

August 20,2011--001097--000--20154--2018417--G--BlueDart--D2C----005027859--PRP--



Mr. Soham Satish Modi 5-4-187/3 & 4 3RD FLOOR SOHAM MANSION M G ROAD ABOVE BANK OF BARODA SECUNDERABAD - 500003 ANDHRA PRADESH - INDIA Tel: +919246265445

# Congratulations

you have chosen to secure yourself and your family's future.

# Inside

- ✓ Your first premium receipt
- ✓ Your policy details
- ✓ Your application form

# **BEFORE WE BEGIN**



# Your Personal Details

Please verify the accuracy of your contact details for the continued security of your family.

|                       | Details as per our records   | Why is it important for you?   |
|-----------------------|--|--|
|                       | Name of Policy Owner:<br>Mr. Soham Satish Modi   | Please check if your name has been spelt correctly as per the document submitted, as this is an important check at the time of claim processing.               |
|                       | DOB: 18-10-1969  | Please ensure DOB is as per your proof of age since incorrect age will adversely impact underwriting & claim processing.                                       |
| In case of any change | Please download and complete the P and submit the same at our nearest b  | tolicy Service request form from our website:www.birlasunlife.com paranch OR Please send us a letter along with the relevant details.                          |
|                       | Address:<br>5-4-187/3 & 4 3RD FLOOR<br>SOHAM MANSION M G ROAD<br>ABOVE BANK OF BARODA<br>SECUNDERABAD - 500003<br>ANDHRA PRADESH - INDIA | Please check address details for accuracy since you could miss out on important service updates  |
|                       | Mobile Number:<br>+919246265445  | Please check your mobile number for accuracy since you could miss out on payment reminders, NAV alerts, payment confirmation and service confirmation          |
|                       | Email id:<br>sohan@modiproperties.com  | Please check your email address for accuracy since you could miss out on premium updates, policy notifications, tax certificates, policy account statement.    |
| In case of any change | Please SMS "UPDATE " to 56161 OF   | R Contact our customer care  |
|                       | Nominee:<br>TEJAL MODI   | Please ensure the accuracy of the nominee details so that the death benefit can be sent to the nominee   |
|                       | Appointee Name:  | Please check if your appointee name has been spelt correctly as per the proof of name submitted as this is an important check at the time of claim processing. |
| In case of any change | Please download and complete the nearest branch  | nomination form from our website: www.birlasunlife.com and submit the same at your   |



## Welcome to Birla Sun Life Insurance

- · Trusted by over two million customers
- A joint venture between the Aditya Birla Group and Sun Life Financial Inc.

Ref: Policy No. 005027859

Dear Mr. Modi

Congratulations for having taken the important step towards your family's secure future. We thank you for having chosenBirla Sun Life Insurance (BSLI) and are proud to have you as part of our family.

We request you to go through your policy in detail and check the accuracy of information provided in the policy. You have the option to cancel your policy within 15 calendar days from receipt of this policy document by giving us, in writing, the reason for your objection. We will cancel the policy and return all the premiums paid by you provided your written notice for cancellation, together with the entire policy contract, has been received by us us at any of our branches/Head Offices within the specified timeframe and we have not received any claim intimation. We reserve the right to reduce the amount of the refund by expenditures incurred by us in issuing your policy and as permitted by applicable IRDA regulations.

While handing over the original policy document, it is critical that you collect a valid written acknowledgement, as this would be required for all future references.

Further, for your reference, we are sharing the results of your medical examination (if) conducted for assessment of your proposal for insurance. The medical examination report was obtained for assessment of your health conditions, which is relevant to take a decision on the proposal to obtain insurance cover from us. The results of the tests are only indicative in nature. Birla Sun Life Insurance Company Limited expresses no opinion as to the validity on the matters contained in the medical reports and we will not be held responsible for the same whatsoever.

To help us provide you valuable information and services regarding your policy would request you to keep us updated about your contact details. This would make your association with BSLI more fruitful, and help us suggest the most relevant offerings provided by Aditya Birla Financial Services Group like distribution and wealth Management, fund management, broking and private equity.

We provide you ease and convenience of servicing your policy with our "web access facility". This service can be availed by using your Customer Identification Pin (CIP) and Transaction Pin (TPIN) on our website www. Insurance.birlasunlife.com.

It is our endeavor to enhance your financial future by providing you the best services at all times.

Yours sincerely,

Amitabh Verma Chief Operating Officer

Birla Sun Life Insurance Company Ltd.

Advisor Name: Development Credit Bank

Advisor Code: 001097 Advisor Mobile No: Advisor Res. No: Advisor Off. No:

Branch Name: HEAD OFFICE - BIRLA SUN LIFE

Branch Contact No: 02266917777



#### FIRST PREMIUM RECEIPT

Name of Life Insured:

Mr. Soham Satish Modi

Name of Policy Owner:

Mr. Soham Satish Modi

Address:

5-4-187/3 & 4 3RD FLOOR SOHAM MANSION M G ROAD ABOVE BANK OF BARODA SECUNDERABAD - 500003 ANDHRA PRADESH - INDIA

Client Id (Owner):

2045311075

Policy No:

005027859

Date of Policy Issue:

18-08-2011

COVERAGE DETAILS

Coverage Name Coverage No.

Date of Issue

Modal Premium

01

BSLI Protector Plus Plan-Term 10 Pay 10

18-08-2011

Rs. 55,944.15

PREMIUM DETAILS

First Premium Amount:

Rs. 50,719.99

Service Tax Amount:

Rs. 5,072.00

Education Cess:

Rs. 152.16

Any sum paid on an insurance policy with Birla Sun Life Insurance Company Limited would be eligible for applicable tax benefits, under the Income Tax Act, 1961, as amended from time to time.

For specific suitability you are requested to consult your tax advisor.

The charges are/shall be subject to applicable taxes and levies, prevailing from time to time, during the validity of the policy contract.

Branch Name: 000

Insurance Advisor Code: 001097

This is a digitally signed document and does not require a signature.





