Policy document - Bharti AXA Life Flexi Term
Non Linked Non-Participating Term Insurance Plan

Part B

1. Definitions: (meaning of technical words used in Policy Document)

a. **Age** is the Age at last birthday, in completed years.

b. **Annualized Premium** is aggregate of the premiums for the Policy in a Policy Year and is payable by the Policyholder according to the mode of payment chosen by him/her. It is exclusive of any additional charges / service tax as levied by the Company over and above the standard premium rates.

c. **Appointee** means the person appointed by You to receive the benefits payable under the Policy till Your Nominee is a minor.

d. **Base Policy** is the life insurance product chosen by the Policyholder out of the various products offered by the Company.

e. **Base Sum Assured** means an absolute amount of benefit which is chosen by Policyholder at time of inception and will be used to calculate the Death Benefit

f. **Date of Commencement of Risk** is the date from which the Life Insurance coverage under this Policy commences and is as specified in the Policy Schedule.

g. **Date of Inception of Policy** is the date on which the Policy is issued and is as specified in the Policy Schedule.

h. **Death Benefit Payout Option** is the manner in which the Nominee receives the Death Benefit payable under the Policy and as specified in the Policy Schedule.

i. **Death Benefit** means the benefit, which is payable in event of death of Life Insured as specified in the Policy Document

j. **Lapse** is the status of the Policy where the premium due is not paid on the due date or before the expiry of grace period.

k. **Life Insured** is the person named in the Policy Schedule and whose life is covered under the Policy.

l. **Maturity Date** is the date on which the Policy Term concludes and is as shown in the Policy Schedule.

m. **Modal Premium** is the amount payable by the Policyholder on the due dates in a Policy Year, including modal factors as per the mode chosen by the Policyholder.

n. **Nominee** is the person nominated under the Policy to receive the benefits under the Policy in the event of death of the Life Insured before Maturity Date as per the provisions of Section 39 of Insurance Act, 1938 as amended from time to time.

o. **Policy** means Bharti AXA Life Flexi Term along with the unique Policy number issued to You as mentioned in the “Policy Schedule”

p. **Policy Document** means and includes the proposal form for insurance submitted by the Policyholder, the Policy Schedule, the first premium receipt, any attached endorsements or supplements together with all the addendums provided by the Company from time to time, the medical examiner’s report and any other document/s called for by the Company and submitted by the Policyholder to enable the Company to process the proposal.

q. **Policy Schedule** is the cover page to the Policy, containing amongst others, the brief description of the Policy, the Policyholder and the Life Insured which forms an integral part of the Policy.

r. **Policy Term** is the number of Policy Years for which the Policy is in-force, commencing from the Date of Commencement of Risk and ending on the Maturity Date and is mentioned in the Policy Schedule.

s. **Policy Year** is measured from the Date of Commencement of Risk and is a period of twelve consecutive calendar months and includes every subsequent twelve consecutive calendar months.

t. **Policyholder** is the owner of the Policy whose name is mentioned in the proposal form.

u. **Premium Payment Term** means the number of Policy Years for which the Policyholder is required to pay the premium.

v. **Revival** means reviving the Policy after the Policyholder has paid all due premiums.

w. **Revival Period** is the time of 2 years from the date of the last unpaid premium and is the period available to the Policyholder to revive the Policy

x. **Rider** is an optional Insurance cover which is purchased along with the Base Policy. It provides additional benefits to the Policyholder/ Life Insured. It is not a standalone document and should be read along with Base Policy.

y. **Rider Premium** is the premium payable for the Rider(s) chosen by the Policyholder and is mentioned in the Policy Schedule.


aa. **You/Your/Yours** refers to the Policyholder/ Life Insured

The terms defined above shall also act as a reference guide to the Policy Document in terms of IRDA of India Circular No. IRDA/LIFE/CIR/MISC/050/03/2013 dated 12 March 2013’
Policy document - Bharti AXA Life Flexi Term
Non Linked Non-Participating Term Insurance Plan

