

Sample Policy Contract

The values mentioned in the variable fields are only indicative and are not real

DRAFT

Plan Name - **Kotak Group Assure**

Product UIN - **107N051V02**

SCHEDULE

Policy Details

Policy No.:	
Name of the Policyholder:	
Policyholder's Address:	
Date of Commencement:	
Date of Issue:	
Plan Name:	Kotak Group Assure
Plan Option:	Easy Group Assure
Plan Description:	Reducing Insurance Cover for Groups
Participating:	No
Mode of Payment:	Single

Details of the members of the group

This policy will cover the members in respect of whom Member Data is provided to the Insurer as stated in Annexure (MD) and is subject to the terms and conditions herein stated.

MEMBER

A member means a person:

- who has opted for insurance under this policy and for whom the premiums as herein specified have been paid to the Insurer, and
- who was in good health and wherever required as per the understanding has duly completed and submitted the Declaration of Good Health (Evidence of Good Health), in the Insurer's format to the Policyholder or has undergone medical examination, as per annexure MU, and the Insurer has agreed to provide cover to him on the basis results of medical examination and such other evaluation as the Insurer, may deem fit, and
- who has availed a loan from the Policyholder on or after the date of commencement of this Policy towards Housing Loan and such loan is outstanding as on the date of commencement of his/her cover; and
- who is borrower of the Loan, and
- in respect of whom member data is provided to the Insurer by the Policyholder as mentioned herein, and
- who falls within the age range indicated by the Insurer for this policy

Option No.	Options	Minimum. Entry Age**	Maximum Entry Age**	Maximum Maturity Age**
1	Easy Group Assure	18		

**Age is defined as the age of the member on his/her last birthday (as per the English calendar) immediately before the date of commencement of cover for that member.

BENEFITS PAYABLE

The Sum Assured is based on the Member Data provided to the Insurer (and updated from time to time) and shall be subject, inter alia to the limits, and all the terms and conditions appearing herein.

Benefits description	Benefits Structure	Category(ies) Eligible
Basic Life Cover (BLC)	<p>Outstanding principal housing loan amount at the time of death, as per the Kotak Life Insurance (KLI) cover schedule provided (subject to interest rate not being more than 15%) and subject to maximum loan amount of Rs.50,00,000/- (Rupees Fifty Lakhs Only)</p> <p>OR</p> <p>Outstanding principal housing loan amount at the time of death, as per the Kotak Life Insurance (KLI) cover schedule provided (subject to interest rate not being more than 18%) and subject to maximum loan amount of Rs.50,00,000/- (Rupees Fifty Lakhs Only)</p>	Future Members

Cover cannot be increased for any member unless prior written approval of the Insurer is taken.

Sum Assured under this plan:

- **For Loans:** A loan repayment schedule (as agreed between the Insurer and the Policyholder) will define the Sum Assured during each month. Sum Assured subject to maximum of outstanding principal loan amount in borrowers loan account as at the end of date of the death would be paid to Policyholder and balance if any, would be paid to the nominee.

This life insurance cover under the Policy Contract is restricted to the Expected Principal Loan Amount (loan repayment schedule agreed between the Policyholder and the Insurer) only and the balance outstanding, if any, due under the Loan Agreement would be governed by the Loan Agreement between Policyholder and member.

The event of Death should be intimated to the Insurer within 3 months and in case of failure to intimate within the said period the Insurer reserves its right to deny the claim. The Insurer at its sole discretion may deny the claim or calculate the benefit payable on the death of the member; presuming the month of intimation as month of the death of the member.

Benefit on Survival:

No survival benefit will be paid under this policy.

Benefits available under plan option:-

Easy Group Assure

On Death:

Sum Assured will be paid.

BENEFICIARY

The benefits under this policy are payable to the Policyholder/nominee/legal heir (as per the coverage specified under Benefits Payable) or to such person as may be directed by a court of competent jurisdiction in India, The said benefits shall be payable in India.

The benefits shall be limited at all times to the monies payable under this policy.

