

Sample Policy Contract

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

Draft

Product UIN - 107N050V01

Plan Description - Level Insurance Cover for Groups

SCHEDULE

Policy Details

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

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
- in respect of whom member data has been 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 Shield	18	25	28

**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	Benefit Basis
Basic Life Cover (BLC)	Flat Cover, as opted by the Student Subscribers of Business Standard. Maximum Cover amount not exceeding Rs.5,00,000/- (Rupees Five Lakhs Only)

The Sum Assured will be equal to the initial cover amount chosen by the life insured and will remain flat throughout the term of the contract.

In all cases the Sum Assured under the policy shall be paid to the nominee of Member, excepting in case where cover has been taken against the loan availed by the Member. In case where policy has been taken to cover against the Member's loan, the outstanding loan amount in Member's (borrower's) loan account will be paid to the Policyholder and the balance will be paid to the nominee.

Benefit on Survival:

No survival benefit will be paid under any of the options.

Option 1:- Easy Group Shield

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 Premium

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

Basic Life Cover- Rate per Rupees Thousand	
Tenure	Age band
	<u>18-25</u>

1 year	
2 year	
3 year	

*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:

DEPOSIT AS PER SECTION 64VB OF INSURANCE ACT 1938

As per the Insurance regulations, no cover can be extended to any person unless the premium due for such cover has been received by the insurance company. To comply with this regulation, Business Standard Ltd will need to keep a deposit, equivalent of approx premium amount due in next month with KLI

Rates includes 90 days lien on natural death. 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 90 days from the date of his/her commencement of cover.

Rates will be reviewed after 12 months after commencement of Policy.

Signed for and on behalf of Kotak Mahindra Old Mutual Life Insurance Ltd. at Mumbai 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 self attested proof of age of the member / 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/first installment of regular 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 voluntary surrender of insurance cover by the insured member. The Surrender value will be calculated as follows:

In case of Single Premiums

$$\begin{aligned} \text{Surrender Value} &= 75\% * \text{Premium Paid (for the member)} \\ &\quad * (1 - [1/\text{Cover term}]) \\ &\quad * (\text{Outstanding Cover Term}/\text{Cover Term}) \end{aligned}$$

The Surrender value for the surrenders during the first year of coverage will be calculated assuming that surrender has taken place at the end of first policy year.

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.

6. Cover

The cover for each member is subject to the following:

- Cover shall commence from the date of receipt of premium or fulfilment of underwriting requirements whichever is later.
- On the basis of the disclosures made by the Member in the underwriting requirements, the Insurer may at its discretion 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. Loans

Loans are not available under the policy.

9. 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.

10. 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 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.

11. Death due to Suicide

Claims 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.

12. 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.

13. 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 on which the premium for that member ceases,
- c. the member attaining the age limit as mentioned in the synopsis provided by the Insurer.
- d. the date of discontinuance of this Policy. However, the cover will continue as entailed in clause 12 above.

14. 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 the current month for 1st to 15th of the current month and 10th of next month for 16th to last day of 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 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 the current month for 1st to 15th of the current month and 10th of next month for 16th to last day of 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.

15. 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
8th Floor, Godrej Coliseum,
Behind Everard Nagar,
Sion (East),
Mumbai - 400 022

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:-

<<Address of client>>

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.

16. 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 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.

17. Free look Provision

In case the Policyholder is not agreeable to any of the provisions stated in the policy, or you observe any discrepancies in the member data enclosed with the Policy contract, 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.

18. 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. Soft copy of the COI will be sent to the Policyholder and the Policyholder in turn will print and send it to respective student subscribers. Confirmation is required from BSL letterhead on a quarterly basis for issuance of COI's to the final customers.

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-

Annexure: Member Data (MD)

Field Description
Customer Full Name
Customer ID
Certificate No
Location
Initial (Mr. / Mrs. / Ms.)
Plan Option
Issuance Status of COI
Branch Name
Branch Code
Agreement Date
Customer Type (industry)
Gender
Date Of Birth
Risk Commencement Date
Cover Amount
Premium Payment Term
Premium Payment Mode
Tenure in Years
Premium amount (excluding service tax)
Service Tax
Premium amount (Including service tax)
Administrative Fees
Confirmation for underwriting status (DOGH)
Remarks
Address of the student (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.

Annexure (MU):-

Medical Underwriting Limits:

Age Band	Cover amount	Underwriting requirement
18 - 25	Upto Rs.500000	Declaration of Good Health

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

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Annexure (Age Proof) for 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.

Annexure: 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 Co. Ltd.

8th Floor, Godrej Coliseum,

Behind Everard Nagar, Sion (East),

Mumbai – 400 022

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 Towers, 5th Floor, Zone II,

Building No. 21, Infinity Park, Off Western Express Highway,

Goregaon Mulund Link Road, 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 Insurer, 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	Name of the Ombudsmen	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri Amitabh	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	Shri N.A.Khan	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	Shri S.K.Dhal	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park BHUBANESHWAR – 751 009 Tel.0674-2596461(Direct) Secretary No.:0674-2596455 Tele Fax - 0674-259649 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri K.M.Chadha	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	Shri K.Sridhar	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	Sri P.K.Mishra	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	Shri Sarat Chandra Sarma	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5 th floor Nr. Panbazar Overbridge , S.S. Road	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

		GUWAHATI – 781 001 Tel. : 0361-2131307 Fax:0361-2732937 E-mail: omb_ghy@sify.com	
HYDERABAD	Shri P.A.Chowdary	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	Shri James Muricken	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: 0484-2358734Fax:0484-2359336 E-mail: iokochi@asianetglobal.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Shri K.Rangabhashyam	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road , 3 rd floor, KOLKATA – 700 001 Tel.:033-22134869 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Shri M.S.Pratap	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: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
MUMBAI	Shri R.K.Vashishtha	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.

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