PART C
Benefits payable

1. Death Benefit
In case of unfortunate event of death of the Life Insured during the Policy Term, the following benefits will be payable to the Nominee, subject to Policy being in force. The Death Benefit will be highest of:

a) 10 times Annualized Premium*

b) 105% of all premiums paid as on date of death

c) Absolute amount assured to be paid on death equal to the Base Sum Assured under the Policy (as specified in Policy Schedule)

d) Guaranteed Sum Assured on Maturity which is zero under this product

*Annualized Premium does not include modal factors and underwriting extra

The Death Benefit shall become payable on/from the date of intimation of death, subject to acceptance of the claim by the Company.

We shall pay the Death Benefit as per the Death Benefit Payout Option stated on your Policy Schedule upon
Death of the Life Insured provided the Policy is in force on the date of death of Life Insured.

The Nominee will have an option to take the Death Benefit (Monthly Income), if any as a lump sum. This option will be only available at the time of Death before the payment of the first installment. The lump-sum will be calculated as a present value of Monthly Incomes discounted at 5% per annum rate of interest.

The Policy shall terminate upon payment of Death Benefit.

Subject to the exclusions as mentioned in the Policy Document, the death benefit shall be payable for death under all situations (including death during declared or undeclared war, civil commotion, invasion, terrorism, Naxalite Operation and hostilities).

2. Grace Period
Grace period is the time extended by the Company to facilitate the Policyholder to pay the unpaid premium, in case the premium/s had not been paid as on the due date. The Policyholder gets 30 days grace period to pay the premiums which fell due and the benefits under the Policy remain unaltered during this period.

If the death of the Life Insured happens during the grace period, the Death Benefit less the unpaid due premium shall be payable and the Policy will stand terminated. In the event of death of the Life Insured while the Policy is in lapsed status, no benefit will be payable.

3. Maturity Benefit
There is no maturity benefit payable under this Policy.

PART D

1. Free Look Period
If the Policyholder disagrees with any of the terms and conditions of the Policy, there is an option to return the original Policy along with a letter stating reason/s within 15 days of receipt of the Policy in case of offline Policy and within 30 days of receipt of the Policy in case of Policy sourced through distance marketing (i.e. online sales). The Policy will accordingly be cancelled and the Policyholder shall be entitled to a refund of the premium paid, subject only to a deduction of a proportionate risk premium for the period on cover and the expenses incurred by the Company on medical examination of the proposer and the stamp duty charges. All rights under this Policy shall stand extinguished immediately on cancellation of the Policy under the free look option.

If the Policy is opted through Insurance Repository (IR), the computation of the said Free Look Period will be as stated below:- For existing e-Insurance Account: Computation of the said Free Look Period will commence from the date of delivery of the e mail confirming the credit of the Insurance Policy by the IR.

For New e-Insurance Account: If an application for e-Insurance Account accompanies the proposal for insurance, the date of receipt of the ‘welcome kit’ from the IR with the credentials to log on to the e-Insurance Account(e IA) or the delivery date of the email confirming the grant of access to the eIA or the delivery date of the email confirming the credit of the Insurance Policy by the IR to the eIA, whichever is later shall be reckoned for the purpose of computation of the Free Look Period.

2. Discontinuance of Premium
Lapse of Policy
If the premiums have not been paid within the respective grace period allowed, then the Policy will Lapse with effect from the date of such unpaid premium. Lapse of the Policy shall extinguish all the rights and benefits which the Life Insured is entitled to under the Policy.

Surrender of Policy
Surrender of Policy is not allowed and no benefits shall become payable on Surrender.

3. Revival
The Revival shall be as per the Company’s Board approved underwriting policy.

The effective date of Revival is the date on which the below conditions are satisfied and the risk is accepted by the Company. The Revival of the Policy may be on terms different from those applicable to the Policy before it lapsed. The Revival will take effect only on it being specifically communicated by the Company. The revival rate of interest for FY 19-20 is 8.04%.