PREMIUMS PAYABLE

Mode of Premium Payment: Single.

Accepted Premium Rates * (Rate per Rs. 1000/- of cover)

As per the Annexure- Premium Rate Table

*The Policyholder is liable to pay service tax, education cess and other statutory levies (as applicable from time to time) on the premiums payable. The premiums payable are calculated based on the aforesaid premium rates, and are subject to service tax, secondary and higher secondary education cess and other levies as may be applicable from time to time. The Insurer reserves the right to review the premium rates applicable under the policy in respect of new entrants at any time, by giving the Policyholder two months' notice in writing.

Special Conditions, if any:

1. DEPOSIT AS PER SECTION 64VB: As per the Insurance regulations, no cover shall be extended to any person(s) unless the premium due for such cover has been received in advance by the insurance Insurer. In case of any shortfall in premium, coverage will be subject to premium available. Any member for whom premium is not paid will not be covered till receipt of premium for such member by insurer.
2. Rates will be reviewed every year from the date of commencement of policy.

Signed for and on behalf of Kotak Mahindra Old Mutual Life Insurance Ltd. at
_____ on _____

Authorised Signatory

I. TERMS & CONDITIONS

1. Proof of Age

The Policyholder shall submit a declaration in writing and/or electronically of the age(s) of the members covered and persons to be covered under this policy (for members added from time to time). The Insurer shall not be liable for payment of any benefits in respect of a member for whom such a declaration has not been given.

For a person to be covered under this policy he/she must fall within the age range herein mentioned.

If at a future date, the age is found to be different from the age declared, without prejudice to the Insurer's other rights and remedies including those under the Insurance Act, 1938, and any other laws then prevailing, the Insurer will have the right to refuse a claim in respect of the concerned member, should the member's correct age as at the date of commencement of his/her cover fall outside the age range herein mentioned. However, where a member's correct age as at the date of commencement of his/her cover falls within the age range herein mentioned, the Insurer will consider and settle such a claim subject to all other terms and conditions as provided herein.

The Policyholder shall submit the proof of age of the life insured at the time of death claim of the respective borrower.

2. Payment of Premiums

The Policyholder must pay in advance a single premium for a member, before cover can commence for that member. This premium shall be calculated at such premium rates indicated in the Schedule or such revised rates as notified by the Insurer to the Policyholder from time to time in writing.

The Insurer is not liable for any claim unless the premiums in respect of such concerned member have been paid.

3. Surrender

The Surrender value would become payable on happening of any of the following circumstances:

- Foreclosure of Loan by the insured member.
- Transfer of Loan to another company/financial institution.
- Voluntary surrender of insurance cover by the insured member.

The Surrender value will be calculated as follows:

Surrender Value (unamortized premium) in case of surrender within the freelook period*, i.e. cancellation (or natural death within lien period) would be:

In case of Single premiums:

Surrender Value = Single premium (net of service tax)
× (Outstanding Cover Term/Cover Term)
× (Outstanding Amount/Total Amount) - processing charges

In case of Regular premiums,

Surrender Value = Regular premium (net of service tax)
× (Term to next Premium Payment/Term between Premium Payments)
× (Outstanding Amount/Total Amount)
- processing charges

Where “Term to next premium payment” means the number of days until the client is due to pay another premium; and “Term between premium payments” means the number of days between scheduled premium payments

Surrender Value in case of surrender after the freelook period* would be:

In case of Single premiums:

Surrender Value = 75% × Single premium
× (Outstanding Cover Term/Cover Term)
× (Outstanding Amount/Total Amount)
- processing charges

Processing charges Rs. 200

In case of Regular premiums,

No Surrender value is available.

However, in case of Regular Premiums no Surrender value will be paid.

Needless to say in case of surrender, the cover shall stand terminated and no further benefits are provided.

NOTE: The outstanding and total amounts above are as per the original Loan at the time of surrender or repayment, and not the actual Loan amounts.

4. Lapse

In case the premiums are not paid within the grace period as mentioned in clause 2 above, the cover for the member will cease from the due date of the first unpaid premium.