# YOUR POLICY DETAILS

**BSLI** Protector Plus Plan

Life insurance plan that keeps pace with your growing needs

#### POLICY INFORMATION

**Product Unique Identification Number:** 

109N071V01

**Product Name:** 

BSLI Protector Plus Plan

Policy Term:

10 years

Policy No:

005027859

Pay Term:

10 years

Policy Issue Date: **Policy Maturity Date:**  18-08-2011

18/08/2021

Name of Policy Owner:

Mr. Soham Satish Modi

Date of Birth:

18/10/1969

Gender:

Male

Name of Life Insured:

Mr. Soham Satish Modi

Gender:

Male

Date of Birth:

Nominee:

18/10/1969 **TEJAL MODI** 

Appointee:

(in case nominee is a minor)

#### **POLICY PREMIUM**

Annual Premium :

Rs.50,719.99

Rider Premium:

Rs.0.00

Premium Paying Mode:

Annual

Installment Premium due on 18 of every

Modal Factor:

100.00 %

August

Installment Premium:

Rs. 55,944.15

Last Premium due on:

18/08/2020

#### BENEFIT INFORMATION

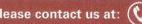
Sum Assured:

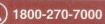
Rs. 23,000,000.00

Sum Assured Option:

Level

2018417







Any changes to Your Policy Details will be reflected in a new version of Your Policy Details page, which will replace any earlier version.

Signed for and on behalf of Birla Sun Life Insurance Company Limited.

Amitabh Verma Chief Operating Officer Authorised Signatory

Please read Your Policy Details carefully to verify that it correctly reflects the policy you applied for. To claim a benefit or request a change in Your Policy Details, contact your advisor or write to our nearest Branch Office. Please advise us promptly of any change in your address.

#### STAMP DUTY DETAILS

| Policy No | Stamp Duty Amt | Challan No | Challan Date |
|-----------|----------------|------------|--------------|
| 005027859 | 4600.00        | 69609      | 29/07/2011   |



# "IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER"

#### **GENERAL**

In this contract, "you" or "your" will refer to the owner of this policy and "we", "us", "our", "insurer" or "the company" will refer to Birla Sun Life Insurance Company Limited, or any of its successors.

Please read this policy document carefully.

#### **DEFINITIONS**

"policy Issue date" is the date this policy is issued and your rights, benefits and risk cover begin, as shown in Your Policy Details.

"policy year" and "policy month" are measured from the policy issue date and are periods of twelve calendar months and one calendar month, respectively.

"IRDA" - means the Insurance Regulatory and Development Authority.

Additional definitions are given in this policy document.

#### TABLE OF CONTENTS

| Policy Premium            | <br> |
|---------------------------|------|
| Premium Discontinuance    |      |
| Policy Benefit Provisions |      |
| Death Benefit             |      |
| Maturity Benefit          |      |
| Surrender Benefit         |      |
| Policy Provisions         |      |
| Policy Loan               |      |
| Termination of Policy     |      |
| General Provisions        | <br> |
|                           |      |

**BSLI Protector Plus** 

Ver 1/April/2011

POL/5/11-12/4624

109N071V01





#### PREMIUM PROVISIONS

#### Policy Premium

Your Policy Details shows the annual premium, the rider premium, the premium paying mode, modal rebate, the installment premium and its due dates. Subject to the Policy Discontinuance provision, we must receive policy premiums when due in order for this contract to be valid and remain in effect.

#### Premium Discontinuance

If you are unable to pay the installment premium by the due date, you will be given a grace period of 30 days during which time all benefits under the policy will continue.

If we do not receive the entire installment premium by the end of the grace period, this policy will be deemed lapsed and all benefits will cease immediately. The lapse date is the date the unpaid premium was due. You will be given two years from the lapse date to reinstate your policy.

To reinstate the policy, you must pay all unpaid installment premiums due till date plus interest thereon. The interest we will charge is at a rate declared by us from time to time at our sole discretion. In addition, you must provide us with evidence of insurability satisfactory to us with respect to the life insured. The effective date of reinstatement is when these requirements are met and approved by us, at our sole discretion.

#### POLICY BENEFIT PROVISIONS

The below mentioned benefits are payable if your policy is still in effect at the time the benefit is payable.

#### Death Benefit

Your Policy Details shows the Sum Assured and Sum Assured option applicable to your policy.

For Increasing Sum Assured Option, on every policy anniversary your sum assured at inception will increase by the prerequisite percentage as chosen by you. However your premium amount will remain unchanged.

In the unfortunate event the life insured dies before the policy maturity date, we will pay to the nominee the applicable Sum Assured.

#### Maturity Benefit

This policy does not grant any maturity benefit.

#### Surrender Benefit

This policy does not grant any surrender benefit.

#### POLICY PROVISIONS

#### Policy Loan

This policy does not grant any loan facility.

#### Termination of Policy

Your policy will terminate at the earliest of:

- (a) the date we receive intimation of death of the life insured;
- (b) the policy maturity date; or
- (c) the date on which the reinstatement period ends after your policy has lapsed.

#### **GENERAL PROVISIONS**

#### Contract

Your contract includes this policy document, the application for the policy and any amendments agreed upon in writing after the policy is issued. The contract also includes declarations given by the policy owner, any medical report form and written statements and answers furnished as evidence of insurability. We are bound only by statements that are part of the contract. Only our authorized officers can agree to any change in the contract and then only in writing.

This contract does not provide for participation in the distribution of profits or surplus declared by us.

#### Currency and Place of Payment

All payments to or by us will be in accordance with the prevailing Exchange Control regulations and other relevant laws and regulations of India.

Indian Rupee (Rs.) is the currency of this policy. We will make or accept payments at any of our offices in India or such other locations as determined by us from time to time.

#### Assignment

You (assignor) may assign this policy to any party (assignee) by filing a written notice along with the original policy contract, in the presence of a witness, at any of our servicing offices. The assignment would either be endorsed on the original policy contract or documented by a separate instrument and in either case signed by the assignor, stating specifically the fact of assignment. We will not express any opinion on the validity or legality of the assignment. Only the entire policy can be assigned. Any assignment shall automatically cancel a nomination except an assignment in our favor.

#### Nomination

Where the policy owner is also the life insured, you may at any time before the policy maturity date, nominate a person or persons to receive the benefit payable under the Death Benefit provision. You may also appoint any person, who is a major to receive the death proceeds on behalf of the nominee during the nominee's minority. We will not recognize a nomination or change in nomination until we receive your notice in writing in the prescribed format at our Servicing Office. We will not express any opinion on the validity or legality of the nomination.

If no nominee is alive at the time of death of the life insured, then your estate shall receive the benefit payable under the Death Benefit provision.

Nomination made under this provision is as per Section 39 of the Insurance Act, 1938.