A Policy which has lapsed may be Revived for full benefits subject to the following conditions;

a) The application for Revival is made within two (2) years from the date of first unpaid premium

b) Satisfactory evidence of insurability of the Life Insured is produced

c) Payment of an amount equal to all unpaid premiums together with interest at such rate as the Company may charge for such Revival, as decided by the
Company from time to time, subject to prior approval from IRDAI. The revival interest rate will be calculated on the 1st of April every year and will be derived as average of last six months 10 year G.Sec yield of the immediate last financial year plus 0.5%.

d) Terms and conditions as may be specified by the Company from time to time.

In case of death of the Life Insured during the Revival Period, no benefit is payable to the Nominee. In the event of survival at the end of Revival Period and if the Policy is not revived, the Policy shall be terminated and no benefit is payable.

4. Suicide

In case of death due to suicide within 12 months:

1) From the Date of Inception of the Policy, the nominee or beneficiary of the Policyholder will be entitled to at least 80% of the premiums paid, provided the Policy is in force or

2) From the date of latest revival of the Policy the nominee or beneficiary of the Policyholder shall be entitled to an amount which is higher of 80% of the premiums paid till the date of death or the surrender value as available on the date of death.

5. Termination:

The Policy will terminate on the earliest of the following:

a) At the end of Revival Period in case of Lapsed Policy as mentioned in Part D section 3 or

b) Upon receipt of written intimation about the death of Life Insured along with a supporting document to the satisfaction of the Company and on payment of Death Benefit or

c) The Maturity Date of the Policy

d) Acceptance of Freelook request by the Company.

6. Policy alterations / Modifications

Only a duly authorized officer of the Company has the power to effect changes on the Policy/Plan at the request of the Policyholder, subject to the rules of the Company and within the regulatory parameters.

7. Advance Premium

(i) Collection of advance premium shall be allowed within the same financial year for the premium due in that financial year. However, where the premium due in one financial year is being collected in advance in earlier financial year, the same may be collected for a maximum period of three months in advance of the due date of the premium.

(ii) The premium so collected in advance shall only be adjusted on the due date of the premium.

PART E

Part E is not applicable to this Policy.

PART F

1. Fraud And Misrepresentation

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in appendix – IV for reference]

2. Death Claims

The Company would require the following primary documents in support of a claim at the stage of claim intimation under the Policy:

For Death Benefit: the original Policy (entire booklet), Death Certificate of the Life Insured.
Claimant’s Statement and KYC Document of Nominee or beneficiary, acceptable to the Company.

The Company is entitled to call for additional documents, if in the opinion of the Company such additional documents are warranted to process the claim.

Easy ways of claim intimation

• Walk in to your nearest Bharti-AXA Life Branch

• Call us Toll Free: 1800-102-4444*

• Intimate Online through Claims Portal: https://online.bharti-axalife.com/OnlineClaims

• Have us call you*

*Claims intimated through these modes will be considered as verbal intimation. Claim will be formally registered only when written intimation is received at branch or directly to Claims team at Head Office

3. Misstatement of Age and Gender:

• If the correct Age of the Life Insured is different from that mentioned in the proposal form, the Company will assess the eligibility of the Life Insured for the Policy in accordance with the correct Age of the Life Insured.

• If on the basis of correct Age, the Life Insured is not eligible for the Policy, the Policy shall be cancelled immediately by refunding the premium received by the Company under the Policy as per the provisions of Section 45 of Insurance Act as amended from time to time.

• If the Life Insured is eligible for the Policy as per his / her correct Age, then the Company will calculate the applicable charges basis the correct Age of Life Insured and will accordingly adjust the Fund Value / Coverage Sum Assured.