The member cover can be revived by making an application within two years from the date of the first unpaid premium and before the cease date of the member cover. (Refer clause 5 for revival terms).

In case the member cover is not revived within the aforesaid period, the same shall stand terminated.

5. Revival

The member cover can be revived by making an application within two years from the date of the first unpaid premium and before the cease date of the member cover as per the following conditions:

- Revival within 6 months :

The Policyholder may revive the cover within 6 months, from the due date of the first unpaid premium without proof of good health and payment of outstanding premiums together with interest (currently) at 9% p.a. The interest rate may be revised from

time to time with due intimation to IRDA (Insurance Regulatory and Development Authority).

- Revival after 6 months :

The Policyholder may revive the cover after 6 months, from the due date of the first unpaid premium by furnishing satisfactory evidence of health as required by the Insurer and payment of outstanding premiums together with interest (currently) at 9% p.a.

The revival of the member cover may be on terms different from those applicable when the member cover lapsed but based on prevailing (current) Insurer underwriting norms and with original premium rates.

The revival will take effect only after the Insurer communicates its decision to the Policyholder.

The member cover can be revived subject to prevailing option revival conditions and underwriting guidelines.

6. Cover

The cover for each member is subject to the following:

- Cover shall commence from the later of:
 - the date of receipt of premium, or
 - the date of first disbursement of loan (subject to completion of underwriting requirements), and or
 - date of acceptance of risk by the Company on fulfilment of underwriting requirements
- For underwritten cases, cover will commence on the acceptance of risk by the Insurer post completion of Medical requirements. For administrative convenience the date of commencement of loan would be from the contract date of loan not being more than 1 month. Minimum Cover equal to Non Medical Limit (NML) would be provided to each member of the group policy.
- On the basis of the disclosures made by the Member in the underwriting requirements, the Insurer may at its discretion can call for additional information, decline cover or accept with/without health loadings on premiums or any other terms and conditions.
- Cover shall be restricted to the amount described under the Section of this Policy Contract, titled Benefits Payable;
- Cover shall be declined as a result of failure to provide satisfactory Evidence of Good Health as required under this policy.

Medical underwriting limits and requirements are stated in Annexure (MU)

7. Forfeiture of Policy

The policy and/or the benefit in respect of any member will be forfeited if,

- Any condition herein contained or endorsed hereon is contravened, or
- It is found that a statement made
 - In the Member data given to the Insurer, or

- In any document leading to the issue of this policy or the member's cover hereunder, or
- In any document necessary to keep this policy or the member's cover hereunder, in force

was inaccurate, or false, or not made in good faith, or any material matter or fact was suppressed, then, and in every such case (but subject to the provisions of Section 45 of the Insurance Act, 1938) the policy shall be void, and/or claim(s) to any benefit under this policy shall cease and all monies that have been paid in consequence of this policy shall belong to the Insurer, excepting in so far as whatever relief may be granted as per the law. Additionally, the Policyholder shall also repay to the Insurer all the monies paid to it by the Insurer consequent upon admittance of any claim(s), till the date of forfeiture.

8. Lien:

No claim arising from the death of a member due to any cause other than an Accident shall be payable where such death occurs within forty five (45) days from the date of his/her commencement of cover as herein stated unless the Member has duly filled in the medical questionnaire and undergone medical tests as required by the Insurer. A member will be said to have died due to an accident where the member dies as a result (solely, directly and independently of all other causes of death) of sustaining any bodily injury, directly and solely from an accident, which has been caused by outward, violent and visible means. For the Insurer to consider the claim arising out of a member's death within 45 days from the date of his/her commencement of cover, the Policyholder must produce proof to the complete satisfaction of the Insurer that the member's death is on account of an accident, and submit requisite supporting documents as herein stated. The Insurer shall decide whether a claim is due to an "Accident" as aforesaid, based, inter alia, on the information/documents/material at its disposal and the decision of the Insurer in this regard shall be final and conclusive.

9. Loans

Loans are not available under the policy.

10. Assignment and Nomination

No assignment is allowed under this Policy.

