if the insured acts against the advice of a physician.
4. Any claim arising out of Accidents that the Insured Person has caused a. intentionally or by committing
  - a. crime  
or
  - a. as a result of drunkenness or addiction (drugs, alcohol).  
or
  - b. self-endangerment unless in self-defense or to save human life.
5. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
6. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detainments of all kings princes and people of whatever nation, condition or quality whatsoever.



7. Participation of the Insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
8. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
  - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
  - b) Nuclear weapons material
  - c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
  - d) Nuclear, Chemical, biological terrorism
9. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
10. Participation in Hazardous Sport / Hazardous Activities

#### **General Exclusions**

##### **Applicable for Plan 1, 2 & 3**

1. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, Areca nut intoxicating drugs and alcohol or hallucinogens;
2. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner;
3. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions;
4. Hormone Replacement Therapy;
5. Genetic tests undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in

the future unless requires for current medical treatment;

#### **Claim Settlement**

- I. **Condition Precedent to Admission of Liability (Applicable for Plan 1, Plan 2 & Plan 3):** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

- II. **Notification of Claim (Applicable for Plan 1, Plan 2 and Plan 3):** Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event / diagnosis of Critical Illness

**Note:** Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.

#### **III. Submission of Documents**

##### **a. Applicable for Plan 1:**

The Insured Person/s shall submit to the Company :-

1. Duly filled claim form
2. Copy of discharge summary
3. Bank Details of the Insured
4. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

##### **b. Applicable for Plan 2 :**

1. Duly filled claim form
2. Copy of discharge summary
  - a.

##### **b. Applicable for Plan 3 : For Death Claims:-**

- Dully filled Claim Form
- Death Certificate in case of death

- Identity proof for the Insured and the nominee
- First Information Report (FIR)
- Post Mortem Report
- Inquest report/Panchnama Report-Non Mandatory
- Extract of MLC/Accident register-Non Mandatory
- Final report issued by Police authorities if sought-Non Mandatory
- Chemical analysis report/Viscera report if preserved for analysis-Incase of doctor suggested in PM report
- Admission /discharge/death summary issued by hospital authority
- Medical records pertaining to hospitalisation
- English translation for vernacular documents-Non Mandatory
- Legal heir certificate/succession certificate or alternate set of legal documents sought in the absence of nomination
- Any other document sought by the company

**For Permanent Total Disablement - Benefit 2**

- Dully completed claim form along with medical certificate forming part of claim form.
- Attending physicians certificate certifying extent of disability
- First Information Report (FIR)

- Medical records pertaining to hospitalisation
- Photographs of the insured exhibiting disability
- Any other document sought by the company

**Redressal of Grievance:** In case of any grievance the insured person may contact the Company through

Website : [www.galaxyhealth.com](http://www.galaxyhealth.com)

E-mail : [gro@galaxyhealth.com](mailto:gro@galaxyhealth.com)

Ph. No. : 044 - 4001 7238

Senior Citizens may call at 18002030007

Courier/ Post: "Prestige Polygon – 12th Top Floor (P), No. 471, Anna Salai, Nandanam, Chennai – 600035.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044 - 4001 7238.

**For updated details of grievance officer, kindly refer the link [www.galaxyhealth.com](http://www.galaxyhealth.com)**

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. For the details of Insurance Ombudsman, please visit:

<https://cioins.co.in/Complaint/Online>

Grievance may also be lodged at IRDAI integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

**List of Ombudsman**

Office Details	Jurisdiction of Office (Union Territory, District)
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU</b> Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
<b>BHOPAL</b> Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
<b>BHUBANESWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha.
<b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
<b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

Office Details	Jurisdiction of Office (Union Territory, District)
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
<b>ERNAKULAM</b> Office of the Insurance Ombudsman, 10 <sup>th</sup> Floor, Jeevan Prakash, LIC Building, Opp.to Maharaja's College, M. G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
<b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.



Office Details	Jurisdiction of Office (Union Territory, District)
<p>Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai &amp; Thane).</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA</b> Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
<b>Kindly refer our website, for future updates in Ombudsman address</b>	