#### Claim Procedures

This policy document is required to settle a claim under the Death Benefit provisions. In case of a claim under the Death Benefit provision, the Death Certificate of the life insured and the claimant's statement are also necessary.

You shall also provide us with any other information/ document as may be required by us and within the time specified by us.

#### Taxation

The income tax benefits on your policy will be as per prevailing Income Tax laws in India and any amendment(s) made thereto from time to time. As per the applicable laws and any amendments made thereto from time to time, we reserve the right to:

- deduct or withhold tax as the case may be; and
- recover levies, taxes, cesses and duties including but not limited to service tax from you or adjust the same from the amounts paid by you or accrued or payable to you under the policy.

#### Misstatement of Age

If the date of birth of the life insured has been misstated, any amount payable shall be increased or decreased to the amount that would have been provided, as determined by us, given the correct age.

If at the correct age, the life insured was not insurable under this policy according to our requirements, we reserve the right to terminate the policy and withhold the premiums.

#### Suicide

If the life insured under this policy dies by suicide, whether medically sane or insane, within one year after the policy issue date or effective date of reinstatement, whichever is later, we will only refund the installment premiums paid to date (excluding premiums paid towards underwriting extras and any attached riders).

#### Validity and Non-Disclosure

This policy is issued in utmost good faith based on the declarations and statements made by you and we cannot be held responsible in any manner for any action taken by us based on these declarations and statements. You and the life insured under this policy have an

2 | Page





obligation to disclose every fact material to our assessment of the risk of issuing this policy. Failure to disclose or misrepresentation of a material fact will allow us to terminate the contract ab initio or deny the claim, subject to the provisions of Section 45 of the Insurance Act, 1938.

#### Section 45 of the Insurance Act, 1938

As per Section 45, no policy of life insurance effected after the coming into force of this act 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 statement made in the proposal or in any report of a medical officer, or referee, or friend of the life insured, or in any

#### **Grievance or Complaint**

You may register your grievance or complaint with our **Head Customer Response & Resolution** at Customer Care Unit / Birla Sun Life Insurance Company Ltd. / One Indiabulls Centre, Tower 1, 15th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call our toll free no. 1-800-270-7000 or email:

customerservice@birlasunlife.com.

In case you are dissatisfied with the decision of the above office or have not received any response with 10 days, you may contact **Head Service Assurance** at Customer Care Unit / Birla Sun Life Insurance Company Ltd. / One Indiabulls Centre, Tower 1, 15th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013. You may also call our toll free no. 1-800-270-7000 or email: <a href="mailto:grievances@birlasunlife.com">grievances@birlasunlife.com</a>.

The complaint should be made in writing duly signed or through email by the complainant or by his/her legal heirs with full details of the complaint and the contact information of complainant.

other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a 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 this section shall prevent the insurer from calling for proof of age at any time if s/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 application.

#### Insurance Ombudsman

In case you are dissatisfied with the decision/resolution of the company, you may approach the Insurance Ombudsman located nearest to you (please refer to Appendix I or visit our website www.birlasunlife.com) if your grievance pertains to:

- insurance claim that has been rejected or dispute of a claim on legal construction of the policy;
- delay in claim settlement;
- dispute with regard to premium; or
- non-receipt of your policy document.

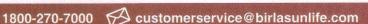
As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made:

- 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;
   and-
- if it is not simultaneously under any litigation.

#### Risk Factors / Disclaimers

This policy is underwritten by Birla Sun Life Insurance Company Limited (BSLI) and is a non-participating traditional term insurance plan. All terms & conditions are guaranteed throughout the policy term. BSLI reserves the right to recover levies such as the Service Tax levied by the authorities on insurance transactions. If there be any additional levies, they too will be recovered from you. Insurance is the subject matter of the solicitation

NOTWITHSTANDING ANYTHING CONTAINED IN THIS POLICY DOCUMENT, THE PROVISIONS HEREIN SHALL STAND ALTERED, AMENDED, MODIFIED OR SUPERCEDED 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 THE IRDA) OR ANY OTHER COMPETENT AUTHORITY OR AS MAY BE NECESSARY UNDER A JUDGEMENT OR ORDER /DIRECTION/ INSTRUCTION OF A COURT OF LAW.