The nominee(s) shall be a person(s) nominated by the Life insured/Group Member in accordance with Section 39 of Insurance Act 1938 and as per the rules of the Insurer existing at that time, to receive the benefits, if any, under this Policy in the event of his/her death. The Policyholder from Members shall obtain and submit the nominee(s) details to the Insurer along with the member data. The Policyholder shall maintain the records of the nominee details obtained from the Life insured/Group Member. The nominees' details and records shall be provided by the Policyholder to the Insurer for verification and audit purpose. The Policyholder shall certify the correctness and accuracy of the nomination done by the Life insured/Group Member.

By registering the nomination or change in nomination, the Insurer does not express any opinion upon the validity nor accepts any responsibility on the nomination.

11. Policyholder Covenants

The Policyholder agrees to apply its prescribed norms and procedures for assessing the cover applications and apply its stipulated credit recovery procedures thereon, regardless of whether or not cover is sought on the lives of its borrowers. The Insurer reserves with it the right to

call for the guidelines of the Policyholder's credit criteria at any time, and the Policyholder shall supply the same to the Insurer within the time limits if any specified therein. The policyholder (or any of its affiliated organization / entity) in its capacity as Group Organizer / Group Manager, with whatsoever nomenclature may be, is prohibited from collecting any amount other than the insurance premium payable to the Insurers with regard to the underlying Group Insurance..

The Policyholder shall collect the duly valid and complete Declaration of Good Health (Evidence of Good Health) along with such other documents as it may require for the purpose of the insurance cover given to the member. The Policyholder shall preserve and maintain it as an integral part of such documentation. The Policyholder shall allow the officers of the Insurer (including representatives authorized in writing by the Insurer), to inspect and make copies of all/any relevant records for the purposes of this Policy, at reasonable hours on any day.

In accordance to the IRDA circular ref 015/IRDA/Life/Circular/GI Guidelines/2005 dated July 14, 2005, the Policyholder shall obtain a Certificate of compliance from the Auditor of the group or the Manager of the group on every anniversary date of the Policy and submit the same to the Insurer at its request. Renewal of such Policy / cover will be subject to such submission of Certificate of compliance by the Policyholder to the Insurer. OR Alternatively, The Insurer shall conduct the inspection of the books and records of the Policyholder to assess whether they are complying with the relevant IRDA guidelines.

In terms of **Regulation 11 (2) of IRDA (Policyholders' Interests) Regulations, 2002**, the Policyholder shall assist the Insurer, if the Insurer so requires, in the prosecution of a proceeding or in the matter of recovery of claims which the Insurer has against the third parties.

It shall be the duty of the Policyholder to intimate the Insurer with necessary details on the exclusion of the member and it shall indemnify the Insurer for all charges and damages incurred due to payment made to ineligible member.

In case it is found that age mentioned in the member data is different from the certified age the Insurer without prejudice to other rights under the contract has the right to repudiate the claim and the Policyholder shall be solely responsible for such claim and shall indemnify the Insurer for any such loss suffered.

12. Death due to suicide

Claim arising as a result of a member under this policy committing suicide (whether being sane or insane at such time) within one year of commencement of member cover/ date of revival of member cover will be disallowed.

13. Discontinuance

This policy may be discontinued for new entrants at the option of the Insurer or the Policyholder by giving the other party at least one month's prior notice in writing. It is clarified that, in case of single premium payment mode the cover for the existing members will continue even after the discontinuance of the policy. However, for regular premium payment mode the cover for the existing members will continue only for the period for which the premiums have been paid. Thereafter, the cover will continue subject to the payment of future premiums as per the premium rate table.

14. Termination of Cover

A member's cover will cease on the earliest of:

- a. the date the person ceases to be a member as hereinbefore defined,
- b. the date of discontinuance of this Policy. However, the cover will continue as entailed in clause 13 above.
- c. the date on which the premium for that member ceases,
- d. the member attaining the age limit as mentioned in the synopsis provided by the Insurer.
- e. the date on which the loan is repaid.
- f. the date of scheduled expiry of the loan as per loan contract.
- g. the date on which the contract terminates as per the provisions of loan contract.

