

## 1. Operative Clause

WHEREAS You the Insured named in the Schedule chose this Kshema Individual Personal Accident Policy and have applied to us, Kshema General Insurance Limited, for insurance cover as stated in the policy. You further gave us the information about yourself through written Proposal form and/or Digital Proposal on the platform of Kshema mobile Application and based on your confirmation that the information submitted is true and correct and having received the premium paid by you, we promise to provide you insurance as stated in the Policy Schedule subject to the terms, conditions, provisions and exclusions set out in this Policy or as contained in any endorsement that may be issued.

Proposal, Policy wording, Policy schedule, Declarations and any Endorsements thereto shall be considered one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout unless specified otherwise.

Throughout this policy, the words “You”, “Your”, “Yourself” refer to the named insured shown in the policy

schedule. The words “We”, “Us”, “Our” and “Company” refer to Kshema General Insurance Limited. Other words and phrases that appear in bold letter have, for the purpose of this Policy, a special meaning which can be read in the Definitions section.

### **This Policy and the Insurance Contract**

**Your Policy:** This **Kshema Individual Personal Accident Policy** is a contract between You and Us as stated in the following:

- I. This Policy document.
- II. The Policy Schedule attached to this Policy document.
- III. Any Endorsement attached to and forming part of this Policy document.
- IV. The proposal and all declarations made by You or on Your behalf.
- V. Any amount payable under the policy shall be subject to the terms of coverage, exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured and Cumulative Bonus (if any) specified in the Schedule.

## 2. Special Meanings of Words

Words stated in the table below have a special meaning throughout this Policy and the Policy Schedule. These words with special meaning are stated in the Policy with the first letter in capitals.

	<b>Word/s</b>	<b>Specific meaning</b>
a)	<b>Accident</b>	A sudden, unforeseen and involuntary event caused by external, visible and violent means.
b)	<b>Age</b>	Means age of the Insured person on last birthday as on date of commencement of the Policy as per document submitted during the proposal stage.
c)	<b>Accidental Death</b>	Is a sudden and violent death resulting from an accident, rather than from natural causes, disease, or intentional acts like homicide or suicide.
d)	<b>Break in Policy</b>	The period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date.

e)	<b>Permanent Total Disability (PTD)</b>	PTD is a condition where an individual is completely and permanently unable to engage in any occupation or perform any work due to an injury.
f)	<b>Permanent Partial Disability (PPD)</b>	PPD refers to a condition where an individual sustains a permanent impairment that partially limits their ability to work but does not completely prevent them from working.
g)	<b>Temporary Total Disability (TTD)</b>	TTD refers to a condition where an individual is temporarily unable to work due to a work-related injury but is expected to recover and return to work eventually.
h)	<b>Condition Precedent</b>	Means a Policy term or condition upon which our liability under the Policy is conditional upon.
i)	<b>Cumulative Bonus</b>	Means any increase or addition in the Sum Insured granted by us without an associated increase in premium.
j)	<b>Insured Person</b>	Means person(s) named in the schedule of the Policy
k)	<b>Medical Practitioner</b>	Means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.
l)	<b>Policy</b>	The Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to you, what is excluded from the cover and the terms & conditions on which the Policy is issued to you.
m)	<b>Policy period</b>	Period of one policy year for which the Policy is issued.
n)	<b>Policy Schedule</b>	Means the Policy Schedule attached to and forming part of Policy.
o)	<b>Renewal</b>	Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
p)	<b>Sum Insured</b>	Means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in your respect.

3. COVERAGE

The covers listed below are in-built benefit policy and shall be available to you in accordance with the procedures set out in this Policy.