4. Assignment and Nomination

Assignment: Assignment shall be in accordance with the provisions of sec 38 of the Insurance Act 1938 as amended from time to time.
PART G

2. Grievance Redressal Procedure

Step 1: Inform us about your grievance
In case you have any grievance, you may approach our Grievance Redressal Cell at any of the below-mentioned helplines:

- Lodge your complaint online at www.bharti-axalife.com
- Call us at our toll free no. 1800 102 4444
- Email us at complaints.unit@bharti-axalife.com
- Write to us at: Grievance Redressal Cell
  Bharti AXA Life Insurance Company Ltd.
  Spectrum Towers, 3rd Floor,
  Malad link road, Malad (west),
  Mumbai – 400064
- Visit our nearest branch and meet our Grievance

1. Customer Service
You can seek clarification or assistance on the Policy from the following:
- The advisor through whom the Policy was bought
- The Customer Service Representative of the Company at toll free no. 1800 102 4444
- SMS "SERVICE" to 56677
- Email: service@bharti-axalife.com
- Mail to: Customer Service
  Bharti AXA Life Insurance Company Ltd.
  Spectrum Towers, 3rd Floor,
  Malad link road, Malad (west),
  Mumbai – 400064.

8. Currency and Place of Payment
All payments to or by the Company will be in Indian rupees and shall be in accordance with the prevailing Exchange Control regulations and other relevant laws in force in India.

9. Mode of communication
The Company and the Policyholder may exchange communications pertaining to the Policy either through normal correspondence or through electronic mail and the Company shall be within its right to seek clarifications / to carry out the mandates of the Policyholder on merits in accordance with such communications. While accepting requests / mandate from the Policyholder through electronic mail, the Company may stipulate such conditions as deemed fit to give effect to and comply with the provisions of Information Technology Act 2000 and/or such other applicable laws in force from time to time.

10. Governing Laws & Jurisdiction
The terms and conditions of the Policy Document shall be governed by and shall be subject to the laws of India. The parties shall submit themselves to the jurisdiction of the competent court/s of law in India in respect of all matters and disputes which may arise out of in connection with the Policy Document and/or relating to the Policy.

11. Term used and its meaning
Any term not otherwise defined in this Policy Document shall have the meaning ascribed to it under Policy as defined here in Part B Section 1 (o). If a particular term is not defined or otherwise articulated either in the Policy Document or under the Policy, endeavor shall be to impart the natural meaning to the said term in the context in which it is used.
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Non Linked Non-Participating Term Insurance Plan

Officer who will assist You to redress Your grievance/ lodge Your complaint.

Step 2: Tell us if You are not satisfied
In case You are not satisfied with the decision of the above office You may contact our Grievance Officer within 8 weeks of receipt of the resolution communication at any of the below-mentioned helplines:

• Write to our Grievance Officer at:
  Bharti AXA Life Insurance Company Ltd.
  Spectrum Towers, 3rd Floor,
  Malad link road, Malad (west),
  Mumbai – 400064

• Email us at
  head.customerservice@bharti-axalife.com

You are requested to inform us about Your concern (if any) within 8 weeks of receipt of resolution as stated above, failing which it will be construed that the complaint is satisfactorily resolved.

If You are not satisfied with the response or do not receive a response from us within 14 days, You may approach the Grievance Cell of the Insurance Regulatory and Development Authority (IRDA of India) of India on the following contact details:

IRDA of India Grievance Call Centre (IGCC) TOLL FREE NO:155255
Email ID: complaints@irda.gov.in
You can also register Your complaint online at http://www.igms.irda.gov.in/
Address for communication for complaints by fax/paper:
Consumer Affairs Department
Insurance Regulatory and Development Authority of India
Survey No. 115/1, Financial District,
Nanakramguda, Gachibowli, Hyderabad – 500 032

Step 3: If you are not satisfied with the resolution provided by the Company
In case You are not satisfied with the decision/ resolution of the Company, You may approach the Insurance Ombudsman. Please visit the website mentioned below for latest list of Insurance Ombudsman:
• www.bharti-axalife.com
• http://www.gbic.co.in/ombudsman.html

For informative purpose and for Your ready reference, the relevant clause/s of the Insurance Act,1938 as amended from time to time are reproduced below:

Section 41 of the Insurance Act, 1938 as amended from time to time:
(1) “No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer:

Provided that acceptance by an insurance agent of commission in connection with a Policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.”

