



Parametric Insurance Policy - Group Variant 2

UIN: IRDAN102RPMS0008V01202526

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Preamble

Royal Sundaram General Insurance Co. Limited (hereinafter called the "**Company**") will provide insurance cover to the Person(s) (hereinafter called the "**Insured members/insured beneficiary**") based on the Proposal made by the **insured (Group holder/Master Policyholder)** and agreed premium paid, for the coverage and the **Policy Period** as stated in the **Master Policy Schedule and / or Certificate of Insurance** or during any further period for which the **Company** may accept payment for the renewal or extension of this **Policy**, subject always to the following terms, conditions, exclusions, and limitations and those stated in the **Master Policy Schedule and / or Certificate of Insurance**. This **Policy** records the agreement between the **Company** and the **Insured** and sets out the terms of insurance and obligations of each party.

Scope of cover

The **Insurer** agrees to make payment to the **Insured** the **Sum Insured** as stated in the **Master Policy Schedule / Certificate of Insurance**, subject to a **waiting period**, for the **Event Loss** against: -

Section A: Excess Rainfall Events based on triggering a **payout** in case that the thresholds defined in Excess Rainfall **Index** hereunder are exceeded by an Event, or

Section B: Earthquake Events based on triggering a **payout** in case that the thresholds defined in the Earthquake **Index** hereunder are exceeded by an Event.

The number of payment due under the **Policy** for Section A and Section B combined shall be limited to a single **Event Loss** over the Period. In case an **Event Loss** is indemnified to the Insured, the **Policy** shall be considered as commuted and both **Insurer** and Insured shall be freed of any future obligation and liability under this **Policy** at the calendar day immediately following the Event Date.

Sum Insured

Sum Insured is defined as the total aggregate notional amount over all Selected Risk Locations combined within the agreed geography. The **Sum insured** is the maximum amount (stated in the Master policy / Certificate of insurance) that the Company will be liable for any **Event Loss**.

Definitions

1. Event

Any of the following shall constitute an **Event** under the **Policy** for

Section A: an inundation natural disaster occurring in the Selected Risk Locations (an "Excess Rainfall Event")

Section B: an earthquake of intensity higher than MMI scale as stated in the Master Policy / Certificate of insurance reported by the respective **Data Source** with epicenter within two



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Event").

The first calendar day of occurrence of an **Event** shall constitute the so-defined **Event** Date and shall be considered to "occur" or be "occurring" over a number of days for the calculation of the Cumulative Period if the **Event** occurs continuously over a period of consecutive days commencing on the **Event** Date without interruption. The **Event** Date shall be dated in the Period for the **Event** to be covered under this **Policy**.

2. Index

In case of the occurrence of an **Event**, the **Calculation Agent** shall calculate the **Index** using the data provided by the **Data Source** for: -

Section A: as the accumulated daily rainfall data over XX consecutive calendar days (XX days the "Cumulative Period"), expressed in millimeter (mm), reported by the respective **Data Source** for the **Event** at the gauge station mapped to the respective Selected Risk Locations (the "Excess Rainfall **Index**").

Section B: as the maximal MMI reported by the respective **Data Source** for the **Event** out of the shakemap grid points within each of the Selected Risk Locations, considering the most actual shakemap published by the **Data Source** for the **Event** (the "Earthquake **Index**").

The **Calculation Agent** shall report to the **Insurer** of such **Event** within five (5) calendar days of the **Event** Date; and of such **Event Loss** within five (5) calendar days immediately following the (XX) calendar days' data collection period defined hereinabove.

3. Event Loss

In case of an **Event**, the **Policy** shall trigger a **payout** as an indemnification to the **Insured** / **insured member** if, in any of the Selected Risk Locations, for

Section A: The Excess Rainfall Observed **Index** is higher than the Excess Rainfall Threshold for the Cumulative Period as stated in the **Master Policy Schedule / Certificate of Insurance** associated to such Geographic Location (True Excess Rainfall).

