

Diabetes - Assure

Policy Document

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)	
Diabetes Assure	105N076V01

Rider benefits are applicable when offered by the company and if, opted for by the Policyholder.

Brief Policy Description

This plan offers cover to individuals with Type 2 Diabetes Mellitus, Impaired Fasting Glucose (IFG) and Impaired Glucose Tolerance (IGT) against End Stage Renal Failure, Laser Treatment for Diabetic Retinopathy and Limb Amputation due to Diabetic Complications.

- a) **Company** means ICICI Prudential Life Insurance Company Limited.
- b) **Policyholder** means the Proposer shown in the Policy certificate or the owner of the Policy at any point of time.
- c) **Life Assured** means the person who has been insured by us under this policy.
- d) **Policy issue date** is the date on which this policy is issued.
- e) **Policy Contract:** This policy is a legal contract between the Policyholder and ICICI Prudential Life Insurance Company Ltd (the Company), which has been issued on the basis of the Proposal form and the documents evidencing the insurability of the Life Assured. The Policy Contract comprises the above forms, statements, declarations, reports of medical check-ups, Policy certificate and the Terms and Conditions (this booklet). The Company agrees to provide the benefits set out in the Policy in consideration of the premiums paid by the Policyholder, and subject to the conditions mentioned herein.

The Company relies upon the information given by the Proposer and / or the Life Assured in the proposal form, and in any document(s) and statements called for by the Company and submitted by the Proposer and / or the Life Assured and statements made to the Medical Examiner. The Policy is declared void in case the information given is incomplete or inaccurate or untrue or in case it is found that the policy was issued on the basis of fake / tampered documents / proofs.

The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Indian laws.

Free look period: A period of 15 days is available to the Policyholder to review the Policy. If the terms and conditions of the Policy are not acceptable to the Proposer / Life Assured, this booklet should be returned within 15 days from the day it is received by the Policyholder. The Company will then return the premiums paid by the Policyholder after deduction of expenses as follows:

- 1) Proportionate premium for the period of cover.
- 2) Insurance stamp duty on Policy.
- 3) Any expenses borne by the Company on the medicals.

1) Definitions

In the Policy Document, unless the context otherwise requires:

- a) **"Diabetes Mellitus"** is a metabolic-cum-vascular syndrome of multiple etiologies characterized by chronic hyperglycaemia with disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action or both. This disorder is frequently associated with long-term damage, which can often lead to failure of organs like eyes, kidneys, nerves, heart and blood vessels.
- b) **Type 1 Diabetes** also called juvenile or insulin-dependent diabetes indicates a condition in which Beta cell of pancreas are destroyed wherein insulin is required for survival.
- c) **Type 2 Diabetes** also called maturity onset diabetes indicates a condition which is characterized by either insulin resistance or relative deficiency of insulin secretion. Both are usually present when type II diabetes is clinically manifested.
- d) **"Impaired Fasting Glucose (IFG)"** is impaired level of glucose, a condition under which a person has a plasma glucose values between 110 and 125 mg/dl after overnight fasting.
- e) **"Impaired Glucose Tolerance (IGT)"** is a condition under which a person, after overnight fasting, has a plasma glucose value between 110 & 125 and 2 hours after 75gm glucose tolerance test, the value is between 140 & 199 mg/dl.
- f) **"Diagnosis"** shall mean diagnosis made by a physician based on such specific evidence as referred to in the para 2 or in the absence of any specific reference, based upon but not limited to radiological, clinical, histological or laboratory tests acceptable to the Company.
- g) **"Physician"** shall mean qualified medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within his scope of license, and who is not a Life Assured / Proposer himself or related to the Life Assured / Proposer by blood or marriage. The term Physician would include Specialist, Anaesthetist, Ophthalmologist and Surgeon.
- h) **"Ophthalmologist"** shall mean the physician who studies, diagnoses and treat eye diseases and disorders.
- i) **"Treating Ophthalmologist"** shall mean an ophthalmologist of the Life Assured who has given the required treatment based on the findings.
- j) **"Illness"** means sickness, disease, ailment or unhealthy condition of mind or body.
- k) **"Diabetic retinopathy"** shall mean retinal changes occurring in diabetics characterised by neo-vascularisation, microaneurysms, punctuate hemorrhages, sharply defined waxy exudates and scarring.
- l) **"Limb"**: limbs are classified as upper limb and lower limb.