Section 45 of Insurance Act, 1938 as amended from time to time:
Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of Sec 45 of the Insurance Act 1938 as amended from time to time.

[A Leaflet containing the simplified version of the provisions of Section 45 is enclosed in appendix – III for reference]

List of Ombudsman
(For the updated list You may refer to IRDA of India website)

Address & Contact Details of Ombudsmen Centres
Office of The Governing Body of Insurance Council
(Monitoring Body for Offices of Insurance Ombudsman)
3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054.
Tel no: 26106671/6889. Email id: inscoun@gbic.co.in website: www.gbic.co.in

If you have a grievance, approach the grievance cell of Insurance Company first.
If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal)
Please visit our website for details to lodge complaint with Ombudsman.
<table>
<thead>
<tr>
<th>Office of the Ombudsman</th>
<th>Contact Details</th>
<th>Areas of Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHMEDABAD</td>
<td>Tel.: 079 - 25501201/02/05/06</td>
<td>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu</td>
</tr>
<tr>
<td></td>
<td>Fax : 079 - 27546142</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td>BENGALURU</td>
<td>Tel.: 080 - 26652048 / 26652049</td>
<td>Karnataka</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td>BHOPAL</td>
<td>Tel.: 0755 - 2769201 / 2769202</td>
<td>Madhya Pradesh, Chattisgarh</td>
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<td>Fax: 0755 - 2769203</td>
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<td></td>
<td>Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a></td>
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<tr>
<td>BHUBANESHWAR</td>
<td>Tel.: 0674 - 2596461 / 2596455</td>
<td>Orissa</td>
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<td>Fax: 0674 - 2596429</td>
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<td>Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a></td>
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</tr>
<tr>
<td>CHANDIGARH</td>
<td>Tel.: 0172 - 2706196 / 2706468</td>
<td>Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir, Chandigarh.</td>
</tr>
<tr>
<td></td>
<td>Fax: 0172 - 2708274</td>
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<tr>
<td></td>
<td>Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td>CHENNAI</td>
<td>Tel.: 044 - 24333666 / 24335284</td>
<td>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</td>
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<tr>
<td></td>
<td>Fax: 044 - 24333664</td>
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<td></td>
<td>Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></td>
<td></td>
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<tr>
<td>DELHI</td>
<td>Tel.: 011 - 23329633 / 23237532</td>
<td>Delhi</td>
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<tr>
<td></td>
<td>Fax: 011 - 23230858</td>
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<td>Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td>GUWAHATI</td>
<td>Tel.: 0361 - 2132204 / 2132205</td>
<td>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</td>
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<tr>
<td></td>
<td>Fax: 0361 - 2732937</td>
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<td></td>
<td>Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></td>
<td></td>
</tr>
<tr>
<td>HYDERABAD</td>
<td>Tel.: 040 - 65504123 / 23312122</td>
<td>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</td>
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<tr>
<td></td>
<td>Fax: 040 - 23376599</td>
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<tr>
<td></td>
<td>Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></td>
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<tr>
<td>JAIPUR</td>
<td>Tel.: 0141 - 2740363</td>
<td>Rajasthan</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:bimalokpal.jaipur@ecoi.co.in">bimalokpal.jaipur@ecoi.co.in</a></td>
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</table>
## Policy document - Bharti AXA Life Flexi Term
### Non Linked Non-Participating Term Insurance Plan