Section B: The Earthquake Observed **Index** is higher than MMI scale as stated in the Master Policy / Certificate of Insurance ("True Earthquake")

If any of the above is true, then the **Event Loss** shall be the aggregate value of the Notional Amounts over all Selected Risk Locations combined with True Excess Rainfall (the "Excess Rainfall Event Loss"), or True Earthquake (the "Earthquake Event Loss") The **Insurer** shall pay the **Event Loss** to the **Insured** within fifteen (15) days following the report by the **Calculation Agent** of the **Event Loss**.

4. **Calculation Agent** is a third-party provider assigned by the Company or the Company itself, based on pre-defined calculation process, to act as a **Calculation Agent**.
5. **Complaint or Grievance** means written expression (includes communication in the



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form of electronic mail or other electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale of an insurance **Policy** or related services by **insurer** and /or by distribution channel.

6. **Certificate of Insurance** means the document accompanying and forming part of the **Policy** that gives Your details and of Your insurance cover.
7. **Data Source** of weather parameter/remote sensing indices /other specific data for which coverage is sought.
8. **Group** means any association of persons/ entities who assemble together with a commonality of purpose or engaging in a common economic activity like employees of a specific company. Non-employer-employee groups not limited to employee associations, holders of credit cards issued by a specific company, customers of a particular business where Insurance is offered as an add on benefit, borrowers of a bank, professional associations or societies may also be treated as a **group**.
9. **Insured member / Insured Beneficiary** means the members of the **group** who are covered for Insurance.
10. **Insured / Master Policyholder / Group holder / You / Your** means the person/organization/entity who has purchased insurance cover under this **Policy** on behalf of **insured members**.
11. **Insurer / Our** is Royal Sundaram General Insurance Co. Limited.
12. **Master Policy / Master Policy Schedule** means the schedule and parts thereof issued by the **Insurer** to **Insured** and any annexure to it read with Endorsements, if any, read with respective **Certificate of Insurance** which are forming part of the **Policy**.
13. **Notional Amount** means the agreed amount which is specified for each of the Risk Locations within the Geographical Scope as mentioned in the **Master Policy Schedule / Certificate of Insurance**. Each "Selected Risk Location" is designated by their so defined Risk Location ID. All "Selected Risk Locations" are combined together for the purpose of calculating the Sum Insured as well as for the purpose of calculating the **Event Loss**.
14. **Payout** means the pre-agreed sum of amount as specified in the **Master Policy Schedule/Certificate of insurance** paid to the Insured when a claim is triggered and admissible.
15. **Policy Period** The period starting on the risk start date specified in the **Master Policy Schedule/Certificate of Insurance** and ending on the risk end date specified in the **Master Policy Schedule/Certificate of Insurance** or date of cancellation whichever is earlier.
16. **Policy** means the proposal, the **Master Policy Schedule, Certificate of Insurance**, this



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policy document and any endorsements attaching to or forming part thereof either on the effective date or during the **Policy Period**.

- 17. Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the **insurer** in respect of a risk, in order to enable the **insurer** to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
- 18. Premium:** the amount payable by **insured/insured member** as stated in the **Master Policy Schedule/ Certificate of Insurance**.
- 19. Waiting period** means the number of days as stated in **Master Policy Schedule/ Certificate of Insurance** during which a claim will not be paid by us.

Standard Exclusions

1. Losses arising out of war, invasion, act of foreign enemies, hostilities or war-like operations, rebellion, revolution, insurrection, military or usurped power or civil commotion or loot or pillage in connection herewith.
2. Consequential loss of any kind or description.
3. Any weather/satellite parameter and/or natural calamity or any other parameter not specifically covered under the **Policy**.
4. Direct or consequential loss due to nuclear weapons material, ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
5. Losses arising due to any other reasons which are not specifically included in the **Master Policy Schedule/Certificate of Insurance**.
6. Any loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from, happening through, and arising out of or in connection with any act of terrorism, regardless of any other cause contributing concurrently or in any other sequence to the loss, damage, cost or expense. For the purpose of this exclusion, terrorism means an act or threat of violence or an act harmful to human life, tangible or intangible property or infrastructure with the intention or effect of influencing any government or of putting the public or any section of the public in fear. In any action, suit or other proceedings where the **Insurer** alleges that by reason of this definition a loss, damage, cost or expense is not covered by this Agreement, the burden of proving that such loss, damage, cost or expense is covered shall be upon the Insured.