2018417

| 4.4.4.0 ONOR   For   | APPLICATION NO. A. 44495452  |
|--|--|
| Birla Sun Life Insurance Company Limited   | 5 NOMINEE (urder Section 39 of insurance Act, 1938) 8 AGE PROOF (Please self-attest)   |
| Birla Sun Life  Birla Sun Life  B41, Senapati Bapet Marg, Elphinstone Road, Mumbai - 400 013.  | Nominee (if it to be to sweet and Processor are the same person)    Baglism Certificate   Domicole Certificate   |
| Insurance Call Centre: 1-600-270-7000 www.birlasunlife.com   | Name   TTE IS IA   L. IMO DOT   L. I. School / College Certificate ET PAN Card   |
| Registration No. 109 COMMON APPLICATION FORM   | Municipal Birth Certificate  |
| IN UNIT LINKED POLICIES, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER  | □ Passport □ Others  |
| CA Het: Rep Locayion Hud.  | Date of Birth  |
| Insurance Advisor No.  Broker Corp. Apent Na.  DIO 1109 C. Type of Business V URBAN   FIURAL City / Town / Villa   | Relationship with Life to be Insured   |
| BrokenCorp. Agent No. UICITION 14  | Appointee (if Nominee is a minor Appointee cannot be Life to be Insured)   |
|  | Name 7 PURPOSE OF INSURANCE  |
| Adents May No.  Specified Person - DICIIIS OLG USM Code TIDIYIY 9 ID ASM/ RSM Code CLAIG BIG BI  | Risk Savings  Others   |
| CA Branch Code DICIAIOISIR SM/SSM Code DIRIGITIAN ZSM/RH Code 2101 181814  | Description was required   |
| Bettre vou sinn its annitation from and additional or ill and  | 8 INSURANCE PLAN DETAILS   |
| Before you sign this application form and additional, if any, be aware that the agent is obliged to have provided you with the sales literature and illustration containing a summary of the important information in inelation to the product, you are applying fur. This information will be by provide understand the product and to decide whether it is appropriate to your necks, before you when from a contained file insurance with an injurie, may have a full further than the product and to decide whether it is appropriate to your  | Pan Name GSU PROTECTOR PLUS Policy Term 10 years or 1 Whole life  Pan Name GSU PROTECTOR PLUS Policy Term 10 years or 1 Program Provided Program Provided Pr |
| could reasonably be expected to know it releases to Bisin Shall be | Basic Plantari   |
| authenticate any cancellation / attention in this form. Please do not leave any section blank instead on the leave and it so on what terms. The proposer should  | Basic Sum Assured Hs. 6/2002/05/1  |
| APPLICATION FOR INSURANCE ON OWN LIFE / ANOTHER LIFE AGE 18 years & ABOVE [Please complete the form in BLCCX listlers & do not beare any questions unanswered. Use black inkbell pen only)   | Enhanced Sum Assured Rs Increasing Sum Assured Sum Student Students Sum Assured Sum Assured Sum Assured Increasing Sum Assured Inc        |
| 1 LIFE to be INSURED 2 PROPOSER (First the LIFE to be INSURED)   | Investment Funds Guaranteed Option   |
| g Title Mrs.   Mrs.   Ms.   Dr.   Title   Mr.   Mrs.   Mrs.   Dr.  | Self-Managed Option (In Increments of 5% with minimum of 5% and meximum of 100% in any fund option. Total must be 100%)  |
| First Name SIDIRIA M           First Name  | Income Advantage% Enhancer% Magnifier%   |
| Middle Name SIAIT II SIN   | Assure % Creator % Maximiser % Multiplier %  |
| Surrame MODIT Surrame  | Projection   |
| Date of Birth 18101869 Date of Birth   | - Disider  |
| Place of Birth City — State A.P Name of the configurity  | Riders BSLI Vilaiver of Premium (applicable only if Liber to be Insured and Proposer are same)   |
| Father's / Spouse's Name SATI SH MAH) (For Corporates only)  | Name BSLI Do   |
| Gender Draide Female Gender Male Female  | Sull Assured 115.  |
| Marital Status Single Married   Wildowed   Divorced Mantal Status   Single   Married   Wildowed   Divorced   | Policy Premium Rs 5594416 Instalment Premium Rs 5594416 Mode PA OS OO OM   |
| Nationality ☑ Indian □ NRI □ Others Nationality □ Indian □ NRI □ Others  | 9 PAYNENT DETAILS  |
| Outsification  | To make the property of the pr |
| Postgraduate Professional Professional Professional  |  |
| Others Others  | Payment Mode Annually Semi-Annually Quarterly Monthly 'not eligible for Direct Bill  |
| Cocupation Describes Service Professional Occupation Business Service Professional Retired Student Housewife Recircularies   | Preferred Draw Date (only for ECS / Direct Debtr)  |
| Agriculturist   Driver   Armed Forces   Police   Driver   Armed Forces   | Top-up Premium Rs.   |
| Police Others  | Adarrance Pretrium Rs for policy years   |
| Name of Employer MDDT PROPERTIES & RAYES TOOK TO Name of Employer  | please provide the Advance Premium Form completed and duly signed  |
| Nature of Business CONSTRUCTION Designation M.D. Nature of Business Designation  Nature of Duties Schill DIN'(A) CONSTRUCTION  Nature of Duties Schill Din'(A) CONSTRUCTION  Nature of Duties  | Total Amount Paid Rs. 55944 (Cheque / DD should be drawn on a local branch of a bank made payable to "BIRLA SUN LIFE INSURANCE")   |
| Vacco with Employee   Quantum   180  | The strong Respond to Change In No. DICKIOUITII I Issuing Bank + ADEC BANK LTD.  |
| Years with EmployerAnnual Income Rs  | Date & Plotte (Branch) Security  |
| Permanent Account Number (PAN) A IRON DIM CIT 25 IN Permanent Account Number (PAN)   | 9 digit MICR code No. 5 0 0 5 14 0 0 0 3 (9 digits appearing after cheque number)  |
| Do you have an existing policy with BSU Yes Pro Do you have an existing policy with BSU Nee Day  | 10 MANDATORY DETAILS IN ACCORDANCE WITH ANTI MONEY LAUNDERING GUIDELINES AS PRESCRIBED BY IRDA   |
| If yes, please quote policy number (any one)   | A Identification Proof of the Proposer (any one)   |
| 3 ADDRESS for COMMUNICATION with PROPOSER (at lights are magnifully 4 PERMANENT ADDRESS of PROPOSER)   | Letter from a recognized public authority or public servant venifying the identity and residence of the Proposer   |
| noise / Plot No.   5 -   4 -   1   8 - +   1   3 -     4 -   | PAN Card Driving License Li Employer Cermicale   |
| Building Name 3.IR.D.I. I.F.I.L.I.O.ID.I.R.I.I.I.I.I.I.Building Name   | ☐ Banker's Certificate* ☐ ESIC card with photograph ☐ PIO card with photograph ☐ PPF alc with photograph   |
| Road SIOHIAM MANSITONI   Road  | ☐ Insurer Employee's Certificate' ☐ Others   |
| Area IN G RIO AD ABONE Area  | B Address Proof of the Proposer (arry one)   |
| BIALDIKI DIFI IBIAIRDIDAI I  | DLetter from a recognized public authority or public servent verifying the identity and residence of the Proposer    Description   Description |
|  | □ Passport □ Voter ID Card □ Pation Card □ Drining Learne □ Entirphysis of Indiana.  □ Benker's Certificate □ □ Bectricity Bit □ Telephone (Mobile Bit □ Detting Learne).  |
| Landmark   | ☐ Easine Agreement and Rent Receipt ☐ ESIC Card with address ☐ Domicile Certificate ☐ DMAT A/c Statement   |
| City/Town/Village SECULINDERASED   Landmark  | Property Tax Document  |
| Out. A. D. I.  | C Income Proof of the Processer's famy one) (mandatory only if total annual policy premiums to BSU is As. 1 Lac or above):   |
| Pin 5.010.003 Pin 11111  | Discorde Tax Assessment Orders / Income Tax Returns    Form 16 / Salary Sig (electronic acceptear)   Passessment   |
| Tel. No. Res. / Office   | Bank Cash-Plow Statements Audit Account of Proprietorship Firm Others  |
| Mobile PIRALERICISMUS Mobile   | D PEP - State whether the Proposer or the Life to be Insured or Nominee are Politically Exposed Person Tes   |
| E-Hall Address Sohamod modif properties 1 Com  | E PAN Cast copy is mandatory along with the application form it the Annual Policy Premium exceeds Rs. 1 fac — * As set approved contact. A Not older than six most to from date of acceptance (three months for less needed.)  |
| Details where we can send you updates regarding your policy, renewal reminders and ongoing services.   | * If lotal annual policy premium to BSLI is Rs. 25 lacs or above only standard income proof will be accepted.  |
| I would like to be informed about or contacted for any promotional citiers I value added services offered by  8SLI, Adhya Birla Group or any other related parties.  | © PEP. "Individuals who are or have been enhanced with prominent partic functions, for example Heads of State or government, sentor positions, sentor pos    |
|  | A signed declaration in prescribed format to be filled by the person and is even piecu normal are requirement or re-   |