"Upper Limb": (also referred to as upper extremity) is known as the arm, that is, the region of the body from the shoulder to the fingertips.

"Lower Limb": (also referred as Lower extremity) is known as the leg that is, the region of the body from the hip to the tip of the toes.
- m) **"Pre-existing Illness"** means a condition for which prior to the receipt of proposal for this Policy or prior to the date of reinstatement of this Policy the Life Assured had signs or symptoms of an illness or bodily injury which would have caused any ordinary prudent person to seek treatment, diagnosis or care or medical advice, or treatment was recommended by or received from a Physician, or the Life Assured has undergone medical tests or investigations. Any such condition or any illness, complication or ailment arising out of or connected to the condition other than Type 2 Diabetes Mellitus or IFG or IGT or specified in the policy document, shall be considered part of the Pre-existing Illness.

2) Benefits Payable subject to the Policy being In Force on the date of Diagnosis / Surgery:

a) In case of End Stage Renal Failure

- (1) The Company shall pay the full Sum Assured in the event of the Life Assured being diagnosed to be suffering from End Stage Renal Failure where the diagnosis is three months after the policy issue date. The Policy shall terminate after such payment.
- (2) End Stage Renal Failure means chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of End Stage Kidney Disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant physician.

b) In case of LASER Treatment for Diabetic Retinopathy

- (1) The benefit under this clause becomes payable on the actual receiving of LASER treatment by the Life Assured for diabetic retinopathy. The need to undergo LASER treatment must be established by treating ophthalmologist's certificate along with supportive Fluorescent Fundus Angiography (FFA) report
- (2) Before payment of any claim under this component, the Company shall require the following documents establishing the right of the claimant to receive payment in addition to the documents mentioned in clause 8 of the General Conditions
 1. Pre and Post FFA report by an ophthalmologist stating the changes in the retina.
 2. Life Assured's Treating ophthalmologist's statement attesting the need for "LASER Treatment" and certifying that the LASER treatment has been performed as required.

Benefit Payable

The Company shall pay 5% of the Sum Assured on every event of the Life Assured undergoing the LASER treatment on an eye after three months from the policy issue date, subject to the treatments being at least 180 days apart for the same eye. However, claims for treatments on both eyes can be made simultaneously. The Policy shall continue after payment of a claim.

c) Limb Amputation due to Diabetic Complication

- (1) This benefit becomes payable on actual amputation of a limb or a part of the limb as a result of complications of diabetes. The diagnosis, need and treatment must be confirmed by the treating surgeon with supporting hospital records.
- (2) Before payment of any claim under this component, the Company shall require the following documents establishing the right of the claimant to receive payment in addition to the documents mentioned in clause 8 of the General Conditions
 1. Life Assured's treating surgeon's statement attesting the diagnosis, the need for amputation and certifying that the amputation of the limb or a part of a limb has been carried out, together with supporting hospital records.
 2. Post amputation X-ray of the affected limb

Exclusions: Any amputation due to accident is not entitled for the above benefit.

Benefits Payable

The Company shall pay 5% of the Sum Assured for each amputation of any part of the limb of the Life Assured, where the amputation takes place three months after the policy issue date, subject to the amputations being at least 180 days apart for each limb. However, claims for amputation of two different limbs can be made together. The Policy shall continue after payment of a claim.

- d) As respects the condition(s) covered under this Policy, in the event of Life Assured being diagnosed of or where the symptoms have occurred or for which care, treatment, or medical advice was recommended by or received, or which first manifested itself or was contracted within three months from the Policy Issue Date or for which a claim has or could have been made under any earlier policy on the life of the Life Assured, the premiums paid shall be refunded (without interest excluding the extra premiums paid) and the policy shall terminate.
- e) Total benefit payable on multiple claims of Diabetic Retinopathy and Limb Amputation is subject to maximum of the base sum assured.

