

Tata AIA Life Insurance iRaksha Supreme

Tata AIA Life Insurance iRaksha Supreme is a Non-Linked, Non-Participating, Term Insurance Policy. The Insurance policy has been issued on the basis of information provided in the Proposal form, and other related documents.

A. BASIC DEFINITIONS

In this Policy:

“**You**” or “**Your**” means the Policyholder of this Policy as shown in the Policy Information Page.

“**We**”, “**Us**”, “**Our**” or “**Company**” refers to the Tata AIA Life Insurance Company Limited.

“**Date of Commencement**” is the date when coverage under this Policy commences and is mentioned on the Policy Information Page.

“**Policy**” means this contract of insurance.

“**Policy Date**” as shown in the Policy Information Page is the date from which Policy Anniversaries, Policy Years, and Premium Due Dates are determined.

“**Reinstatement / Revival Date**” is the approval date of reinstatement/ revival of the Policy.

“**Policy Anniversary**” refers to the same date each year as the Policy Date.

“**Maturity Date**” and “**Expiry Date**” of the Policy are as shown in the Policy Information Page.

“**Sum Assured**” is the guaranteed amount of the benefit that is payable on the death of the Insured under this Policy and is mentioned on the Policy Information Page.

“**Nominee**” is the person(s) nominated by You to receive the insurance benefits payable on the death of the Insured.

“**Insured**” means the person whose life is insured under the Policy as shown in the Policy Information Page.

“**Policy Term**” is the maximum period in years for which the policy can remain in force and is mentioned in the Policy Information Page.

“**Premium Payment Term**” is the number of years that premium is payable for and is mentioned in the Policy Information Page.

“**Total Premiums Paid**” means amount equal to the total premiums paid during the premium paying term of the policy. Such amount should be excluding interest, tax and underwriting extra premium and loading for modal premium, if any.

“**Annualised Premium**” shall be the premium paid in a year with respect to the basic sum assured chosen by You, excluding the underwriting extra premiums and loading for modal premiums, if any.

Interpretation:

Whenever the context requires, the masculine form shall apply to feminine and singular terms shall include the plural.

B. BENEFIT PROVISION

1. DEATH BENEFIT

If the Insured dies during the term of the Policy, provided the Policy is in-force, the amount as stated below shall become payable to the nominee / legal heir of the Policy holder.

Highest of:

- Sum Assured or
- 10 times the Annualised Premium or
- 105% of the Total Premiums Paid

The policy will terminate on death of Insured and no other benefits under this policy shall be payable. Any due premiums of the policy which are not paid as on date of death will be deducted from the death claim.

2. MATURITY BENEFIT

On survival of the Insured till the end of the policy term, no benefit will be payable.

C. GENERAL PROVISIONS

1. THE POLICY CONTRACT

This Policy is issued in consideration of Your proposal and payment of the required premium. The Policy, proposal for it, the Policy Information Page and any attached endorsements constitute the entire contract. The terms and conditions of this Policy cannot be changed or waived except by endorsement duly signed by Our authorized officer.

2. FRAUD AND NON-DISCLOSURE

Your Policy is based on the application and declaration which you have made to us and other information provided by you/on your behalf. However, in case of fraud and misrepresentation by you we shall immediately cancel the policy by paying surrender value, if any, subject to the fraud or misrepresentation being established by Us in accordance with Section 45 of the Insurance Act, 1938.

3. INCONTESTABILITY

Except for fraud or non-payment of premiums and subject to the Misstatement of Age and Gender clause, this Policy shall be incontestable (after it has been in force during the lifetime of the Insured for two years) from the Date of Commencement, or Reinstatement Date / Revival Date, whichever is later.

4. SUICIDE

In case of death due to suicide by the Insured, whether sane

or insane, within 12 months from the date of commencement, the nominee shall be entitled to "Total Premiums Paid", provided the Policy is in force. In case of death due to suicide by the Insured, whether sane or insane, within 12 months from the date of reinstatement or revival, the nominee shall be entitled to higher of "Total Premiums Paid" or the acquired surrender value, if any as on the date of death, provided the Policy is in force

5. MISSTATEMENT OF AGE AND GENDER

This Policy is issued at the age and gender shown on the Policy Information Page which is the Insured's declared age at last birthday and declared gender in the proposal. If the age and/or gender is misstated and higher premium should have been charged, the benefit payable under this Policy will be what the premiums paid would have purchased at the correct age/gender of the Insured. If the Insured's age/gender is misstated and lower premium should have been charged, the Company will refund any excess premiums paid without interest. If at the correct age/gender the Insured is not insurable under this Policy pursuant to our Underwriting rules, the Policy shall be void-ab-initio and the Company will refund the Total Premiums paid without interest after deducting all charges incurred by the Company under the Policy.