| PLICATIO   | 1  | W  |  | 1 = 1 <del>5</del> 1111  | 35452  | A STATE OF THE STA |  | APPLICATION  | 44100100   |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Have you   | LITY DECLAR  | RATION for the LIFE to be IN:<br>ent from place of work on groun   | SURED (MANDATOR  | Y FOR ALL PLA  | NS)  | •  |  | 14 MEDICAL H   | ISTORY (MANDATORY FOR A  | L PLANS OTHER THAN SIMPLIFIED PR   | ODUCTS)  |  |  |
| man pregn  | ancy, minor tra  | acture, cold or hu?  |  |  |  | -  | ~  |  | ne past 5 years have you:  |  |  |  |  |
| In the pas   | n the past five years, have you ever undergone any surgical operation at a hospital or clinic or undergone any investigations with<br>other than normal or negative results (including X-rays, ECG, blood tests, biopoles etc.)?   |  |  | investigations with  | Yes 🖽 No   |  |  | tioner except for common cold, influenza las   |  |  | ☐ Ye   |  |  |
| Octob mediti   | remaiornega  | anveresurs (including X-rays, EC<br>rother medicine of any kind as pr  | Att, blood tests, biopsie  | s etc.)?   |  |  | Yes No   | 2.1022   |  | lests or any other tests? If Yes, please spec<br>check-up Dinsurance related D   |  |  | ☐ Ye   |
| Areyou   | currently unde   | lergoing or intend to undergo any  | treatment?   |  |  |  | Yes El No  |  |  | ed to any hospital or a medical facility for ma  |  | procedure?   | ☐ Yes  |
| Havey  | u been advise  | ed for any surgical operation, pro   | cedure or hospital adm   |  |  |  | Yes DiNo<br>Yes DiNo   |  |  | many of the following? Please circle, whiche   |  |  |  |
| o you hav  | any physical c   | defects, impairment, deformities   | and/orany condition a  | affecting mobility,  | sight and / or heari   | 19?  | /  | (a) Che  | st pain, high blood pressure, strok  | , high cho'esterol, heart attack, heart murmu  | r or other heart disorders?  |  | ☐ Yes  |
|  |  | nosed with or treated / consulte<br>disease, stroke, paralysis, kidney   |  |  |  | e, chest pain, heart   | io Die   |  | nma, chronic cough, pneumonia,<br>mit appropriate questionnaire.   | shortness of breath, tuberculosis (TB) or o  | ther respiratory or lung disord  | ers ? If Yes,  | ☐ Yes  |
|  |  |  |  |  |  |  |  |  | 120 C  | arin the urine? If Yes, submit Diabetes question   | nnaire.  |  | ☐ Yes  |
| propriate  | only office for  | ing diseases, blood disorders  | , anaemia, endocrine   | or thyroid disc  | rders? (please ci  | rde, whichever is  | -1   | 74.6   |  | ine, sexually transmitted disease (STD) or w   |  |  | ☐ Yes  |
| as any of  | our parents, b   | orathers or sisters been diagnos   | ed with any hereditary   | or chronic disorde   | er, heart ailment, hi  | ah blood pressure.   | Yes 🖽 No   |  |  | natifis or jaundice or other liver or diges  | dive disorders? If Yes, subm   | t Digestive  | ☐ Yes  |
| reci cial  | creature in ea   | geor   |  |  |  | _  | les El No  |  | stionnaire.<br>our himour abnormal growth thus   | oid disorder, enlarged glands or enlarged lym  | rhondes?   |  | ☐ Yes  |
| ection/A   | or your spous<br>DS?   | ise received any medical ad-   | vice, testing or treat-  | ment for any se  | exually transmitted  |  |  | (170)  | mia, bleeding or blood disorders?  | outsides, or argue garlos or or largour fri  | pittieuce  |  | ☐ Yes  |
| female li  |  |  |  |  |  | DY   |  |  |  | naralysis, stroke, narvous or mental / emot  | ional disorder? If Yes, submit   | appropriate  | ☐ Yes  |
| Are you<br>Have un   | pregnant? If Ye  | es, number of weeks  | lanta and a second   |  |  | □ y  |  |  | stionnaire.<br>Ion universe blankler concoductive c  | man or nonctute of constants?  |  |  | ☐ Yes  |
|  |  | n or do you have any gynaecolog  |  |  |  |  | les INO  | 500,0000   | iey, urinary, bladder, reproductive o<br>ritis, gout or joint pain, muscle diso  | 300151/1014E1K6-901L   |  |  | ☐ Yes  |
|  |  | o any of the above questions u   |  |  | Medical History u  | nder Section 14.   |  |  |  | (AIDS) or AIDS related complex?  |  |  | ☐ Yes  |
|  |  | OF THE LIFE to be INSURED  |  |  |  |  |  | 75. 17   | st indicating the presence of HIV (A   |  |  |  | ☐ Yes  |
| ere any  | concurrent app   | plication and/or any existing ins<br>or any other insurer in India or al   | urance on your life for  | Life / Health / Ad   | ccident / Critical Illr  | ness or other  | es DNn   | 70.00  | rder of eyes (such as cataract, glar   | coma etc.) or ears?  |  |  | ☐ Yes  |
| _  | _  |  |  | als.   |  |  |  | A 100 C C C C C C C C C C C C C C C C C C  | other illness, surgery or injury?  |  |  |  | □ Ye   |
| pplicati<br>Policy N   |  | Name of the Insu   | rer  | Date of<br>Application   | Year of Issue  | Sum Assured  | d  | iii Do you l   | have any health symptoms or o<br>nt fever, unexplained weight loss, in   | complaints for which a physician has not   | been consulted or treatmen   | received?  | □ Ye   |
| 239  | 18 B   | hort AKA (Heal   | th Basuranas   |  | 11420  | (in Rs.)   |  | 75,050000  |  | estions under Section 14 answered as "Ye   | s*   |  |  |
| 19.5   | edul Ri  | LEST ARA (PENSA)   | 1 Acology  | 11/08/10   | 13010  | 1Cr  |  | 100000000000000000000000000000000000000  | The state of the s   |  | Date of Diagnosis  | Date of las  | Cone   |
|  |  |  | William Co.  | Total Control  |  |  |  |  | Exact Diagnosis and  | Details of treating Doctor / Surgeon   | Date of Diagnosis  |  | Cons   |
| Ann sad  | had an analla  | W  |  | The second second  |  |  |  | Question No.   | details of current symptoms  | (Name, Qualification, Contact No.) and   | 212 3150 31  | and the Final law man  |  |