3) Other Conditions

- a) Written Notice of a claim must be given to the Company within 60 days of diagnosis.
- b) The admission of any claim shall be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from the illness, as the Company may reasonably require.
- c) In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured, on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such Specialist as to such diagnosis shall be considered binding on both the Life Assured and the Company.
- d) The Policy shall automatically terminate on death of the Life Assured during the Policy term or survival of the Life Assured to the termination date and no benefit shall be payable under the Policy.

4) Exclusions

- a) Individuals suffering from Type 1 Diabetes are excluded
- b) No benefits shall be paid for the following services, conditions / tests / treatments:
 - 1. Pre-existing illnesses unless stated in the proposal form and accepted by the Company.
 - 2. Existence of Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV), self inflicted injury, use of intoxicating drugs / alcohol, failure to follow medical advice, war-whether declared or not, civil commotion, pregnancy, breach of law.
 - 3. Treatment for injury or illness caused by professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
 - 4. Aviation other than as a fare paying passenger in a commercial licensed aircraft (being a multi-engined aircraft).
 - 5. Any treatment of a donor for the replacement of an organ.
 - 6. Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / western medicines.
 - 7. Diagnosis and treatment outside India are excluded. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time with approval from IRDA (Insurance Regulatory and Development Authority). Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.

5) Payment of premiums

- a) Premiums are payable on the due dates and at the amount mentioned in the Policy Certificate or at such altered rate as is payable in terms of condition 2(c) above and / or 1(b) of the General Conditions of this Policy Document. However, a grace period of not more than 15 days, where the mode of payment of premium is monthly, and not more than 30 days for all other modes is allowed. In the event of the claim, the benefits payable under this Policy will be paid after deduction of the premium falling due during the then current policy year.
 - b) Premiums are payable on the due dates mentioned in the Policy Certificate or within the grace period allowed without any obligation on the Company to notify the Policyholder of the due dates. If the premiums are not paid on the due dates or even during the grace period, the policy lapses and no benefits shall be payable.
 - c) Premiums are payable through any of the following modes
 - i) Cash*
 - ii) Cheques
 - iii) Demand Drafts
 - iv) Pay Orders
 - v) Bankers Cheque
 - vi) Internet facility as approved by the Company from time to time.
 - vii) Credit Cards
 - viii) Electronic Clearing System ECS
 - ix) Direct Debit
- * Amount and Modalities will be subject to Company Rules and relevant legislation/regulations

- d) If the Policyholder suspends payment of premium for any reason whatsoever, the Company shall not be held liable and the benefits, if any will be available only in accordance to the Policy conditions.
- e) Premium shall be construed to be received only when the same is received at any of the Company's offices.
- f) If the premiums are paid in advance then the same shall be applied to the Contract / Policy only on the respective due dates.
- g) Where the Policyholder has opted for monthly premium frequency additional 5% premium will be levied.
- h) Where the premium paying frequency is changed, there will be a revision in premium amount as per the norms of the Company.

GENERAL CONDITIONS

1) Age

- a) The premium payable under the policy has been calculated on the basis of the age of the Life Assured as declared in the Proposal. In case the age of the Life Assured has not been admitted by the Company, the Policyholder shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted.
- b) In the event the age so admitted ("the correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken
 - i) If the correct age is such as would have made the Life Assured uninsurable under the plan of assurance specified in the Policy Certificate, the plan of assurance shall be altered to such plan of assurance as is generally granted by the Company for the correct age of the Life Assured, subject to the terms and conditions as are applicable to that plan of assurance. If the Policyholder does not wish to opt for altered Plan or if it is not possible for the Company to grant any other plan of assurance, the policy shall stand cancelled from the date of issue of the policy and the premium paid shall be refunded subject to deduction of the expenses incurred by the Company on the policy.
 - ii) If the correct age is higher than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the Policy and the Policyholder shall pay to the Company the accumulated difference between the corrected premium and the original premium from the commencement of the Policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Policyholder fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the Policy. Where the life assured is not found insurable, then the company shall return the premiums (excluding extra premiums, if any) paid under the policy and the Policy shall be terminated.
 - iii) If the correct age of the Life Assured is lower than the age declared in the Proposal, the premium payable under the Policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the Policy and the Company shall refund without interest, the accumulated difference between the original premium paid and the corrected premium.