- a. **Death:** We will pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on your death, due to an Injury sustained in an Accident during the Policy Period, provided your death occurs within 12 months from the date of the Accident. Where claim payment has been made owing to your disappearance following an accident, if after the payment of accidental death claim, it is found that you survived the accident, then you had to refund the payment back to us in consideration of the obligatory guarantee as provided during the claim.
- b. **Permanent Total Disablement:** We will pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if you suffer Permanent Total Disablement of the nature specified below, solely and directly due to an accident during the Policy Period, provided that the Permanent Total

Disablement occurs within 12 months from the date of the Accident:

- Total and irrecoverable loss of sight of both eyes or
- Physical separation or loss of use of both hands or feet or
- Physical separation or loss of use of one hand and one foot or
- loss of sight of one eye and Physical separation or loss of use of hand or foot
- If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

c. **Permanent Partial Disablement:**

We will pay the following percentage of Sum Insured, specified in the policy schedule, if you suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period, provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

Sr. No.	Loss Covered	Percentage of Sum Insured
1	Loss of Use/ Physical Separation:	
	One entire hand	50%
	One entire foot	50%
	Loss of Sight of one eye	50%
	Loss of toes	20%
	All Great both phalanges	5%
	Great – one phalanx	2%
	Other than great if more than one toe lost	1%
2	Loss of Use of both ears	50%
3	Loss of Use of one ear	20%
4	Loss of four fingers and thumb of one hand	40%
5	Loss of four fingers	35%
6	Loss of thumb	
	—both phalanges	25%
	—one phalanx	10%

	Loss Covered	Percentage of Sum Insured
7	Loss of Index finger - three phalanges	10%
	Two phalanges	8%
	One phalanx	4%
8	Loss of middle finger - three phalanges	6%
	Two phalanges	4%
	One phalanx	2%
9	Loss of ring finger - three phalanges	5%
	Two phalanges	4%
	One phalanx	2%
10	Loss of little finger - three phalanges	4%
	Two phalanges	3%
	One phalanx	2%
11	Loss of metacarpus -	3%
	first or second (additional) third, fourth or fifth (additional)	2%
12	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by you.

**Note:**

- a) The base sum insured chosen and cumulative bonus, if any, is applicable cumulatively for all the three covers specified under 3(a),3(b) and 3(c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.
- b) If the accident occurs during the policy period, benefits covered under 3.1(a),3.1(b) and 3.1(c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

**d. Temporary Total Disablement:**

If you sustains an Injury in an Accident during the Policy Period and which completely incapacitates you from engaging in any employment or occupation of any

description whatsoever which you were capable of performing at the time of the Accident (Temporary Total Disablement), we will pay 1% of the base sum insured per week, till the time you are totally disabled.

- The period of temporary total disablement shall exceed one week from the date of accident, however, the benefit shall be reckoned from the date of accident and shall be payable for the entire duration of disablement.
- The compensation payable under this benefit shall not be payable for more than 104 weeks (with 1 week in excess) in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
- The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.
- The compensation shall be paid by us at weekly interval, after ascertaining the amount payable.

- During the course of payment under this benefit, we will have a right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.
- You will have to notify us immediately on resuming to your occupation/employment. Where it is found that you resumed to your occupation/employment without notifying to us and received the compensation under this cover, we will have the right to claim the recovery of such benefit paid.

**Note: For the purpose of this benefit, “week” is a period of seven consecutive calendar days.**

**Note\* Insured have the choice to select the various options as Base Coverages**

**Plan A** = Death only

**Plan B** = Death + Permanent Total Disability + Permanent Partial Disability

**Plan C** = Death + Permanent Total Disability + Permanent Partial Disability + Temporary Total Disability.

#### Cumulative Bonus

Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

#### Notes:

- The cumulative bonus is applicable only in respect of base covers referred to in Section 3(a),3(b) ,3(c) and 3(d). Addition or reduction of cumulative bonus will be done only if claim made under base covers.
- The CB shall be added and available individually to you under the policy, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

#### 4. Exclusions

We will not be liable to make any payments under this policy in respect of:

- Any claim for death or disablement (whether of a permanent nature or of a temporary nature), directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies,

hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

- Any claim for death, disablement (whether of a permanent nature or of a temporary nature).
  - from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide.
  - whilst under the influence of intoxicating liquor or drugs or other intoxicants except where you are not directly responsible for the injury / accident though under influence of intoxication.
  - whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.