|  |  | calion for life, accident, medical, l  | nealth-related insurance   | e or riders refused  | d, withdrawn, declin   | ned, postponed or  |  |  | details of current symptoms  | Ust of medication being consumed current   | Details and date of he   | spitalization and  | surge  |
|  |  | cation for life, accident, medical,<br>fits or with an increased premium<br>fyes, give details.  | nealth-related insurance<br>nor made any claim unc   | e or riders refused<br>der any such polic  | d, withdrawn, decir<br>y of insurance with   | BSLI or any other  | is Min   |  | details of current symptoms  |  | Details and date of he   | spitalization and  | surge  |
| er in Indi<br>plicatio   | a or abroad? If  |  | nealth-related insurance<br>nor made any claim und   | e or riders refused<br>der any such polic<br>Year of   | y of insurance with  | BSLI or any other  | is El No   |  | details of current symptoms  |  | Details and date of he   | spitalization and  | Surge  |
|  | a or abroad? If  | Yes, give details.   | for made any claim und   | der any such polic   | d, withdrawn, decir<br>y of insurence with<br>Sum Assured<br>(In Rs.)  | BSLI or any other  | is MNo   |  | details of current symptoms  |  | Details and date of he   | spitalization and  | i surge  |
| erin Indi<br>oplicatio   | a or abroad? If  | Yes, give details.   | Date of  | Year of  | y of insurance with<br>Sum Assured   | BSLI or any other  | is Mino  | No.  |  | List of medication being consumed cuzzen   |  | apitalization and  | l surge  |
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| erin Indi<br>pilicatio<br>folicy N   | a or abroad? if<br>in /<br>o.  | Yes, give details.  Name of the Insurer  | Date of Application  | Year of Issue  | Sum Assured (In Rs.)   | BSLI or any other Ye   |  | No.  15 DECLARATIVE Section 45 of Insurantical Resident Plans attended.  | ON BY THE LIFE to be INSURE urrance Act, 1938: No policy of III to the called in urassing but an insure that the called in urassing the called insure that the  | List of ministration being consumed current  of and PROPOSER if not the Life to be in surance effected after the coming into fo  | sured) ce of this act shall, after the exherocoosal for insurance or in  | piry of two years  | s from   |
| erin Indi<br>Opilication<br>Policy N   | a or abroad? If<br>on /<br>o.  | Yes, give details  Name of the Insurer  NO MEDICAL DETAILS OF THE  | Date of Application  | Year of Issue  | Sum Assured (In Rs.)   | BSLI or any other Ye   |  | No.  15 DECLARATIV Section 45 of Inst which it was effect refered, or friend o   | ON BY THE LIFE to be INSURE urance Act, 1938: No policy of It led be called in question by an its left be called in question by an its left be left in the left in   | List of midication being consumed current  O (and PROPOSER if not the Life to be in- e insurance effected after the coming into for user on the ground that statement mode in current leading to the issue of the policy, was  | sured) ce of this act shall, after the er the proposal for insurance or in inaccurate or tales, unless the   | piry of two years<br>any report of a<br>nourer shows the   | s from<br>medic<br>at suc  |
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| ONAL, I Height Is the Res.   | aorabroad? If In /  | Name of the Insurer  NO MEDICAL DETAILS OF THE  STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE STORY OF THE ST  | Date of Application  LIFE to be INSURED  Weight ar? If Yes, give details   | Year of Issue  | Sum Assured (in Rs.)  OR ALL PLANS OF  | Ressons  HER THAN SAMPLIFIED P   | RODUCTS)   | No.  15 DECLARATION Section 45 of Inst which it was effect referse, or friend of was on a material r the time of making resure from calling are adjusted on sul I (we) autiliorate as information relation notifications from () I (we) understand   | ON BY THE LIFE to be INSURE urance Act, 1938: No policy of II file I be called in justifier by an ine if the I ke insured, or in any other do matter or suppressed facts which if it that the statement was false or in for proof of age at any time if he is beequent proof that the age of the ymedical practitioner, hospital, c, g to my health or employment no to) BSU as per BSU internal proof and agree that no agent or medic  | List of ministration being consumed current  O (and PROPOSER if not the Life to be in e insurance effected after the coming into fo uner or the ground that statement made in current leading to the issue of the policy, was was material to disclose and that if was fraud in at it suppressed toos which it was material entitled to do so, and no policy shall be deen fe insured was incorrectly stated in the propo- ministration or any other person, to di w or at any time in the future. I (we) auth dures.  all examiner has the auffinchy to wave or wan with durins the medical examination (if as  | sured) ce of this act shall, after the e- inaccurate or laisurance or in- inaccurate or tales, unless the inaccurate or tales, unless the inaccurate or tales, unless the inacturate or tales, unless the inacturate or tales, unless the inacturate of the called that notify add to be called in question mer sal, sedose to Bina Sun Life Insurar incre the use of email as ar in any stipulations or requiremen with to the medical examiner act.  | piry of two years<br>any report of a<br>nsurer shows th<br>and that the po<br>gin this section<br>by because the to<br>ce Company Lir<br>dole of communi<br>is set by BSLI. I<br>to no behalf of B   | s from<br>medical such<br>licyfac<br>in skal<br>erms<br>nited<br>cation<br>(we)  |
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BSLI Protector Plus Plan