2) Revival of the Policy

A Policy, which has lapsed for non-payment of premium within the days of grace may be revived subject to the following conditions

- a) The application for revival is made within 1 year from the date of the first unpaid premium and before the termination date of policy;
- b) The applicant being the Policyholder furnishes satisfactory evidence of the health of the Life Assured as specified by the company. The cost of the medical examinations, if any shall be borne by the customer.
- c) The arrears of premiums together with interest at such rate as the company may charge for late payment of premia are paid;
- d) The revival of the policy shall be dependent on the then underwriting norms of the company and may be on terms different from those applicable to the policy before it lapsed; and

- e) The revival will take effect only on it being specifically communicated by the Company to the applicant.
- f) Even after revival, no benefit is payable for an event which occurred or symptoms of which occurred during the period when the policy was in lapsed condition.
- g) No waiting period will be applicable after the revival of the policy.

3) Assignment and Nomination

- a) An assignment of this policy may be made by an endorsement upon the Policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the Life Assured or the Proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company recording the assignment in its books. Assignment will not be permitted where policy is under the Married Women's Property Act, 1874. Section 38 of the Insurance Act, 1938 may be referred to for the complete provision.
- b) The Life Assured, where he is the holder of the Policy, (on his own life) may, at any time before the termination date of policy, make a nomination for the purpose of payment of the moneys secured, if any, by the Policy in the event of his death. Where the nominee is a minor, he may also appoint a person to receive the money during the minority of the nominee. Nomination may be made by an endorsement on the Policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the termination date of policy shall also be communicated to the Company. Section 39 of the Insurance Act, 1938 may be referred to for the complete provision.

The Company does not express itself upon the validity or accept any responsibility on the assignment or nomination in recording the assignment or registering the nomination or change in nomination.

4) Special Provisions

Any other special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

5) Force majeure

If the performance by ICICI Prudential of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, Strike, Lock out, Legislation or restriction of any Government or other authority or any other circumstances beyond the anticipation or control of the Company, the performance of this contract shall be wholly or partially suspended during the continuance of the contract.

6) Incontestability

In accordance to the Section 45 of the Insurance Act, 1938, no Policy of Life Insurance shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statements was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

Provided that nothing in the section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

The Company would declare the Policy void in case of suppression / mis-statement / mis-representation of facts and this would lead to forfeiture of the premiums received under this policy.

7) Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, facsimile or e-mail to:

In case of the Policy holder / Nominee: As per the details specified by the policy holder / nominee in the Proposal Form / Change of Address intimation submitted by him.

In case of the Company:

Address : Customer Service Desk
ICICI Prudential Life Insurance Company Limited
Vinod Silk Mills compound,
Chakravarthy Ashok Nagar, Ashok Road
Kandivali (East)
Mumbai- 400 101

Facsimile : (022) 67100803 / 805

E-mail : lifeline@iciciprulife.com

Notice and instructions sent by the Company to Policyholders will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

It is very important that the Policyholder immediately informs the Company about the change in the address or the nominee particulars to enable the company to service him effectively.

8) Payment of Claim

Before payment of any claim under the Policy, the Company shall require the delivery of the original of this Policy document along with Written Intimation and the following documents establishing the right of the claimant or claimants to receive payment. Claim payments are made only in Indian currency.

- a) Claimant's Statement Form
- b) Treating Doctor's Certificate
- c) Medical evidences in form of diagnostic reports
- d) Hospital Discharge Card / Summary
- e) Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.

9) Legislative Changes

All benefits payable under the Policy including the premiums (including the rider premiums, if applicable) are subject to prevailing tax laws and other financial enactments. Service tax, education cess and any other statutory levies as may be applicable will be charged as per the prevailing rates & regulations and will be recovered completely and directly from the Policyholder.

10) Electronic Transactions

The Customer shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

11) Customer Service

- a) For any clarification or assistance, the policyholder may contact our advisor or call our Customer Service Representative at Telephone Numbers listed below during office hours (9.00 a.m. to 9.00 p.m.).

You may communicate with us on the following numbers:

Customer Service Helpline (Call Centre Timings: 9.00 A.M. to 9.00 P.M., Monday to Saturday; excluding national Holidays).