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General Conditions

It is hereby expressly stipulated and made clear that due observance and fulfilment of the terms, conditions and endorsements of this **Policy** in so far as they relate to anything to be done or complied with by the insured shall be a condition precedent to any liability of the **Company** to make any payment under this **Policy**.

1. The geographical Location of this **Policy** is within the territorial limits of India. The provisions of this **Policy** shall be governed by the laws of India and subject to the exclusive jurisdiction of Courts within India.
2. During the period of this **policy**, the insured shall possess all rights with regard to the risk being insured as specified by the **insured** in the **Master Policy schedule / Certificate of Insurance** to the **policy**. The **insured** shall provide to the **Company** such title deeds and other documents as may be required by the **Company** for verification of their interest over the insured risk. The due observance and fulfillment of the above shall be a condition precedent for settlement of any claim under this **policy**.
3. The **Policy**, the **Master Policy Schedule / Certificate of Insurance**, the **proposal form**, endorsements, and any memorandum shall constitute the complete contract of insurance. No change or alteration in this **Policy** shall be valid or effective unless approved in writing by the **Company** and which shall be evidenced by an endorsement on the **Policy**.
4. The **policy** and the **Master Policy Schedule / Certificate of Insurance** shall be read together and any word or expression to which a specific meaning has been attached in any part of this **policy** or of the **Master Policy Schedule / Certificate of Insurance** shall bear the same meaning wherever it may appear. The due observance and fulfillment of the terms, conditions, and endorsement of this **policy** in so far as they relate to anything to be done or complied with by the **insured**, shall be a condition precedent to any liability of the Company to make any payment under this **policy**.
5. Where **Proposal** Forms are not received, and where information obtained from the insured whether communication in the form of electronic mail or other electronic scripts or otherwise is captured in the **Master Policy Schedule / Certificate of Insurance**, the **insured / insured member** shall point out in writing to the **Company**, discrepancies, if any, in the information contained in the **Master Policy Schedule / Certificate of Insurance** within 15 days from **Policy** issue date after which information contained in the **Policy** shall be deemed to have been accepted as correct.
6. Every notice and communication to the **Company** required by this **Policy** shall be in writing or in electronic form to the **Company** and unless otherwise required by the **Company** under the **policy**, must be duly delivered at the address/email ID



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mentioned in the **Master Policy Schedule / Certificate of Insurance to the Policy**.

7. The benefit under this **Policy** is forfeited and the **Policy** will be cancelled immediately if a claim is in any respect fraudulent or if any fraudulent means or devices are used by the **insured**.
8. Any 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.
9. **Disclaimer Clause:** Claims under this **policy** will be processed based on data collected from independent sources such as weather stations/Remote Sensing Indices/ natural calamities. However, the **Company** may request additional information from the **insured** as needed to process the claim.
10. **Agreed Bank Clause:** For policies where the **Master Policyholder** is the financier for borrowers insured under the **policy**:
 - a. When any amount becomes payable under this **policy**, the Company may pay it to the **Master policyholder (group holder)**, in whose favour there is a valid assignment, provided that the **Master policyholder** or the beneficiary/nominee is well informed in advance about the existence of the assignment, has given his/her confirmation to the outstanding loan amount as on the date of occurrence of the **event** and consent for payment of such outstanding loan amount to the **group holder** of the **policy**. Additionally, the balance of the claim (i.e., the difference between the sum assured and the outstanding loan amount on the date of occurrence of the **event**) will be paid directly to the claimant or the **insured member**.
 - b. The receipts from the **Master policyholder** shall serve as a complete discharge of the Company's obligations and shall be binding on all parties insured under this **policy**.
11. **Cancellation and Termination of Policy**
 - a. **Cancellation of Master Policy (Non-employer-employee Group)**
 - i. The **Master Policy** may be cancelled by the **Insured** at any time during the **policy period** by informing the Company.
Provided however, the respective **Certificate of Insurance/s** issued to various **Insured Beneficiaries** will be valid for the Covered Period.
 - ii. The **Master Policy** may be cancelled by the Company, only on the grounds of established fraud, by giving minimum notice of 7 days to the **Insured**.