6. CURRENCY AND PLACE OF PAYMENT

All amounts payable either to or by Us will be paid in Indian Currency. Such amounts will be paid by a negotiable bank draft or cheque drawn on a bank or NEFT (National Electronic Funds Transfer) or electronic clearing systems.

7. FREEDOM FROM RESTRICTIONS

Unless otherwise specified, this Policy is free from any restrictions upon the Insured as to travel, residence or occupation.

8. PLAN CHANGE

Change of Plan is not allowed under this policy

9. CHANGE IN SUM ASSURED

Increase or Decrease in Sum Assured is not allowed under this policy

10. CLAIM PROCEDURES

Notice of Claim – All cases of death must be notified immediately to us in writing. However, any delay in notifying shall require to be substantiated to Our satisfaction

Please note that all death claims will be payable to the nominee/legal heir of the Insured policy holder

Filing Proof of Claim – Affirmative proof of death and any appropriate forms as required by us must be completed and

furnished to us, at the claimant's expenses, preferably within 90 days after the date the Insured event happens, unless specified otherwise. A list of primary claim documents listing the normally required documents is attached to the Policy. Submission of the listed documents, forms or other proof, however, shall not be construed as an admission of liabilities by the Company.

We reserve the right to require any additional proof and documents in support of the claim.

Medical Examination - We reserve the right to request medical examination of the Insured. In case of death, we may require, if appropriate and legally allowable, an autopsy.

11. TAXES

Service tax is applicable as per governing laws and the same shall be borne by You. We may recover from You, any levies and duties (including service tax), as imposed by the government from time to time.

12. THE POLICYHOLDER

Only the Policyholder can, during the Policy Term, exercise all rights, privileges and options provided under this Policy subject to any Nominee's vested interest or Assignee's rights.

13. NOMINEE

As per Section 39 of the Insurance Act, 1938, You may nominate a person as the Nominee and where the nominee is a minor, You are required to appoint an Appointee by giving a written notice in prescribed format to the Company. Such nomination is valid only if recorded by the Company and endorsed on this policy.

The Nominee is named in the proposal unless subsequently changed. If a Nominee dies before the Insured, the payable benefits will be made to the surviving Nominee(s). If no nomination has been made, or all Nominees die before the Insured, the payable benefits will be made to the legal heir of the Policyholder or his Estates as directed by the Court of Law.

In the event of death of the Insured whilst the Nominee is a minor, the money secured by the Policy shall be received by the Appointee as named in the application unless subsequently changed.

14. ASSIGNMENT

As per Section 38 of the Insurance Act, 1938, You may also assign this policy by giving a written notice in prescribed format to the company, before the maturity of the policy. Assignment of this policy shall automatically cancel a nomination.

15. FREE LOOK PERIOD

If You are not satisfied with the terms & conditions/features of the Policy, You have the right to cancel the Policy by giving written notice to Us and You will receive the premiums paid in to the Policy after deducting (a) proportionate risk premium for the period of cover (b) medical examination costs, if any and (c) stamp duty, which has been incurred for issuing the Policy. Such notice must be signed by You and received directly by Us within 30 days after You or person authorized by you receives the Policy.

16. AMENDMENTS

Notwithstanding anything contained in this policy, the provisions herein shall stand altered, amended, modified or superseded to such extent and in such manner as may be required by any change in the applicable law (including but not limited to any regulations made or directions / instructions or guidelines issued by IRDA) or any other competent authority or as may be necessary under a judgment or order /direction/ instruction of a court of law

D. PREMIUM PROVISIONS

1. PREMIUM PAYMENT

- a. All premiums are payable on or before their due dates to us either at our issuing office or to our authorized Officer or Cashier.
- b. Collection of advance premium shall be allowed, if the premium is collected within the same financial year.
- c. The Premium so collected in advance shall only be adjusted on the due date of the premium.

2. CHANGE OF FREQUENCY OF PREMIUM PAYMENT

You may change the frequency of premium payments by written request. Subject to our minimum premium requirements, premiums may be paid on an annual or semi-annual mode at the premium rates applicable on the Date of Commencement.

3. DEFAULT

After payment of the first premium, failure to pay a subsequent premium on or before its due date will constitute a default in premium payment.