State	Number	State	Number
Andhra Pradesh	9849577766	Maharashtra (Mumbai)	9892577766
Chattisgarh	9893127766	Maharashtra (Rest)	9890447766
Delhi	9818177766	West Bengal (Kolkatta, Howrah)	9831377766
Goa	9890447766	Punjab	9815977766
Gujarat	9898277766	Rajasthan	9829277766
Haryana (Karnal)	9896177766	Tamil Nadu (Chennai)	9840877766
Haryana (Faridabad)	9818177766	Tamil Nadu (Rest)	9894477766
Karnataka	9845577766	Uttar Pradesh (Agra, Bareilly, Meerut, Varanasi)	9897307766
Kerala	9895477766	Uttar Pradesh (Kanpur, Lucknow)	9935277766
Madhya Pradesh	9893127766	Uttaranchal	9897307766

For all other cities, kindly call our Customer Service Toll Free Number 1800-22-2020 from your MTNL or BSNL line.

Alternatively you may communicate with us:

Address : Customer Service Desk
ICICI Prudential Life Insurance Company Limited
Vinod Silk Mills compound,
Chakravarthy Ashok Nagar, Ashok Road
Kandivali (East)
Mumbai- 400 101

Facsimile : (022) 67100803 / 805

E-mail : lifeline@iciciprulife.com

The update in the contact details would be available on the Company Website.

- b) Grievance Redressal Committee

The Company has a grievance redressal mechanism for resolution of any dispute and any grievance or complaint in respect of this policy may be addressed to:

ICICI Prudential Life Insurance Company Limited
ICICI PruLife Towers,
1089, Appasaheb Marathe Marg,
Prabhadevi,
Mumbai- 400 025

c) Ombudsman

The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies.

Insurance Ombudsman Centre	Jurisdiction
Ahmedabad Centre Office of Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad-380 014.	State of Gujarat and Union Territories of Dadra and Nagar Haveli and Daman and Diu
Bhopal Centre Office of Insurance Ombudsman, 1st floor, 117, Zone-II (Above D.M. Motors Pvt Ltd.) Maharana Pratap Nagar, Bhopal- 462 011.	States of Madhya Pradesh and Chattisgarh
Bhubneshwar Centre Office of Insurance Ombudsman, 62, Forest Park, Bhubneshwar- 751 009.	State of Orrisa
Chandigarh Centre Office of Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd floor, Batra Building, Sector 17-D, Chandigarh- 160 017.	States of Panjab, Harayana, Himachal Pradesh, Jammu and Kashmir and Union territory of Chandigarh
Chennai Centre Office of Insurance Ombudsman, Fatima Akhtar Court, 4th floor, 453 (old 312), Anna Salai, Teynampet, Chennai- 600 018.	State of Tamil Nadu and Union Territories-Pondichery Town and Karaikal (which are part of Union Territory of Pondicherry)
Delhi Centre Office of Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi- 110 002.	States of Delhi and Rajasthan
Guwahati Centre Office of Insurance Ombudsman, Acquarius, Bhaskar Nagar, R.G. Baruah Road, Guwahati- 781 021.	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
Hyderabad Centre Office of Insurance Ombudsman, 6-2-47, Yeturu Towers Lane, Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad- 500 004.	States of andhra Pradesh, Karnataka and Union Territory of yaman- a pert of the Union Territory of Pondicherry.
Kochi Centre Office of Insurance Ombudsman, 2nd floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam – 682 015.	State of Kerala and Union Territory of Lakshadweep, Mahe-a Part of Union Territory of Pondicherry.

Kolkata Centre Office of Insurance Ombudsman, North British Bldg., 3rd floor, 29, N. S. Road, Kolkata- 700 001.	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands
Lucknow Centre Office of Insurance Ombudsman, Chintel's House, 1st floor, 16, Station Road, Lucknow- 226 001.	State of Uttar Pradesh and Uttaranachal
Mumbai Centre Office of Insurance Ombudsman, 3rd floor, Jeevan Seva Annexe (Above MTNL), S.V.Road, Santacruz (W), Mumbai- 400 054.	States of Maharastra and Goa.

"The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract" (Ver T:18)