

Optional Travel Insurance for E-ticket passengers- IRCTC **Prospectus**

Introduction:

The policy is a perfect milieu of covers towards the medical emergencies due to an injury and other travel related contingencies to cater to the needs of IRCTC customers.

The medical expenses part covers the unexpected medical emergencies due to an injury requiring inpatient hospitalization or repatriation in case of accidental death of the insured. The other non-medical covers under the policy are Accidental Death, Permanent Total Disability etc.

Eligibility:

- | | |
|---------------------------------------|---|
| & Eligibility : | The scheme is intended to benefit the passengers travelling by Indian Railway of all class who book e-ticket through IRCTC site and opt for the insurance cover for Railway passengers whereas mandatory for IRCTC Corporate
Trains, irrespective of the class of the ticket. The coverage will be compulsory for all passengers booked under one PNR number if the option is to be exercised.

In case of children below 5 years travelling with passengers, the required details should be entered in the reservation form [online form] and accordingly travel insurance premium will be added to the total amount payable, if detail not filled then the travel insurance cover will not be applicable for the children below 5 years. |
| & Renewability: | Not Applicable |
| & Trip Duration: | The time period commencing from the date & time when the Insured Person (s) boards the train and ending on the date & time of arrival at the destination station as mentioned in the Policy schedule including ‘process of entraining’ and ‘process of detraining’ the train and Vikalp train, short termination and diverted route. |
| & Relationships covered:
Daughter- | Self, Spouse, Children, Parents, Parents-in-laws, Siblings, Son-in-law,

in-law, Grand-children Grand-parents. |
| & Premium frequency: | One time at policy inception |

Scope of Cover:

Liberty General Insurance Ltd.

Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150 • CIN:
U66000MH2010PLC269656



Liberty
General Insurance™

Prospectus

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UIN: LIBTGDP24158V022324

Note: The information provided herein is only indicative, we request you to refer the exhibit of benefits attached for better understanding of the covers, sum insured and deductibles.

1. **Accidental Death:**

We will pay the sum as mentioned in your policy on lump sum basis to your beneficiary or legal representative, if accidental bodily injury results in death.

Any amount paid under Permanent Total Disablement / Permanent Partial Disablement Section would be deducted from payment of a claim under this Section of the Policy.

2. **Permanent Total Disablement:**

We will pay the compensation as stated in the disablement benefit table, if accidental bodily injury results in permanent total disability.

Any amount paid under Permanent Partial Disablement Section would be deducted from payment of a claim under this Section of the Policy.

3. **Permanent Partial Disablement:**

We will pay the compensation as stated in the disablement benefit table, if accidental bodily injury results in permanent Partial disability.

4. **Hospitalization Expenses for Injury:**

Covers hospitalization expenses on account of accidental injury towards Room rent, Boarding expenses, Nursing, Intensive Care Unit, Medical practitioner, Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables, Diagnostic procedures, the cost of prosthetic and other devices or equipment if implanted internally during a surgical procedure, procedures followed under day care.

5. **Transportation of the Mortal Remains:**

Covers expenses incurred towards transportation of the mortal remains to your place of residence or to a cremation or burial ground in case of death due to an accident.

Disclaimer of Liability:

In all cases the medical professional or any attorney suggested by us shall act in a medical or legal capacity on behalf of you only. We assume no responsibility for any medical advice or legal counsel given by the medical professional or attorney. You shall not have any recourse to the us by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

You are responsible for the cost of services arranged by us on behalf of you or a covered Immediate Family member. We will access this Policy and/or other insurance Policy benefits to which you may be entitled, and/or your credit cards or other forms of financial guarantees provided by you, in order to facilitate payment for such services.