Page I of 1

| Birla Sun Life              |                   | Versum 1.24            |                    |  |   |
|-----------------------------|-------------------|------------------------|--------------------|--|---|
| Registration No. 189        |                   | 30 07 2011 12 19 38 PM |                    |  |   |
| Prepared for                | Soham Salish Modi |                        |                    | Late Insured Entry Age                 | 41 years                                |
| Owner                       | Soliani Sa        | tish Modi              |                    | Life Insured Gender                    | Male                                    |
| Policy Details              | UIN: 1098         | 4071 V/H               | ****************** |  |   |
| Sum Assured                 | Rs 23,000         | .000                   |                    | Sum Assured Option                     | ir. Escalation                          |
| Policy Term                 | 10 years          |                        |                    | ************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Pay Term                    | 10 years          |                        |                    |  |   |
| Pay Frequency               | Yearly            |                        |                    |  |   |
| Premium Payable (in Rs.)    |                   | Rider                  | Sum Assured        | Premium                                | Tem                                     |
| Modal Premiun               | 50,720.00         | AD&D                   | Rs.0               | 0.00                                   | 2000 m                                  |
| Service Tax & Cess          | 5.224.16          | Critical illness       | Rs.0               | 0.00                                   | 20                                      |
| Installment Prennum Payable | 55.944.16         | Surgical Care          | Rs.0               | 0,00                                   | **                                      |
|                             |                   | Hospital Care          | Rs.0               | 0.00                                   | 9                                       |
|                             |                   | WOR                    | 2.0                | D (III)                                |   |

Premiums are to be paid throughout the duration of policy term. The premium amount is not inclusive of underwriting extras, if any



PLName: Mr. SOHAM SATISH MODI

Reg. No. 28310

Bill Dt: 03/08/2011/ 08:45 AM Samp. Col. Dt: 03/08/2011/ 08:49 AM

Rep. Dt 03/08/2011/ 11:24 AM

# COMPLETE BLOOD PICTURE WITH ESR

| INVESTIGATION                 | RESULT                 | NORMAL RANGE  |
|-------------------------------|------------------------|---|
| Hemoglobin<br>Per 100C.C gms  | 15.2 gm%               | Male : 14 - 18 gm%<br>Female : 12 - 16 gm%          |
| RBC                           | 5.1 mil/cmm            | Male : 4.5- 6.5 mil/cmm<br>Female : 4.0-5.0 mil/cmm |
| WBC (Total Count)             | 4,100 Cells/cmm        | 4000 - 11,000 cell/cmm                              |
| WBC (Differential Count)      |                        |   |
| Neutrophils                   | 54 %                   | Adults : 40 - 75 %<br>Children : 36 - 50 %          |
| Lymphocytes                   | 39 %                   | Adults : 20 - 40 %<br>Children : 36 - 50 %          |
| Eosinophils                   | 04 %                   | 1-6%  |
| Monocytes                     | 03 %                   | 2-10%   |
| Basophils                     | 00 %                   | 0-1%  |
| Abnormalities of Leucocytes   | #T2                    |   |
| Abnormalities of Erythrocytes | -                      |   |
| Platelets                     | 2.6 Lakhs/cumm         | 1.5 - 4.0 Lakhs/cumm                                |
| PERIPHERAL SMEAR North        | mocytic / Normochromic |   |
| E.S.R :- 1st Hour : 08        | mm                     |   |

2nd Hour: 20 mm

Ragel, No: Willi

----End of Report----





2018417

http://localhost/8080/bslsat/BSLIProtectorPlusPlan.jsp

7/30/2011



| Birla Sun Life Insurance Comp<br>Repl Office: (10 Place Views Cores Nadhanas Book Off Andle inkels M<br>(14) Care 11-49/12: 100 Emili redovertang@hi leva/(ficcar views lebas | THE ST THAT IS IN THE ST                                    | Birla Sun Life Insurance  | D A             |
|---|---|---------------------------|-----------------|
| PRE INSURANCE TEST REQUEST FORM   | Application No: 181444                                      |                           | N E             |
| INSURANCE ADVISORS/OFFICERS/SALES MA  | NAGERS' DETAILS   | 33.                       | 0               |
| Name: ANUPMA AROK<br>WOHicers/Sales Managers' Code: 10 40   | <u>al                                      </u>             |                           | 0               |
| CHENT DETAILS   |   |                           |                 |
| Nama of the Life Insured: SOMAM SORE DOB: 1 8-10-69 SORE DA   |   |                           | See             |
| Name of the Dr/Lab/Haspital   | dalet i i i i i i i i i i i i                               |                           | . (0)           |
| Location  |   |                           | Se              |
| FMR (Includes Urine Analysis): [2] B  | SL-13 (Please see the details liven overleaf) Units Charles | HOL.                      | 60              |
|   | BC including ESR<br>SA                                      |                           | 0               |
|   | ny other Tests (Picase Specify)                             | H\$12                     | N               |
| ocar Doctor/Lab/Hospital Administrator, please  |   |                           | 00              |
| 1. Passport 2. Volers 3. Employee ID 4. PAN co  | 3.5%  |                           |                 |
| 5. Driver's licence 6. Photo  | Credit Cord   |                           | A               |
| ONE CALL : FMR   Y   N   LA   | B TEST: TY TN   |                           | 2               |
| Mr./Ms/Mrs.   |   |                           | day of the last |
| roby give my consent to undergo the tests as  | required by Ride Eve Life 1                                 |                           | VI              |
| h. h.s.   | Ledoned by mild one rue luzur                               | алсе Сотрану,             |                 |
| Signoture of the Client presence of the Mcdical Examiner/Lab/ Hospital Administrator)   | Signature of the Insi<br>Officer/Soles A                    | rance Advisor/<br>Aanager |                 |



#### COMPLAINT REDRESSAL PROCEDURE

Grievance or Complaint

You may register your grievance or complaint with our Head Customer Response & Resolution at Customer Care Unit Birla Sunlife Insurance Company Ltd. One Indiabulls Centre, Tower 1, 15th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.

You may also call our toll free no 1-800-270-7000 or email: customerservice@birlasunlife.com.

In case you are dissatisfied with the decision of the above office or have not received any response within 10 days, you may contact our Head Service Assurance at Customer Care Unit Birla Sunlife Insurance Company Ltd. One Indiabulls Centre, Tower 1, 15th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013.