15. Member Data

The Policyholder must provide the soft copy of the up-to-date Member Data to the Insurer on or before the 25th of current month for 1st to 15th of the current month and 10th of next month for 16th to last day of the current month to enable the Insurer to update its records and calculate premium. Hard copies of the Member Data will not be accepted if the same are not accompanied along with the soft copy of the data. A grace period of 7 days will be allowed for providing the Member data to the Insurer. The Insurer shall not be liable for any claim except as provided for in this Policy document and for only those members whose member data has been provided by the Policyholder to the Insurer. If there is a discrepancy between the soft copy and hard copy of the member data submitted by the Policyholder then in such circumstance the soft copy will be final and will prevail over the hard copy of the member data.

As mentioned above, the Policyholder shall submit the Member Data by the 25th of current month for 1st to 15th of the current month and 10th of next month for 16th to last day of the current month, however, claim in respect of a member for whom the Member Data is in the process of so being submitted, shall be submitted by the Policyholder to the Insurer and such a claim shall be considered and settled subject to terms and conditions as provided herein. The Policyholder shall arrange to furnish such documents/information as may be required by the Insurer in this regard.

16. Notice

Any notice, information or instruction to the Insurer must be in writing and delivered to the address intimated by the Insurer to the Policyholder which is currently:

Group Operations
Kotak Mahindra Old Mutual Life Insurance Limited
7th Floor, Building No.21,
Infinity Park, Off Western Express Highway,
General A.K. Vaidya Marg,
Malad (E), Mumbai,
Maharashtra - 400097, India

The Insurer may change the address stated above and intimate the Policyholder of such change by suitable means.

Any notice, information or instruction from the Insurer to the Policyholder shall be mailed to the following address:-

or to the changed address as intimated to the Insurer in writing.

Any such notice, information and instruction shall be deemed to be served 7 days after the posting, or immediately upon receipt by the addressee in the case of recorded hand delivery or courier.

17. Claim

All claims must be notified to the Insurer by the Policyholder in writing. The written request should be made within 3 months in case of Death claim and 30 days for claims arising out of Critical Illness, Accidental Disability or Functional Impairment from the date of the claim event. This request should be made along with a proof of the claim event and all the supporting documents.

The primary documents normally required for processing claims are:

- Intimation of the claim event in writing in the Insurer's format signed by the authorised representative of the Policyholder. This intimation shall include the following:
 - name and other particulars of the concerned member
 - a statement that the claim event has occurred
 - date of claim event
 - place where the claim event occurred (i.e. residence/ hospital etc.) and the full postal address of such place
 - cause of claim event

It is clarified that in case of any claim intimation, received by the Insurer from any person other than Policyholder, the Insurer shall intimate the Policyholder and request submission of claim documentation as herein specified.

- Proof of age of the life insured (refer Annexure "Age Proof" for details)
- Original Certificate of Insurance (COI)
- Original Declaration of Good Health (DOGH)
- Last attending doctor's certificate stating the exact cause of claim event.
- Medical certificate certifying, in clear terms the exact cause and status of illness or disability from competent doctors for illness / disability claims.
- In case of a death claim :
 - Original death certificate issued by the Municipal or other Competent Authority
 - Occurring in a hospital, all case history papers from admission till death should be submitted.
 - If the death is due to an accident or any other unnatural cause, the Insurer shall require
 - i. A certified copy of the FIR filed with the Police authorities
 - ii. A certified copy of the Post Mortem Report/Autopsy Report
 - iii. A certified copy of the Driving License if death occurred while driving.
- Particulars of Beneficiary(ies) , if any, in writing in the Insurer's format signed by the authorised representative of the Policyholder.
- Proof of identity of the beneficiary, if claim is payable to the beneficiary.

All claims shall be subject to the provisions of this policy document, such other requirements as stipulated by the Insurer and the legal title of the claimant, satisfactory to the Insurer.