Section wise Exclusions applicable in the policy:

Exclusion for hospital expenses:



1. The treatment of any illness even if caused by the Accident suffered by the Insured Person except any caused by Accident and requiring immediate medical treatment in order to maintain life or relieve immediate pain or distress.
2. Any medical treatment which was not medically necessary.
3. Plastic or cosmetic surgery unless this is certified by the attending Medical Practitioner to be medically necessary for reconstruction following an Accident.
4. Dental treatment or surgery of any kind, unless to sound natural teeth and necessitated by an Accident.
5. Any health check-ups or examinations or measures primarily carried out for diagnostic or investigative reasons for any purpose other than treatment related to an Accident
6. Any costs relating to physiotherapy unless undertaken while the Insured Person is hospitalized.
7. Any costs or periods of residence incurred in connection with rest cures or recuperation at spas or health resorts, sanatorium, convalescence homes or any similar institution.
8. Any costs relating to the Insured Person's pregnancy, childbirth or the consequences of either.
9. Any congenital internal or external diseases, defects or anomalies.

General Exclusions:

1. Accident while crossing the Railway tracks
2. Accident due to breach of law with criminal intent.
3. Damage of health caused by curative measures, radiations, infection, poisoning except where arise from the accident.
4. From intentional self-injury, suicide or attempted suicide.
5. Whilst engaging in any sort or form of adventurous sport.
6. Committing any breach of law with criminal intent.
7. Influence of intoxication, liquor or drugs.
8. Directly or indirectly caused or contributed by congenital anomaly, venereal disease, or insanity caused by, contributed to or aggravated or prolonged by child birth or from pregnancy
9. Any natural cause or disease or medical or surgical treatment unless such treatment becomes necessary due to injury caused by the said untoward incident.
10. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
11. Nuclear energy, radiation.
12. Claim on account of injury due accident prior to the date & time of journey & post the date & time of journey would be excluded from the scope of the policy, however any delay in the time of departure & arrival of the respective train would be taken into consideration
13. Claim in instances wherein ticket was booked by the insured; however the train was not boarded. This is irrespective of whether the train ticket was cancelled or not.
14. Claim in instances wherein ticket was booked by the insured; however the ticket was not confirmed but still the passenger boarded the train.

Discounts:

Not applicable

Cancellation/Termination:

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

Cancellation by Insured/Insured Person:

No cancellation of the policy by the insured will be allowed in case the insured has reported and received payment for a claim under any of the covers of this Policy prior to the date of notice of cancellation.

In case of ticket cancellation this Policy may be cancelled by the Insured within 10 days from the policy period end date, by intimation in writing to the Company as long as the Insured is able to establish to the Company's satisfaction that the Insured Journey has not commenced. In this case we will process refund of premium after deduction of administration charges @ 20% of the premium

Withdrawal of the Product:

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

Claim process and management

Notification of Claims

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured/Insured Person(s) shall give immediate notice to Us but not later than 4 months after the event has taken place through on- line module or calling toll-free number or in writing to the address as shown in the Schedule with Particulars below:

- i. PNR no.
- ii. Policy Number/ Certificate No.
- iii. Type of claim
- iv. Name of the Insured Person availing treatment
- v. Details of accident / loss
- vi. Date of accident/ loss / injury
- vii. Name and address of the Hospital
- viii. Contact details
- ix. Any other relevant information

The Company's liability under this Policy will be subject to the following provisos, upon the happening of any event giving rise to or likely to give rise to a Claim under any Section of this Policy,

- i) An immediate notification is made to the Insurance Company in respect of any Claim under Medical expenses and disability or train delay, by the Insured Person or, if deceased, his legal or other representative or immediate family member, and provided with the name of the treating Physician, the name and telephone number of the hospital at which treatment is being obtained, and the fact or matter giving rise to the need for medical treatment, all the original bills, receipts and documentation or information as mentioned in Annexure 'A'- Claim Documents Checklist or any other documents or information that might be required or requested by the Company for assessment of the claim.
- ii) The Insured Person/Claimant need to fill in the claim form (including online form) and forward the same to the Company along with all the bills, receipts and other supporting documentation or additional information requested by the Company for assessment of the claim.

Assessment of Claim & Payment

Reimbursement Claims - Notice of claim with particulars relating to Policy numbers, Policy schedule no, name of the Insured Person in respect of whom claim is made, nature of injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately but not later than 4 months of the event and/or hospitalization due to injury/ death, failing which admission of claim would be based on the merits of the case as per the board approved underwriting policy of the Company. The Insured Person shall after intimation as aforesaid, further submit documents as per Annexure A at his/her own expense to Us within 15 days of discharge from the hospital.