4. GRACE PERIOD

A Grace Period of thirty days from the due date will be allowed for payment of each subsequent regular Premium. The Policy will remain in force during the period. If any Regular Premium remains unpaid at the end of its Grace Period, the Policy shall lapse from the due date of the first unpaid premium and will be subject to the provisions mentioned under the Non Forfeiture Provisions.

5. DEDUCTION OF PREMIUM AT CLAIM

If a claim is payable under this Policy, any balance of the premiums due for the full policy year in which death occurs shall be deducted from the proceeds payable under the Policy.

6. REINSTATEMENT / REVIVAL

If a premium is in default beyond the Grace Period and subject to the Policy not having been surrendered, it may be reinstated / revived, at our absolute discretion, within two years after the due date of the premium in default subject to: (i) Your written application for reinstatement / revival; (ii) production of Insured's current health certificate and other evidence of insurability satisfactory to Us; (iii) payment of all overdue premiums with interest.

The applicable interest rate for revival is determined using the SBI deposit rate (for tenure of 1 year to less than 2 years) plus 2%.

It will be ensured that the evidences and any medical requirements called for are in line with the prevailing underwriting rules/practices and the health declaration by the Insured.

Any evidence of insurability requested at the time of reinstatement/revival will be based on the prevailing underwriting guidelines duly approved by the board.

Any reinstatement/ revival shall only cover loss or Insured event which occurs after the reinstatement/ revival

7. LOAN

Loan is not available under this Policy.

E. NON-FORFEITURE PROVISION

1. PAID-UP BENEFIT

Under Limited pay options, if at any time during the policy term the premiums are not paid within the Grace Period, the policy will lapse. The policy will acquire a paid-up value provided premiums have been paid in full for at least three years under Limited Pay of 5 years or at least 7 years under Limited Pay of 10 years. The following benefit will be payable on death of the life assured:

Reduced paid-up Sum Assured = (No of Premium paid / Total No. of Premiums Payable) * Sum Assured

2. SURRENDER BENEFIT

No Surrender Benefit is available under this product for Regular premium payment option.

For Limited Pay - 5 years, if all the premiums for the full 3 years are paid, the policy can be surrendered any time till maturity. The surrender value payable is as follows:

Surrender Benefit = Surrender Value Factor * (Outstanding Policy Term/Total Policy Term) * Total Premiums Paid.

Year	Surrender Value Factor
3	20%
4	40%
5 onwards	60%

For Limited Pay - 10 years, if all the premiums for the full 7 years are paid, the policy can be surrendered any time till maturity. The surrender value payable is as follows:

Surrender Benefit = Surrender Value Factor * (Outstanding Policy Term/Total Policy Term) * Total Premiums Paid.

Year	Surrender Value Factor
7	20%
8	30%
9	40%
10 onwards	60%

For Single Premium, the surrender value payable is as follows:

Surrender Benefit = Surrender Value Factor * (Outstanding Policy Term/Total Policy Term) * Single Premium (excluding interest, tax and extra premium, if any).

Year	Surrender Value Factor
All years	60%

Claim Process and Requirements

Do you know about the claim intimation process?

Please inform the company immediately upon occurrence of death.

Mentioned below is a list of various mediums through which you can contact us.

- a. Email - Customercare@tataaia.com
- b. Toll free no – 1-800-267-9966
- c. Walk into any of the TALIC branch office
- d. Write directly to us (our HO address)

Requirements for a Death claim:

- Claim Forms
 - Part I: Application Form for Death Claim (Claimant's Statement)
 - Part II: Physician's Statement
- Death Certificate of the life insured issued by the Municipality
- Medical cause of death' Certificate issued by attending physician
- Attested True copy of Indoor Case Papers of the hospital(s)
- Burial or Cremation ground certificate
- Original Policy Document
- The Insured's Photo ID with Date of Birth (if not submitted for policy issue)
- Photo Identification of the beneficiary or nominee or appointee or assignee who is entitled to receive the payment along with address proof
- Proof of legal title to the claim proceeds (e.g. legal succession paper, assignment deed) if the policy is not assigned or nominated.
- Copy of bank passbook/cancelled cheque along with duly filled NEFT form of the beneficiary

In case of accidental death in addition to the above documents, we would require the following documents –

- ❖ Postmortem report (Autopsy report) & Chemical Viscera report - if performed
- ❖ All Police Papers – Panchanama, Inquest, First Information Report and Final Investigation Report
- ❖ Newspapers cutting/ photograph of the accident if available

Note-

Witness should be a Notary/ Gazette Officer /Gram Panchayat Pradhan/Gram Panchayat Member/ Doctor/ Lawyer/ School Headmaster/Ward councilor/Block Development Officer/NGO/ Bank Manager/ BOI/BOE/Zone claims person/ SEM or a person of local standing.