The Insurer reserves the right to call for any additional information and documents required to satisfy itself as to the validity of a claim.

All amounts due under this policy are payable in Indian Currency at the office of the Insurer situated at Mumbai, but the Insurer at its absolute discretion may fix an alternative place of payment for the claim at any time before or after the claim arises.

A discharge or receipt by the Beneficiary shall be a good, valid and sufficient discharge to the Insurer in respect of any payment to be made by the Insurer hereunder.

18. Free look Provision

In case the Policyholder is not agreeable to any of the provisions stated in the policy, then there is an option of returning the policy stating the reasons thereof within 15 days from the date of the receipt of the policy. The cancellation request should be submitted to the nearest Kotak Life Insurance Branch or sent directly to the Insurer's Head Office. On receipt of the letter along with the original policy document the Insurer shall arrange to refund the premium paid after deducting the stamp duty, medical expenses and proportionate risk premium for the period of cover. A policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new policy.

19. Certificate of Insurance

In accordance to the IRDA circular ref 015/IRDA/Life/Circular/GI Guidelines/2005 dated July 14, 2005, for operational convenience, in respect of non employer-employee groups, the Policyholder has requested the Insurer to issue Certificate of Insurance (COI) to the members of the Policyholder. Insurer shall generate Certificate of Insurance (COI) monthly for all members accepted in the cycle on receipt of premium for such members and issue COI along with the CS to policyholder. Policyholder in turn will print the COI and send it to respective branches, who will deliver the COI to the borrower. Audit certificate will be required from the Policy holder or Alternatively, KLI will audit the COI despatch process of the Policyholder. This is an IRDA requirement and compliance must be ensured.

The COI is issued for the purpose of information only and the mere possession of this certificate will not entitle any person to life insurance cover unless he/she satisfies all the relevant terms and conditions (including but not limited to the eligibility criteria for Membership and payment of premiums) specified in the Policy Contract.

In case a claim is preferred by an individual not covered under this Policy, merely based on the possession of the COI wrongly issued by the Policyholder, then in such an event the Policyholder shall indemnify the Insurer to the extent of the claim amount /payments made to such individual.

III. Annexures-

1. Member Data (MD)

Field Description
Customer Full Name
Customer ID
Certificate No
Location
Plan Option
Issuance Status of COI
Branch Name
Branch Code
Agreement Date
Customer Type (industry)
Gender
Date Of Birth (dd/mm/yyyy)
Risk Commencement Date (dd/mm/yyyy)
Cover Amt
Premium Payment Term
Premium Payment Mode
Tenure in Years
Premium amount (excluding service tax)
Service Tax
Premium with Service Tax
Confirmation for underwriting status (MQ/DOGH)
Remarks
Address of the customer (to be provided as Address 1, Address 2..... in excel file)
Pincode

All the above member details are mandatory. The Insurer shall not accept data received from the Policyholder without the above details

The above format may be altered by the Insurer from time to time with prior written notice to the Policyholder.

2. Medical Underwriting Limits: (MU)

DOGH: Declaration of Good Health

MQ: Medical Questionnaire

Cover Amount	Age Bands				
	18-40	41-45	46-50	51-55	> 60
Upto 1000000	DOGH	DOGH	DOGH	MQ	MQ+MT
1000001 to 1500000	DOGH	MQ	MQ	MQ +MT	MQ+MT
1500001 to 2000000	MQ	MQ	MQ +MT	MQ +MT	MQ+MT
> 2000000	MQ +MT	MQ +MT	MQ +MT	MQ +MT	MQ+MT

Note: Every proposed entrant must complete underwriting requirement as per above. On the basis of the disclosures made herewith, the Insurer may either call for additional information, decline cover or accept with/without health loadings on premiums or any other terms.