The Insured Person/s shall at any time as may be required authorize and permit the Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

No person other than the Insured /Insured Person(s) and/ or nominees declared at proposal can claim under this Policy.

Payment of Claim

- i. We will make payment to Insured Person or Insured Person's Nominee. If there is no Nominee and Insured Person are incapacitated or deceased, We will pay Insured Person's heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of our liability to make payment.
- ii. On receipt of all the documents as mentioned under Annexure 'A'- Claim Documents Checklist as provided hereunder and on being satisfied with regards to admissibility of the claims as per Policy terms and conditions, We shall settle the claim within 15 days of receiving all necessary documents , in accordance with the provisions of 'Protection of Policyholders' Interest Regulations, 2017'.
- iii. The Policy - excludes the List of excluded items - attached in the Policy document.
- iv. The following will apply specifically in respect of a Claim under Accidental Hospitalization:
 - a) The Insured Person shall present himself for medical examination by a Medical Advisor as considered necessary by the Company at his expense and the Insured Person agrees that the Company may approach anyone who may have treated the Insured Person for information and/or documentation in respect of the Claim.

Benefit Schedule

Sections	Scope of Cover	Description	Sum Insured-INR
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Section 1	Accidental Death	Covers death due to an accident during the trip.	10,00,000
Section 2	Permanent Total Disablement	Covers Permanent Total Disability caused due to an accident during the trip.	10,00,000
Section 3	Permanent Partial Disablement	Covers Permanent Partial Disability caused due to an accident during the trip.	Up to 7,50,000
Section 4	Emergency Accidental Hospitalization	Covers medical expenses incurred towards hospitalization on account of accidental injury occurring during the trip.	Max upto 2,00,000
Section 5	Transportation of Mortal Remains	Covers cost of transportation of mortal remains or equivalent amount for burial or cremation of the Insured at the location where death has occurred, in case of death on account of accidental injury during the trip.	Max upto 10,000

Premium Rates

INR. 0.38 per passenger plus GST.

Annexure A – Claim Documents Checklist

Following is the indicative document list for reimbursement claims:

1. In case of Death Claim:

Submit the duly filled in claim form signed by nominee/legal heir along with the NEFT mandate details and cancelled cheque with the following documents:

- & Report of the Railway Authority confirming train accident.
- & Report of the Railway Authority carrying the details of the passengers declared dead.
- & Duly Completed Personal Accident Claim Form signed by Nominee / Legal Heir along with the NEFT mandate details & cancelled cheque
- & Photo identity proof of nominee
- & For Death Claims, claim will be settled only to nominee declared at the time of buying insurance through IRCTC portal
- & In absence of nominee, claim will be paid to Legal Heir only –as per Legal Heir / Succession Certificate

2. Permanent Total Disablement & Permanent Partial Disablement:

- & Report of the Railway Authority confirming the accident of the train.
- & Report of attending doctor confirming the extent of disability.
- & Medical bills corresponding to doctor's prescription.
- & Duly Completed Personal Accident Claim Form signed by insured / Nominee
- & Attested copy of disability certificate from Civil Surgeon of that Hospital in which the treatment has undergone stating percentage of disability.
- & Attested copy of FIR.
- & All X-Ray / Investigation reports and films supporting to disablement.
- & Claim form with NEFT details & cancelled cheque of the beneficiary
- & Photograph before & after disability

3. In case of Hospitalization Expenses for Injury

- & Report of the Railway Authority confirming the accident of the train.
- & Medical bills corresponding to doctor's prescription
- & Duly completed personal accident claim form signed by the Insured Person/Nominee

4. In case of Transportation of mortal remains

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- & Report of the Railway Authority confirming the accident of the train.
- & Report of the Railway Authority carrying the details of the passengers declared dead
- & Photo identity proof of nominee.
- & In absence of nominee, claim will be paid to Legal Heir only – as per Legal Heir / Succession Certificate.


Standard List of Excluded Items:
List I – Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT



44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC



22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER

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Website Link: www.libertyinsurance.in



4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG

Grievance Redressal- Annexure B

We are concerned about you and are committed to extend the best possible services. In case you are not satisfied with our services or resolutions, please follow the below steps for redressal.