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respective **Certificate of Insurance/s** issued to various **Insured Beneficiaries** shall be valid for the Covered Period.

b. **Cancellation of Certificate of Insurance (Non-employer-employee Group)**

- i. The **Certificate of Insurance** may be cancelled by the **Insured/Insured beneficiary** by informing the Company at any time without needing to provide a reason before the expiry of the **Policy Period of Master Policy**. Upon cancellation, the insured shall be entitled to a refund of the proportionate **premium** for the unexpired period in the current year of insurance subject to no claims being lodged.
- ii. The **Certificate of Insurance** may be cancelled by the **Company**, only on the grounds of established Fraud, at any time before the expiry of the **Policy Period of Master Policy** by giving minimum notice of 7 days to the **Insured** and/or **Insured Beneficiary**. Upon cancellation, the **policy** will be cancelled ab initio (from inception), meaning the **policy** will be treated as though it never existed, with forfeiture of the **premium**. Additionally, no claims made under the **policy** will be considered or paid.

c. **Cancellation of Master Policy (Employer-Employee Group)**

- i. The **Master Policy** may be cancelled by the Insured at any time by informing the Company without needing to provide a reason during the **Policy Period**. Upon cancellation, the insured shall be entitled to a refund of the proportionate **premium** for the unexpired period in the current year of insurance subject to no claims being lodged.
- ii. The **Master Policy** may be cancelled by the Company, only on the grounds of established fraud, at any time by giving minimum notice of 7 days to the insured. Upon cancellation, the **policy** will be cancelled ab initio (from inception), meaning the **policy** will be treated as though it never existed, with forfeiture of the **premium**. Additionally, no claims made under the **policy** will be considered or paid.

It may be noted that

- ☐ the refund will be made to the **insured** for all cases where the entire **premium** is borne and paid by the **Insured**
- ☐ the refund will be made to the **Insured beneficiary** for all cases where the **premium** is borne by the **Insured Beneficiary**

12. The **Company** shall not be bound to issue any renewal notice or to accept renewal **premium** thereunder. Unless renewed as herein provided, this **Policy** shall terminate at the expiration of the period for which **premium** has been paid.



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13. The applicable Jurisdiction under this **Policy** shall be India. All claims under this **Policy** shall be settled in Indian Rupees only.
14. **Multiple policies involving Bank or other lending or financing entity covering the same risk:** In case there is more than one insurance **policy** issued to the **insured/insured member** covering the same risk, the **insurer** will not apply contribution clause.
15. **Claims procedure:**
 - a) Data collected by the Company from the **Data Source** (specified by Government/Private/International agencies) shall be the only basis of determining the Claim payments to be made under this Policy.
 - b) In cases of commercial **data sources**, the **Company** will take an undertaking from data provider, conforming the standards and norms of installation and maintenance of sources of data.
 - c) A deviation in Observed **Index** in the data procured from **data source**, will form the basis of computation of claim payable to the insured and the insured is not required to submit the claim form.
 - d) **Claim Documents to be submitted by insured (if required):**
 - i. Declaration of loss (if applicable)
 - ii. Document proving insurable interest
 - iii. Copy of Identity Proof submitted at the time of proposal
 - iv. Original cancelled Cheque with payee name printed on the Cheque is required. If name of payee is not printed on the Cheque, please attach copy of the first page of bank passbook
 - v. Bank Account details of Nominee
 - vi. Any other relevant document directly related to claim. e)

Claim Payment

- i. The **Company** will offer to settle the claim under this **Policy** within 15 days from the date of notification of the claim by **Calculation Agent**. Claim will be processed and payment shall be by online fund transfer.
- ii. In case that the **Company** decides to reject a claim made under this **Policy**, the **Company** shall do so within a period of 15 days from the date of such intimation.
- iii. Claims processing and settlement will be as per Master Circular on Protection of Policy Holder's Interest, 2024.
- iv. In the event the claim is not settled within 15 days as stipulated above, the



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insurer shall be liable to pay interest at a rate, which is 2% above the bank rate from the date of intimation by **Calculation Agent** till the date of actual payment.