[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]

- arising or resulting from you committing any breach of law with criminal intent.
- Any claim for death, disablement (whether of a permanent nature or of a temporary nature), due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
  - Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
    - 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.
    - Nuclear weapons material
    - The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
    - Nuclear, chemical and biological terrorism
  - Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an legal act or any violation or attempted violation of the law.
  - We will not be liable to make any payments under this policy in respect of any expenses incurred by you in connection with or in respect of treatment of any disease.

## 5. Claim Procedure

### (i) Notification of claim:

- a) Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
- b) Claims for insurance benefits must be submitted to us not later than one (1) month after transportation of the mortal remains/ burial in the event of Death.

**Note:** We will examine and relax the time limit mentioned herein above depending upon the merits of the case.

### (ii) Documents to be submitted:

#### a. Basic documents required for All claims.

- Duly completed claim form.
- Your Photo Identity Proof
- Copy of FIR, Chargesheet and Final Report/Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station.
- Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital.
- Any other relevant document required by us for assessment of the claim.

#### b. Additional documents required in case of Death covered under Section 3

- Death certificate.
- Postmortem Report (if conducted).
- Identity proof of Nominee or Original Succession Certificate/Original Legal Heir.
- Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by

## 6. Claim Settlement

- i. We will settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. However, where the circumstances of a claim warrant an investigation in our opinion, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we will settle or reject the claim within 45 days from the date of receipt of last necessary document.

## 7. General Terms and Conditions

### i) Disclosure of Information

The policy shall be void and all premiums paid thereon shall be forfeited to us in the event of misrepresentation, mis-description or non-disclosure of any material fact by you.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

**ii) Condition Precedent to Admission of Liability** The terms and conditions of the policy must be fulfilled by you for us to make any payment for claim(s) arising under the policy.

### (iii) Material Change

You have to immediately notify us in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

### iv) Automatic Termination of Insurance

This policy shall automatically terminate upon your death or payment of 100% Sum Insured.

**v) Free look Period** the Free Look Period shall be applicable on new insurance policies and not on renewals or at the time of porting/migrating the Policy. You are allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If you had not made any claim during the Free Look Period, you shall be entitled to

- A refund of the premium paid less any expenses incurred by us on your medical examination and the stamp duty charges or
- where the risk has already commenced and the option of return of the Policy is exercised by you, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

### vi) Notice & Communication

- Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- Such communication shall be sent to our address or through any other electronic modes specified in the Policy Schedule.
- We will communicate to you at the address or through any other electronic mode mentioned in the schedule.

**vii) Multiple policies (Applicable to covers which offer fixed benefits)**

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, we will make the claim payments independent of payments received under other similar policies.

**viii) Fraud**

If any claim made by you, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by you or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the you or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy: –

- a. the suggestion, as a fact of that which is not true and which you does not believe to be true;
- b. the active concealment of a fact by you having knowledge or belief of the fact.
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent.

We will not repudiate the policy on the ground of fraud, if you /your beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of us. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

**ix) Cancellation**

- a. You can cancel the policy at any time during the term, by informing us. In case you cancel the policy, you are not required to give reasons for cancellations.

We can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the policy holder.

- b. We shall –
  - i. Refund proportion premium for unexpired policy period, if the term of the policy is up to one year and there is no claim(s) made during the policy
  - ii. Refund premium for the unexpired policy period, in respect of policy with the term more than one year and the risk coverage for such policy years has not commenced.
  - iii. "In case a claim is intimated on the policy, no premium shall be refunded upon cancellation under any circumstances".

**(x) Nomination:**

You are required at the inception of the policy, to make a nomination for the purpose of payment of claims under the policy in the event of your death. Any change of nomination shall be communicated to us in writing and such change shall be effective only when an endorsement on the policy is made. Nomination can be changed any time during the term of the policy. In the event of death of the policyholder, we will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or your legal representatives whose discharge shall be treated as full and final discharge of its liability under the policy.

