

Aviva Group New Critical Illness Non-Linked Rider

UIN:122B038V03



Riders are a cost-effective way of reinforcing your insurance plan for complete and all-round protection. Riders can be bought with the basic insurance plan at a nominal incremental cost. The Rider can only be attached with the base product and cannot be bought in isolation. Aviva presents Aviva Group New Critical Illness Non-Linked Rider, a non-linked non-participating One Year Group Health Insurance Rider offering coverage against 21 Critical Illnesses for employer-employee groups.

Introducing **Aviva Group New Critical Illness Non-Linked Rider** - a cost-effective way to strengthen your existing insurance plan for complete protection. It offers coverage against 21 Critical Illnesses for employer-employee groups, with a one-year non-linked, non-participating structure. With flexible benefits, easy integration with the base plan and nominal incremental cost, this rider helps your team stay protected and focused on what matters most.

Aviva Group New Critical Illness Non-Linked Rider at a glance

This Rider can be taken on single life basis at inception of the Base Policy subject to limits specified below:

Parameters	Limit
Minimum Entry Age (last birthday)	18 Years
Maximum Entry Age (last birthday)	64 Years
Minimum / Maximum Policy Term	One Year Renewable
Minimum Sum Assured	₹50,000
Maximum Sum Assured	₹50,00,000 per life
Minimum Group Size	10

What is the benefit?

- This is a non-linked non-participating One Year Renewable Group Health Insurance Rider plan offering coverage for employer-employee groups against 21 Critical Illnesses.
- In case of happening of the insured event, the relevant Sum Insured shall be payable and the Rider cover shall be terminated.

- Rider Sum Assured shall be less than or equal to the Base Plan Death Sum Assured for an insured member.
- The Rider Policy shall be annually renewable and the Premium shall be payable on yearly basis. However, the Annual Premium can be paid on via half-yearly, quarterly or on monthly instalment basis also.
- Premium is payable by the master Policyholder. In case an eligible member becomes insured member during the Policy Year, a Pro-rata Premium shall be payable for that member. Similarly, in case a member ceases to be an insured member during a Policy Year, the insurer will refund Pro-rata Premium in respect of that member for that Policy Year.
- Pro- rata Premium is calculated by using following formula:
 - $N/T \times \text{Modal Premium}$
 - Where N is the number of days yet to be expired till the due date of next Premium
 - Where T is the number of days for which Modal Premium is paid

In case this Rider has been opted for and the insured member suffers from any of the covered Critical Illnesses from the first incidence of such Critical Illness during the cover term, a fixed Lump Sum amount equal to **Critical Illness Benefit Rider Sum Insured** shall be payable provided that the insured member has survived the survival period following such insured event.

Survival Period

The survival period is defined as the period of time after the date of first diagnosis of a Critical Illness that the insured member has to survive to be eligible for a benefit payment under the Critical Illness Benefit. There will be a Survival Period of 30 days under this product.

Waiting Period

There will be a waiting period of 90 days under this plan. The waiting period is defined as the period starting from cover inception or reinstatement, as applicable, during which no benefits are payable under the Critical Illness Rider Plan. In case of happening of any Critical Illness claim during the waiting period, the Critical Illness cover for that insured member shall terminate immediately.

The waiting period shall apply to all members of a new group or to new members of an existing group buying this Critical Illness plan. The waiting period shall not apply to those existing members of a renewing group provided who have already completed their waiting period fully. Further, the waiting period shall not be applicable for any other Life Insurance Benefit covered under some other benefits. If the group uses a probationary period, the waiting period shall commence from the end of the probationary period or when the life becomes insured, if later.

For List of Critical Illness covered, please refer to Annexure I

Survival / Maturity / Surrender Benefit

No survival / maturity / surrender benefit is payable on the expiry of the membership of the scheme or on termination of the insurance. In case the group Rider Policy is surrendered by the master Policyholder, the insurer shall give an option to individual members of the group, on such surrender, to continue the coverage and the insurer shall continue to be responsible to serve such members till their coverage is terminated / expires.

What are the Premium payment modes?

Yearly / half-yearly / quarterly / monthly. Mode of Premium payment of the Rider shall be same as that of the base product.

Following factors would be applied for different modes of Premium over the Annual Premium: -

Mode	Factor
Monthly	0.0871
Quarterly	0.2591
Half-Yearly	0.5108
Yearly	1.0000

Free-look cancellation

The master Policyholder will be allowed a period of 30 days from the receipt of the Rider Policy to review the terms and conditions of the Rider Policy and to return the same if not acceptable.

If the insured has not made any claim during the free-look period the insured shall be entitled to refund of the Premium paid less any expenses incurred on the medical examination of the insured along with proportionate risk Premium for the period on cover and the stamp duty charges, if any.

Conditions for reinstatement / Revival of the contract, in case of instalment Premiums

If Premium is not received within the grace period, the Rider Policy will be discontinued.