Basis of settlement:

Parametric basis (on deviation of the observed index from Trigger/strike, the stated limit of liability shall be settled in the manner specified in the **Master Policy Schedule/Certificate of Insurance** without evaluation or measurement of the actual extent or amount of loss or damage incurred).

16. **Right to inspect:** If required by the **Company**, an agent/representative of the Company including a loss assessor or a surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the **Insured** be permitted at all reasonable times to examine into the circumstances of such loss. The **Insured** shall on being required so to do by the **Company** produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the **Company** so far as they relate to such claims or will in any way assist the **Company** to ascertain in the correctness thereof or the liability of the **Company** under the **Policy**.

Grievance Redressal Procedure:

- a. In case of any **grievance** the **insured / insured member** may contact the company through
Website: <https://www.royalsundaram.in/customer-service>
Contact Numbers: 1860 258 0000, 1860 425 0000
E-mail: manager.care@royalsundaram.in
Sr. Citizen can email us at : seniorcitizengrievances@royalsundaram.in
Senior Citizen Grievance Number - 9500413019
Fax: 044-7117 7140
Courier: Grievance Redressal Unit
Royal Sundaram General Insurance Co. Limited,
Vishranthi Melaram Towers,
No.2/319, Rajiv Gandhi Salai (OMR) Karapakkam, Chennai – 600097.

Insured / Insured member may also approach the **grievance** cell at any of the company's branches with the details of **grievance**. If **insured / insured member** is not satisfied with the redressal of **grievance** through one of the above methods, **insured / insured member** may contact the grievance officer:



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Mr. T M Shyamsunder
Grievance Redressal Officer,
Royal Sundaram General Insurance Co. Limited,
Vishranthi Melaram Towers, No.2/319, Rajiv Gandhi Salai (OMR), Karapakkam, Chennai
– 600097. GRO Contact Number – 9500413094

For updated details of grievance officer, kindly refer the link <http://www.royalsundaram.in>.

If **insured / insured member** is not satisfied with the redressal of **grievance** through above methods, the **insured / insured member** may also approach the office of Insurance Ombudsman of the respective area/region for redressal of **grievance** as per Insurance Ombudsman Rules 2017. **Grievance** may also be lodged at IRDAI Integrated Grievance Management system <https://bimabharosa.irdai.gov.in>.

b. Consumer Affairs Department of IRDAI

- i. In case it is not resolved within 15 days or if You are unhappy with the resolution, You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal – Bima Bharosa Portal by registering Your complaint at <https://bimabharosa.irdai.gov.in/>
- ii. You can send a letter to IRDAI with Your **complaint** on a Complaint Registration Form available by clicking here. You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department
- Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032.
- iii. You can visit the portal <https://bimabharosa.irdai.gov.in/> for more details.

c. Insurance Ombudsman

If the **Insured / insured member** is not satisfied with the redressal of grievance through above methods, the **insured / insured member** may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. You can approach the Council for Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers are available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in. For the updated list of the offices of the Insurance Ombudsman, request you to visit the website of the Council for Insurance Ombudsman at <https://www.cioins.co.in/ombudsman> or on our company website at www.royalsundaram.in. You can also lodge online complaint with the Council for Insurance Ombudsman through the website of Council for Insurance Ombudsmen (CIO) at www.cioins.co.in.