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3. Valid Age Proof:

List of valid age proofs:

- Birth Certificate
- School / College Leaving Certificate, provided – it specifies Date of Birth, States that Date of Birth is extracted from School / College Records, Stamped and signed by College / School
- Passport
- Driving license
- PAN Card
- Ration Card, which specifies the Date of Issue of the Ration Card and the Date of Birth or Age of the Life to be Insured
- Election ID card (also called voters ID) issued by the Election Commission of India can be accepted as valid age proof provided it was issued at least 2 years before the date of the insurance proposal.
- Extract from service register in case of:
 - Government and semi-government employees
- In case of defense/central government/ state government personnel, identity card issued respectively by the defense department /central government/ state government to their personnel showing, inter alias, the date of birth or age
- Marriage certificate in the case of Roman Catholics issued by Roman Catholic Church
- Domicile certificate in which the date of birth stated was proved on the strength of the
- school certificate or birth certificates

NOTE : Any of the abovementioned Age Proof document submitted should have been issued atleast 1 year prior to the date of the cover. In other words, any age proof document which has been issued by the respective issuing authority within a span of 1 year before the risk commencement date, then the same shall not be acceptable.

4. Premium Rate Table

5. Query/Complaint Resolution

1. In case you have any query or complaint/grievance, you may approach our office at the following address:

Group Operations -Client Service Desk
Kotak Mahindra old Mutual Life Insurance Ltd,
Kotak Towers, 7th Floor, Zone IV,
Building No. 21, Infinity Park, Off Western Express Highway,
General A.K. Vaidya Marg, Malad East, Mumbai 400097
Contact No: 022 - 64511556
Email ID: kli.groupoperations@kotak.com

2. In case you are not satisfied with the decision of the above office, or have not received any response within 10 days, you may contact the following official for resolution:

The Group Insurance Grievance Redressal Officer,
Kotak Mahindra old Mutual Life Insurance Ltd,
Kotak Towers, 7th Floor, Zone IV,
Building No. 21, Infinity Park, Off Western Express Highway,
General A.K. Vaidya Marg, Malad East, Mumbai 400097
Toll Free No:1800 209 8800
Email ID: kli.grievance@kotak.com

3. In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman at the address given below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

The list of Insurance Ombudsman their contact details and areas of jurisdiction are annexed given below

List of Insurance Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2 nd floor, Ambica House Nr. C.U.Shah College 5, Navyug Colony, Ashram Road, AHMEDABAD – 380 014 Tel.079- 27546150 Fax:079-27546142 E-mail: insombahd@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2 nd floor Malviya Nagar, BHOPAL Tel. 0755-2769201/02 Fax:0755-2769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park BHUBANESHWAR – 751 009 Tel.0674-2596461(Direct) Secretary No.:0674-2596455 Tele Fax - 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103 2 nd floor, Batra Building Sector 17-D , CHANDIGARH – 160 017 Tel.: 0172-2706196 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court , 4 th floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI – 600 018 Tel. 044-24333678 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road NEW DELHI – 110 002 Tel. 011-23239611 Fax: 011-23230858 E-mail: jobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor Nr. Panbazar Overbridge , S.S. Road GUWAHATI – 781 001 Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1 st floor, Moin Court Lane Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool HYDERABAD – 500 004 Tel. 040-23325325 Fax: 040-23376599 E-mail: insombud@hd2.vsnl.net.in	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2 ND Floor, CC 27/2603, Pulinat Building , Opp. Cochin Shipyard, M.G. Road , ERNAKULAM – 682 015 Tel: 0484-2358734 Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman Hindustan Building Annexe, 4, Chitarajan Avenue, Kolkata- 700 072 Tel no: 033 22124339/4340/4341 Fax no. 033 22124342 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim

LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6 th floor, Nawal Kishore Rd. Hazratganj, LUCKNOW – 226 001 Tel.:0522-2201188 Fax: 0522-2231310 E-mail: joblko@sancharnet.in	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3 rd floor, S.V.Road, Santacruz(W), MUMBAI – 400 054 PBX: 022-26106928 Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra , Goa

4. The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.

- As per provision 13(3)of the Redressal of Public Grievances Rules 1998,

The complaint to the Ombudsman can be made

- Only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer
- Within a period of one year from the date of rejection by the Insurer
- If it is not simultaneously under any litigation.