Revival is available up to 180 days from the date of first unpaid Premium but within the Policy Term of one year. Revival period will not exceed the term of the Rider Policy. The revival shall be subject to following:

- a. The master Policyholder gives the insurer written request for revival and proposed date of revival.
- b. The insurer agrees to revive the Rider Policy, for which purpose the master Policyholder shall comply with any requests for information and documentation made by the insurer as per insurer's Board Approved Underwriting Policy.
- c. The master Policyholder makes payment of all outstanding Premiums due from the last date of receipt of Premium to the proposed date of revival.
- d. The revival of the Policy shall only be effective from the date on which the insurer has issued a written endorsement confirming the revival of the Rider Policy.
- e. The master Policyholder understands and agrees that there is no obligation on the insurer to revive the Rider Policy or to revive it on the same terms and the Revival is subject to the underwriting requirements of the insurer as applicable from time to time as per their Board Approved Underwriting Policy.

Nomination & Assignment

Nomination, as defined under Section 39 of the Insurance Act, 1938, as amended from time to time and Assignment, as defined under Section 38 of the Insurance Act, 1938, as amended from time to time, is allowed under this Policy.

Acceptance

Aviva will not be liable to any claim until acceptance of risk and receipt of Premium in full.

Why invest with Aviva?

Aviva Life Insurance is a joint venture between Dabur Invest Corp and Aviva International Holdings Limited – a UK based insurance group, whose association with India goes back to 1834. By choosing Aviva Life Insurance you benefit from the management experience of one of the world's oldest Insurance Group, with a history dating back to 1696.

Founded in 1884, Dabur is one of India's oldest and largest groups of companies. It is the country's leading producer of traditional healthcare products.

Section 41

In accordance with 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 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹10 Lakh.

Section 45

In case of fraud or misrepresentation, the Policy shall be cancelled immediately by paying the surrender value, subject to the fraud or misrepresentation being established by the Company in accordance with Section 45 of the Insurance Act, 1938, as amended from time to time. Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time by Insurance Laws (Amendment) Act, 2015, are as follows:

1. 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.
2. 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.

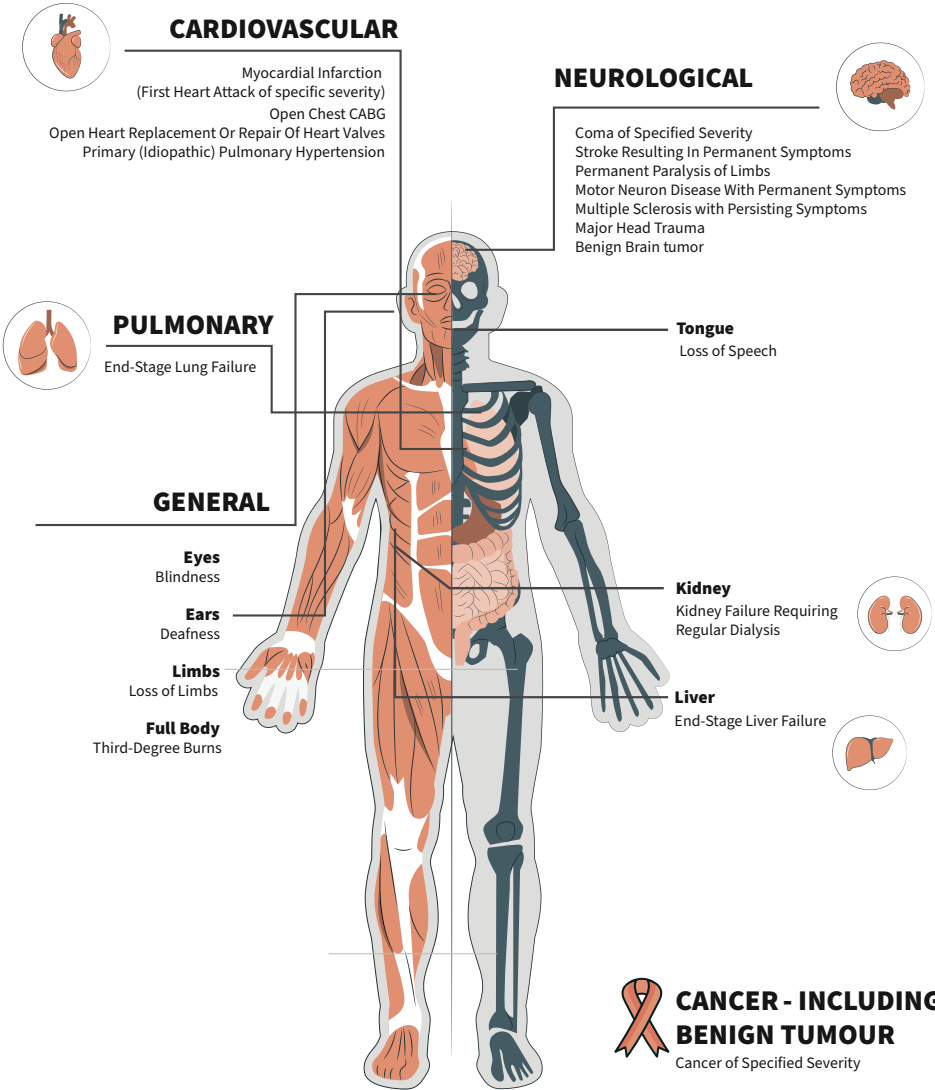
For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. 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.
4. 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.