All medical reports, documents and certification shall be issued by the attending physician and who is qualified to provide such document / certification according to the laws of India.

In addition to above documents, Tata ALA Life Insurance Company Ltd. reserves the right to ask for more documents / information, medical examination/tests and autopsy as may be required in consideration of the claim.

CONSUMER INFORMATION

POLICYHOLDER'S SERVICING

With regards to any query or issue related to the Policy, the Policyholder can contact the Company through the following service avenues

- Contact your Tata AIA Life agent / distributor
- Call our helpline numbers 1-800-267-9966 (toll free) or at 1-860-266-9966 (local charges apply)
- E-mail us at customercare@tataaia.com
- Visit the nearest the Tata AIA Life branch or CAMS Service Center
- Log on to Online Customer Portal by visiting www.tataaia.com

GRIEVANCE REDRESSAL PROCEDURE

1) Resolution of Grievances

Customers can register their grievances through multiple service avenues:

- Call our helpline numbers at 1-800-267-9966 (toll free) 1-860-266-9966 (local call charges apply)
- Email us at life.complaints@tataaia.com
- Login to online policy account on www.tataaia.com
- SMS SERVICE to 58888 to receive a call back from our Customer Service Representative
- Visit any of the nearest Tata AIA Life branches or CAMS Service Centers
- Contact your Tata AIA Life agent / distributor
- Call on the IRDA call center toll free number 155255 or email at complaints@irda.gov.in
- Write to us on the following address:

Grievance Redressal Department Tata AIA Life Insurance Company Limited - B- wing, 9th Floor, I-Think Techno Campus, Behind TCS, Pokhran Road No.2, Close to Eastern Express Highway, Thane (West) – 400 607, Maharashtra.

- We shall acknowledge a customer's grievance within 3 business days by providing the customer with the name of the Grievance Redressal Executive who is responsible to handle the grievance.

- We shall provide the customer with an equitable resolution within 2 weeks of receipt of the grievance.

- In case customers wishes to contact us during the course of the assessment, they can contact us at any of the above mentioned touch points.

- All Tata AIA Life branches have a Grievance Redressal Officer who can be contacted for any support during the grievance redressal process

2) Escalation Mechanism

In case customers are not satisfied with the decision of the above offices, or has not received any response within the stipulated timelines, they may contact the following officials for resolution:

- 1st level of Escalation: Sr. Manager - Grievance Redressal

- 2nd level of Escalation: Head - Customer Service
- 3rd level of Escalation: Grievance Redressal Officer (GRO)

For escalations, customers can email to head.customerservice@tataaia.com or write to – Tata AIA Life Insurance Company Limited, B-Wing, 9th Floor, I-Think Techno Campus, Behind TCS, Pokhran Road No.2, Close to Eastern Express Highway, Thane (West) – 400 607 Maharashtra

We request our customers to follow the escalation mechanism in case of non receipt of response or unsatisfactory response from the concerned persons mentioned above.

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255
Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>
Address for communication for complaints by fax/paper:
Consumer Affairs Department
Insurance Regulatory and Development Authority of India
9th floor, United India Towers, Basheerbagh
Hyderabad – 500 029, Andhra Pradesh
Fax No: 91- 40 – 6678 9768

3) Insurance Ombudsman:

Where the redressal provided by the Company is not satisfactory despite the escalation above, the customer may represent the case to the Ombudsman for Redressal of the grievance, if it pertains to the following:

- 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

Please refer to our [website www.tataaia.com](http://www.tataaia.com) for further details in this regard.

The list of Ombudsman address is attached as Annexure B

The complaint should be made in writing duly signed by the complainant or by his / her 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**

ANNEXURE – B

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES (As on 1.1.2015)		
Office of the Ombudsman	Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the 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. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.

CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Rajasthan.

	<p>Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in</p>	
ERNAKULAM	<p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
KOLKATA	<p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands</p>
LUCKNOW	<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar</p>
MUMBAI	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>

	<p>Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in</p>	
NOIDA	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, G.B. Nagar, Noida. Email: bimalokpal.noida@gbic.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
PATNA	<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Email: bimalokpal.patna@gbic.co.in</p>	<p>Bihar, Jharkhand.</p>
PUNE	<p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

For further information or latest updated list of Ombudsman Office addresses, kindly visit the IRDA of India website <http://irdaindia.org/> - Ombudsman / List of Insurance Ombudsmen OR our website www.tataaia.com