Step 1

Call us on Toll free number: **1800-266-5844**

(8:00 AM to 8.00 PM, 7 days of the week) or

Email us at: care@libertyinsurance.in or

Write to us at:

Customer Service

Liberty General Insurance Limited

Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400 013

Step 2

If our response or resolution does not meet your expectations, you can escalate at **Manager@libertyinsurance.in**

Step 3

If you are still not satisfied with the resolution provided, you can further escalate at **ServiceHead@libertyinsurance.in**

An acknowledgment will be sent on receipt of your concern, we would then Investigate the matter Internally and respond with a suitable resolution. Please share your contact details to enable us to get In touch with you.

In case you are not satisfied with the decision or resolution provided by the company you may approach the Insurance Ombudsman for redressal. The details of Insurance Ombudsman Offices are given below:

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman Jeevan Prakash Building 6th floor Tilak Marg Relief Road Ahmedabad 380 001 Tel: 07 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat Dadra & Nagar Flaveli Daman and Diu
BENGALURU Office of the Insurance Ombudsman Jeevan Soudha Building PID No 57 27 N 1 Ground Floor 1 H 24th Main Road JPNagar 1st Phase Bengaluru 560 078 Tel : 080 26652048 / 2665204 Email: oio.bengaluru@cioins.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman Opp. Gayatri Mandir, Area Hills, Bhopal -462 011. Tel.: 0755 - 2769201 /2769202 /2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh and Chaitisgarh
BHUBNESHWAR Office of the Insurance Ombudsman 62 Forest park Bhubneshwar 751 000 Email: oio.bhubaneswar@cioins.co.in	
CHANDIGARH Office of the Insurance Ombudsman Sector -17 A, Chandigarh - 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in	Punjab Haryana Himachal Pradesh Jammu & Kashmir Chandigarh
CHENNAI Office of the Insurance Ombudsman Fatima Akhtar Court 4th Floor 453 Anna Sialai Teynampet CHENNAI - 600 018. Email: oio.chennai@cioins.co.in	Tamil Nadu Pondicherry Town and Karaikal (which are part of Pondicherry)
Office of the Insurance Ombudsman 2/2 A Universal Insurance Building Asaf Ali Road New Delhi 110 002 Email: oio.delhi@cioins.co.in	
KOCHI Office of the Insurance Ombudsman 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 -2358759 Email: oio.ernakulam@cioins.co.in	Kerala Lakshadweep Mahe a part of Pondicherry
GUWAHATI Office of the Insurance Ombudsman	Assam Meghalaya Manipur

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
HYDERABAD Office of the Insurance Ombudsman 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.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 Tel: 0141 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan
Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in	West Bengal Sikkim Andaman & Nicobar Islands
Office of the Insurance Ombudsman 6th Floor, Jeevan Bhawan Phase II Nawal Kishore Road, Hazratganj Lucknow - 226 001 Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in	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 Maharajganj Santkabimagar Azamgarh Kushinagar Gorkhpur Deoria Mau Ghazipur Chandauli Ballia Sidharathnagar
Office of the Insurance Ombudsman 3rd Floor Jeevan Seva Annexe S V Road Santacruz (W) Mumbai Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in	Goa Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA Office of the Insurance Ombudsman Bhagwan Sahai Palace 4th Floor Main Road Naya Bans Sector 15 Distt: Gautam Buddh Nagar U P 201301 Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra Aligarh Bagpat Bareilly Bijnor Budaun Bulandshahr 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

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Website Link: www.libertyinsurance.in



Office of the Ombudsman and Contact Details	Areas of Jurisdiction
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in	Bihar Jharkhand
PUNE Office of the Insurance Ombudsman Jeevan Darshan Bldg 3rd Floor CTS Nos 1 5to 1 8 NC KelkarRoad Narayan Peth Pune 411030 Tel.: 020-24471175 Email: oio.pune@cioins.co.in	Maharashtra Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) - 400604 Tel.: 022- 26012626	Maharashtra

GOVERNING BODY OF INSURANCE COUNCIL,

Shri P.N.Gandhi, Secretary General
Smt Moushuml Mukherji, Secretary
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:
022 - 26106889 / 671 / 980
Fax:022-26106949
Email: inscoun@cioins.co.in