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Details of Insurance Ombudsman Offices				
S N o	Office of Insurance Ombudsman	Address	E-mail	Landline NOs.
1	AHMEDABAD	Jeevan Prakash, 6th floor, Near S.V.College Relief Road, Tilak Marq, Ahmedabad- 380 001.Guiarat	oio.ahmedabad@cioins.co.in	079-25501201 079-25501202
2	BENGALURU	Jeevan Soudha Building, PID No.57-27- N-19, Ground Floor, No. 19/19 24th Main Rd, 1st Phase J.P.Nagar, Bengaluru- 560 078.	oio.bengaluru@cioins.co.in	080-26652048 080-26652049
3	BHOPAL	LIC of India Zonal Office Bldg. 1st Floor South Wing,Jeevan Shikha Opp. Gayatri Mandir 60-B Hoshangabad Road Bhopal-462 011	oio.bhopal@cioins.co.in	0755-2769201 0755-2769202 0755-2769203 0755-2769200
4	BHUBANESW AR	62, Forest Park, Bhubaneswar, PIN - 751009.	oio.bhubaneswar@cioins.co.in	0674-2596455 0674-2596429 0674-2596003 0674-2596461
5	CHANDIGAR H	Jeevan Deep, Ground Floor LIC of India Bldq. SCO 20-27 Sector 17-A, Chandigarh -160 017	oio.chandigarh@cioins.co.in	0172-2706468 0172-2773101 0172-2990938 0172-2706196 0172-2707468 0172-2772101 0172-2990942
6	CHENNAI	Fatima Akhtar Court 4th flr 453 (old 312), Anna Salai Teynampet Chennai 600 018	oio.chennai@cioins.co.in	044-24333668 044-24333678
7	IDELHI	2/2 A 1st Floor Universal Ins. Building Asaf Ali Road New Delhi- 110 002.	oio.delhi@cioins.co.in	011-46013992
8	GUWAHATI	Jeevan Nivesh Bldg., 5th Floor, Near Pan Bazar S.S. Road, Guwahati-781001	oio.guwahati@cioins.co.in	0361-2631307 0361-2632204 0361-2732937 0361-2632205
9	HYDERABAD	6-2-46, 1st Floor, Moin Court Lane Opp.Hyundai Showroom, A.C.Guards, Lakdi-ka-pool Hyderabad 500 004	oio.hyderabad@cioins.co.in	040-23376991 040-23312122 040-23376599 040-23328709 040-23325325
10	JAIPUR	Jeevan Nidhi II, Ground Floor, Bhawani Singh Road, Ambedkar Circle , Jaipur - 302 005	oio.jaipur@cioins.co.in	0141-2740363
11	KOCHI	10th Floor, LIC Bidg, Jeevan Prakash Opp MaharajCollege Ground M.G.Road, Ernakulam, Kochi- 682 011	oio.ernakulam@cioins.co.in	0484-2358759 0484-2358734 0484-2358336
12	KOLKATA	7th Floor of Hindusthan Building (Annex), 4,C R Avenue Kolkata-700 072	oio.kolkata@cioins.co.in	033-22124339 033-22124341



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13	LUCKNOW	leevan Bhavan Phase II, 6th Floor, Nawal Kishore Road, Hazratganj,Lucknow- 226 001	oio.lucknow@cioins.co.in	0522-4002082
14	MUMBAI	IIIrd Floor, Jeevan Seva Annexe S.V.Road, Santacruz West Mumbai-400 054	oio.mumbai@cioins.co.in	022-69038800 022-69038827/8829 022-69038831/8832 022-69038833
15	NOIDA	Bhagwan Sahai Palace, 4th flr Main Road, Naya Bans Sector 15, Noida- 201301 Dist G.B.Naqar Uttar Pradesh	oio.noida@cioins.co.in	0120- 2514252 0120-2514253 0120-4027589
16	PATNA	2nd Floor Lalit Bhawan Bailey Road Patna- 800 001	oio.patna@cioins.co.in	1061-22547067 1061-22547068
17	PUNE	3rd Floor, Jeevan Darshan -LIC of India Bldg N.C. Kelkar Road, Narayan Peth, Pune- 411030.	oio.pune@cioins.co.in	020-24471175
18	THANE	2nd Floor, Jeevan Chintamani Building, Vasantao Naik Mahamarg, Thane (West),Thane- 400 604	oio.thane@cioins.co.in	022-20812868 022-20812869