**(xi) Renewal of the Policy:**

The policy shall ordinarily be renewable except on ground of established fraud or non-disclosure or misrepresentation by you.

We will endeavor to give notice for renewal. However, we are not under obligation to give any notice for renewal.

- a. Request for renewal along with requisite premium shall be received by us before the end of the policy period.
- b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- c. No loading shall apply on renewals based on individual claims experience.
- d. Your cover shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death and no Renewal of contract will be permissible.

**(xii) Possibility of revision of the premium rates:**

We, with prior approval of IRDAI, may revise or modify the premium rates.

**(xiii) Policy Disputes:**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both you and us to be subject to Indian Law.

## 8. Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

- Website : [www.Kshema.co](http://www.Kshema.co)
- Toll Free : 1800 572 3013
- E-mail: [customer.support@kshema.co](mailto:customer.support@kshema.co)
- Courier : #413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad – 500 016, Telangana, India

## 9. Grievance

If You have any query or grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address your grievance as follows:

- For resolution of any query, You may contact the Policy issuing office by writing to Us at Kshema General Insurance Limited, Regd. Office:# 413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India-500016. or email Us at [customer.support@kshema.co](mailto:customer.support@kshema.co) or through Kshema Application or call us at 1800 572 3013 (toll-free)
- If You are not satisfied with the resolution provided, You may escalate to our E-mail [grievance.cell@kshema.co](mailto:grievance.cell@kshema.co) or [gro@kshema.co](mailto:gro@kshema.co) or call us at 1800 570 2998 (toll-free) or can write to us at Grievance Redressal Office, Kshema General Insurance Limited, Regd. Office:# 413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India- 500016 or at the sub section “Grievance Redressal” on our website [www.kshema.co](http://www.kshema.co).
- If you are not satisfied with the resolution provided by us, you have the option to approach the Insurance Ombudsman for grievance redressal at <https://www.cioins.co.in>. Alternatively, you may also contact the Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal at <https://bimabharosa.irdai.gov.in> or via the IRDAI Grievance Call Centre (IGCC) at toll-free numbers 1800 4254 732 / 155255.

### I) Insurance Ombudsman Offices in India:

The contact details of the Insurance Ombudsman offices are as below-

S.No.	Location	Name of Ombudsman	Designation	Office of the Insurance Ombudsman	Jurisdiction	Telephone Number	Email
1.	AHMEDABAD	Shri Collu Vikas Rao	Insurance Ombudsman	Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.	Gujarat, Dadra & Nagar Haveli, Daman and Diu.	079 - 25501201/02	<a href="mailto:oio.ahmedabad@cioins.co.in">oio.ahmedabad@cioins.co.in</a>
2.	BENGALURU	Ms Neerja Kapur	Insurance Ombudsman	Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078.	Karnataka	080 - 26652048 / 26652049	<a href="mailto:oio.bengaluru@cioins.co.in">oio.bengaluru@cioins.co.in</a>
3.	BHOPAL	Shri Ajay Kumar	Insurance Ombudsman	1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir,Arera Hills Bhopal – 462 011.	Madhya Pradesh, Chhattisgarh.	0755 - 2769201 / 2769202 / 2769203	<a href="mailto:oio.bhopal@cioins.co.in">oio.bhopal@cioins.co.in</a>
4.	BHUBANESWAR	Shri. Bimbardhar Pradhan	Insurance Ombudsman	62, Forest park, Bhubaneswar – 751 009.	Odisha	0674 - 2596461 /2596455/2596429/2596003	<a href="mailto:oio.bhubaneswar@cioins.co.in">oio.bhubaneswar@cioins.co.in</a>