<table>
<thead>
<tr>
<th>Office of the Ombudsman</th>
<th>Contact Details</th>
<th>Areas of Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ERNAKULAM</strong>&lt;br&gt;Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, ERNAKULAM - 682 015.</td>
<td>Tel.: 0484 - 2358759 / 2359338&lt;br&gt;Fax: 0484 - 2359336&lt;br&gt;Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></td>
<td>Kerala, Lakshadweep, Mahe-a part of Pondicherry</td>
</tr>
<tr>
<td><strong>KOLKATA</strong>&lt;br&gt;Office of the Insurance Ombudsman, Hindustan Building, Annexe, 4th Floor, 4, C.R.Avenue, KOLKATA - 700072</td>
<td>Tel.: 033 - 22124339 / 22124340&lt;br&gt;Fax : 033 - 22124341&lt;br&gt;Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></td>
<td>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</td>
</tr>
<tr>
<td><strong>LUCKNOW</strong>&lt;br&gt;Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, LUCKNOW-226 001.</td>
<td>Tel.: 0522 - 2231330 / 2231331&lt;br&gt;Fax: 0522 - 2231310&lt;br&gt;Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></td>
<td>Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gajipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Rae Bareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharaajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</td>
</tr>
<tr>
<td><strong>MUMBAI</strong>&lt;br&gt;Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054.</td>
<td>Tel.: 022 - 26106552 / 26106960&lt;br&gt;Fax: 022 - 26106052&lt;br&gt;Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></td>
<td>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</td>
</tr>
<tr>
<td><strong>PUNE</strong>&lt;br&gt;Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S No.s 195 to198, N.C. Kelkar Road, Narayan Peth, PUNE – 411030.</td>
<td>Tel.: 020-41312555&lt;br&gt;Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a></td>
<td>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</td>
</tr>
<tr>
<td><strong>PATNA</strong>&lt;br&gt;Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006</td>
<td>Tel.: 0612-2680952&lt;br&gt;Email id: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>.</td>
<td>Bihar, Jharkhand.</td>
</tr>
</tbody>
</table>
Appendix I: Section 38 - Assignment and Transfer of Insurance Policies

Assignment or transfer of a Policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. This Policy may be transferred/assigned, wholly or in part, with or without consideration.

02. An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.

03. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

04. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

05. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer.

06. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

07. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.

08. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.

09. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
   a. not bonafide or
   b. not in the interest of the Policyholder or
   c. not in public interest or
   d. is for the purpose of trading of the insurance Policy.

10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.

11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

12. The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
   a. where assignment or transfer is subject to terms and conditions of transfer or assignment OR
   b. where the transfer or assignment is made upon condition that
      i. the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
      ii. the insured surviving the term of the Policy
      Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
   a. shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
   b. may institute any proceedings in relation to the Policy
   c. obtain loan under the Policy or surrender the Policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings.

15. Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment), 2014 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment), 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Insurance Law (Amendment), 2014.]
Appendix II: Section 39 - Nomination by Policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

01. The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.

02. Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder’s death during the minority of the nominee. The manner of appointment to be laid down by the insurer.

03. Nomination can be made at any time before the maturity of the Policy.

04. Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.

05. Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.

06. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the Policy or in the registered records of the insurer.

07. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

08. On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.

09. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer’s or transferee’s or assignee’s interest in the Policy. The nomination will get revived on repayment of the loan.

10. The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.

11. In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.

12. In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).

13. Where the Policyholder whose life is insured nominates his
   a. parents or
   b. spouse or
   c. children or
   d. spouse and children
   e. or any of them
the nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15. The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment), 2014 (i.e 26.12.2014).

16. If Policyholder dies after maturity but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.

17. The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women’s Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) 2014, a nomination is made in favor of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments of Insurance Laws (Amendment), 2014 and only a simplified version prepared for general information. Policy Holders are advised to refer to Original Insurance Law (Amendment), 2014.]
Appendix III: Section 45 – Policy shall not be called in question on the ground of mis-statement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time.

01. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 yrs from
   a. the date of issuance of Policy or
   b. the date of commencement of risk or
   c. the date of revival of Policy or
   d. the date of rider to the Policy
   whichever is later.

02. On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
   a. the date of issuance of Policy or
   b. the date of commencement of risk or
   c. the date of revival of Policy or
   d. the date of rider to the Policy
   whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

03. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy:
   a. The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b. The active concealment of a fact by the insured having knowledge or belief of the fact;
   c. Any other act fitted to deceive; and
   d. Any such act or omission as the law specifically declares to be fraudulent.

04. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

05. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.

06. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.

07. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

08. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.

09. The insurer can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

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