You may also call our toll free no 1-800-270-7000 or email: grievances@birlasunlife.com

The Complaint should be made in writing only signed or through email by the complainant or by his/her legal heirs with full details of the complaint and the contact information of complainant

#### Insurance Ombudsman

In case you are dissatisfied with the decision/resolution of the company, you may approach the Insurance Ombudsman located nearest to you (please refer to the contact details mentioned at the end of this Policy Document or visit our website www.birlasunlife.com) if your grievance pertains to:

- · insurance claim that has been rejected or dispute of a claim on legal construction of the policy;
- · delay in claim settlement;
- · dispute with regard to premium; or
- · non-receipt of your policy document.

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; and
- if it is not simultaneously under any litigation.





# List of Insurance Ombudsmen

| Office of the Ombudsman  | Contac                       | ct Details  | Areas of Jurisdiction   |
|--|------------------------------|---|---|
| AHMEDABAD<br>2nd Floor, Ambica House, Near C.U.Shah College,<br>5, Nayvug Colony, Ashram Road,<br>AHMEDABAD – 380 014                              | (O)<br>Fax<br>E-mail         | : 079 - 27546150, 27546139<br>: 079 - 27546142<br>: ins.omb@rediffmail.com                        | Gujarat, UT of Dadra &<br>Nagar Haveli,<br>Daman and Diu                                    |
| BHOPAL<br>Janak Vihar Complex,<br>2nd Floor, 6, Malviya Nagar, Opp. Airtel,<br>Bhopal – 462 011.   | (O)<br>Fax<br>E-mail         | : 0755-2769200/201/202<br>: 0755-2769203<br>: bimalokpalbhopal@airtelmail.in                      | Madhya Pradesh &<br>Chhattisgarh  |
| BHUBANESWAR<br>62, Forest Park,<br>BHUBANESWAR – 751 009   | (O)<br>Fax<br>E-mail         | : 0674 - 2596461, 2596455<br>: 0674 - 2596429<br>: ioobbsr@dataone.in                             | Orrisa  |
| CHANDIGARH<br>S.C.O. No.101,102 &103,<br>2 <sup>nd</sup> Floor, Batra Building, Sector 17-D<br>CHANDIGARH – 160 017                                | (O)<br>EPBX<br>Fax<br>E-mail | : 0172 - 2706196, 2705861<br>: 0172 - 2706468<br>: 0172 - 2708274<br>: ombchd@yahoo.co.in         | Punjab, Haryana,<br>Himachal Pradesh,<br>Jammu & Kashmir,<br>UT of Chandigarh               |
| CHENNAI<br>Fatima Akhtar Court,<br>4 <sup>th</sup> Floor, 453 (old 312) Anna Salai, Teynampet,<br>CHENNAI – 600 018                                | (O)<br>Fax<br>E-mail         | : 044 - 24333678, 24333668<br>: 044 - 24333664<br>:chennaiinsuranceombudsman@gmail.com            | Tamil Nadu, UT – Pondicherry<br>Town and Karaikal (which are<br>part of UT and Pondicherry) |
| DELHI<br>2/2 A, 1 * Floor,<br>Universal Insurance Bldg. Asaf Ali Road,<br>NEW DELHI – 110 002  | (O)<br>Fax<br>E-mail         | : 011 - 23239611, 23237539 , 23237532<br>: 011 - 23230858<br>: iobdelraj@rediffmail.com           | Delhi & Rajashtan   |
| GUWAHATI<br>'Jeevan Nivesh', 5th Floor,<br>Nr. Panbazar over bridge, S.S. Road,<br>Guwahati – 781001(ASSAM).                                       | (O)<br>Fax<br>E-mail         | : 0361-2132204/2131307/2132205<br>: 0361-2732937<br>: ombudsmanghy@rediffmail.com                 | Assam, Meghalaya, Manipur,<br>Mizoram, Arunachal Pradesh,<br>Nagaland and Tripura           |
| HYDERABAD<br>6-2-46, 1 <sup>at</sup> Floor,'Moin Court',<br>Lane opp. Saleem Function Palace,<br>A.C.Guards, Lakdi-Ka-pool,<br>HYDERABAD – 500 004 | (O)<br>Fax<br>E-mail         | : 040 - 23325325, 23312122, 65504123<br>: 040 - 23376599<br>: insombudhyd@gmail.com               | Andhra Pradesh, Karnataka<br>and<br>UT of Yanam – a part of the<br>UT of Pondicherry        |
| KOCHI<br><sup>of</sup> Floor, CC 27/2603 Pulinat Building,<br>Dpp. Cochin Shipyard, M.G.Road,<br>ERNAKULAM – 682 015                               | (O)<br>Fax<br>E-mail         | : 0484 - 2358734, 2359338, 2358759<br>: 0484 - 2359336<br>: iokochi@asianetindia.com              | Kerala, UT of (a) Lakshadweep<br>(b) Mahe – a part of UT of<br>Pondicherry                  |
| COLKATA<br>North British Building,<br>29, N.S. Road, 3 <sup>rd</sup> Floor,<br>COLKATA – 700 001   | (O)<br>Fax<br>E-mail         | : 033 - 22134869, 22134867, 22134866<br>: 033 - 22134868<br>: iombsbpa@bsnl.in                    | West Bengal, Bihar, Jharkhand<br>and UT of Andeman &<br>Nicobar Islands, Sikkim             |
| LUCKNOW<br>leevan Bhawan, Phase 2,<br><sup>th</sup> Floor, Nawal Kishore Rd., Hazartganj,<br>LUCKNOW – 226 001                                     | (O)<br>Fax<br>E-mail         | : 2201188, 2231330, 2231331<br>: 0522-2231310<br>: insombudsman@rediffmail.com                    | UttarPradesh and Uttaranchal  |
| MUMBAI<br><sup>3™</sup> Floor, Jeevan Seva Annexe,<br>S.V.Road, Santa Cruz (West).<br>MUMBAI – 400 054   | (O)<br>EPBX<br>Fax<br>E-mail | : 022 - 26106928, 26106360<br>: 022 - 26106889<br>: 022 - 26106052<br>: ombudsmanmumbai@gmail.com | Maharashtra, Goa  |

Note: Address and contact number of Governing Body of Insurance Council:

## Secretary General

Governing Body of Insurance Council

Jeevan Seva Annexe, 3rd Floor (above MTNL), S.V. Road, Santacruz (W), Mumbai - 400 054

Tel. No: 022 - 2610 6889, 26106245; Fax No: 022 - 26106949, 2610 6052

E-mail ID: inscoun@vsnl.net

Visit our website www.birlasunlife.com for updated list of Insurance Ombudsm