S.No.	Location	Name of Ombudsman	Designation	Office of the Insurance Ombudsman	Jurisdiction	Telephone Number	Email
5.	CHANDIGARH	Ms Alka Jha	Insurance Ombudsman	Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017.	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) , Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	0172-2706468	<a href="mailto:oio.chandigarh@ciains.co.in">oio.chandigarh@ciains.co.in</a>
6.	CHENNAI	Shri. K.Vinayak Rao	Insurance Ombudsman	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018.	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	044 - 24333668 / 24333678	<a href="mailto:oio.chennai@ciains.co.in">oio.chennai@ciains.co.in</a>
7.	DELHI	Ms Sunita Sharma	Insurance Ombudsman	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh .	011 - 46013992/232 13504/232324 81	<a href="mailto:oio.delhi@ciains.co.in">oio.delhi@ciains.co.in</a>
8.	GUWAHATI	Shri. Ajay Kumar Sharma	Insurance Ombudsman	Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM).	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	0361 - 2632204 / 2602205 / 2631307	<a href="mailto:oio.guwahati@ciains.co.in">oio.guwahati@ciains.co.in</a>
9.	HYDERABAD	Ms G Shobha Reddy	Insurance Ombudsman	6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325	<a href="mailto:oio.hyderabad@ciains.co.in">oio.hyderabad@ciains.co.in</a>
10.	JAIPUR	Shri Satyajeet Rajan	Insurance Ombudsman	Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Rajasthan	0141 – 2740363	<a href="mailto:oio.jaipur@ciains.co.in">oio.jaipur@ciains.co.in</a>
11.	KOCHI	Shri Pradeep Kumar Jain	Insurance Ombudsman	10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011.	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	0484 – 2358759	<a href="mailto:oio.ernakulam@ciains.co.in">oio.ernakulam@ciains.co.in</a>
12.	KOLKATA	Ms Kiran Sahdev	Insurance Ombudsman	Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.	033 - 22124339 / 22124341	<a href="mailto:oio.kolkata@ciains.co.in">oio.kolkata@ciains.co.in</a>

S.No.	Location	Name of Ombudsman	Designation	Office of the Insurance Ombudsman	Jurisdiction	Telephone Number	Email
13.	LUCKNOW	Shri. Atul Sahai	Insurance Ombudsman	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	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.	0522 - 4002082 / 3500613	<a href="mailto:oio.lucknow@cioins.co.in">oio.lucknow@cioins.co.in</a>
14.	MUMBAI	Ms Sarojini S Dikhale	Insurance Ombudsman	3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.	022 - 69038800/27/29/31/32/33	<a href="mailto:oio.mumbai@cioins.co.in">oio.mumbai@cioins.co.in</a>
15.	NOIDA	Shri Bimbadhar Pradha	Insurance Ombudsman	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301.	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 Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanschiramnagar, Saharanpur .	0120-2514252 / 2514253	<a href="mailto:oio.noida@cioins.co.in">oio.noida@cioins.co.in</a>

S.No.	Location	Name of Ombudsman	Designation	Office of the Insurance Ombudsman	Jurisdiction	Telephone Number	Email
16.	PATNA	Ms. Susmita Mukherjee	Insurance Ombudsman	2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001.	Bihar, Jharkhand.	0612-2547068	<a href="mailto:oio.patna@cioins.co.in">oio.patna@cioins.co.in</a>
17.	PUNE	Shri Sunil Jain	Insurance Ombudsman	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No's. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030.	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region	020-24471175	<a href="mailto:oio.pune@cioins.co.in">oio.pune@cioins.co.in</a>
18.	THANE	Shri Umesh Sinha	Insurance Ombudsman	2nd Floor, Jeevan Chintamani Building, Vasant Rao Naik Mahamarg, Thane (West)- 400604	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."	022-20812868/69	<a href="mailto:oio.thane@cioins.co.in">oio.thane@cioins.co.in</a>

\*Note: As the above ombudsmen contact details may change from time to time, we suggest you to refer the <https://www.cioins.co.in> for an updated list

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