5. No insurer shall repudiate a Life Insurance Policy on the ground of Fraud, if the insured / beneficiary can prove that the mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or beneficiaries.
6. 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.
7. 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.
8. 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.
9. 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.

[Disclaimer: This is not a comprehensive list of amendments of the Insurance Laws (Amendment) Act, 2015 and only a simplified version prepared for general information. Policyholders are advised to refer to the Original Insurance Laws (Amendment) Act, 2015 Gazette Notification dated March 23, 2015 for complete and accurate details.]

21 CRITICAL ILLNESSES



Definition of Critical Illness covered

List of Diseases / Procedures Covered under 'Critical Illness Benefit':

01. Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term Cancer includes Leukemia, Lymphoma and Sarcoma.

The following are excluded:

1. All tumours which are histologically described as Carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical Dysplasia CIN-1, CIN - 2 and CIN-3.
2. Any Non-Melanoma Skin Carcinoma unless there is evidence of metastases to lymph nodes or beyond.
3. Malignant Melanoma that has not caused invasion beyond the epidermis.
4. All tumours of the prostate unless histologically classified as having a Gleason Score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
5. All Thyroid Cancers histologically classified as T1N0M0 (TNM Classification) or below.
6. Chronic Lymphocytic Leukaemia less than RAI stage 3.
7. Non-Invasive Papillary Cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
8. All Gastro-Intestinal Stromal tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5 / 50 HPFs.

02. Myocardial Infarction (First Heart Attack of specific severity)

The first occurrence of a heart attack or Myocardial Infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

1. A history of typical clinical symptoms consistent with the diagnosis of acute Myocardial Infarction (For e.g. typical chest pain).

2. New characteristic electrocardiogram changes.
3. Elevation of infarction specific enzymes, troponins or other specific biochemical markers.

The following are excluded:

1. Other Acute Coronary Syndromes.
2. Any type of Angina Pectoris.
3. A rise in cardiac biomarkers or troponin T or I in the absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

03. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(ies), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a Coronary angiography and the realisation of surgery has to be confirmed by a Cardiologist.

The following are excluded:

1. Angioplasty and / or any other intra-arterial procedures.

04. Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realisation of surgery has to be confirmed by a Specialist Medical Practitioner. Catheter-based techniques including but not limited to balloon valvotomy / valvuloplasty are excluded.

05. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all the following:

1. No response to external stimuli continuously for at least 96 hours.
2. Life support measures are necessary to sustain life.
3. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a Specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

06. Kidney Failure requiring Regular Dialysis

End-stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner.

07. Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, Haemorrhage and Embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

1. Transient Ischemic Attacks (TIA).
2. Traumatic injury of the brain.
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

08. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney and pancreas, that resulted from irreversible end-stage failure of the relevant organ.
2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a Specialist Medical Practitioner.

The following are excluded:

1. Other stem cell transplants.
2. Where only Islets of Langerhans are transplanted.

09. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist Medical Practitioner as Spinal Muscular Atrophy, Progressive Bulbar Palsy, Amyotrophic Lateral Sclerosis or Primary Lateral Sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of definite Multiple Sclerosis confirmed and evidenced by all of the following:

1. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
2. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage due to SLE is excluded.

12. Benign Brain Tumour

Benign brain tumour is defined as a life-threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumour must be confirmed imaging studies such as CT scan or MRI. This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist.

1. Permanent neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or;
2. Undergone surgical resection or radiation therapy to treat the brain tumour.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumours, tumours of skull bones and tumours of the spinal cord.

13. Blindness

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

The blindness is evidenced by:

1. Corrected visual acuity being 3 / 60 or less in both eyes or;
2. The field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by a pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

15. End-Stage Lung Failure

End stage lung disease, causing Chronic Respiratory Failure, as confirmed and evidenced by all of the following:

1. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
2. Requiring continuous permanent supplementary oxygen therapy for Hypoxemia; and
3. Arterial blood gas analysis with partial oxygen pressure of 55 mmHg or less ($\text{PaO}_2 < 55 \text{ mmHg}$); and
4. Dyspnea at rest.

16. End-Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

1. Permanent Jaundice; and
2. Ascites; and
3. Hepatic Encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

17. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

18. Loss of Speech

Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) Specialist.

19. Major Head Trauma

Accidental head injury resulting in permanent neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, computerised tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The accidental head injury must result in an inability to perform at least three (3) of the following activities of daily living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

The activities of daily living are:

1. Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.
2. Dressing: The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances.
3. Transferring: The ability to move from a bed to an upright chair or wheelchair and vice versa.
4. Mobility: The ability to move indoors from room to room on level surfaces.
5. Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene.
6. Feeding: The ability to feed oneself once food has been prepared and made available.

The following is excluded: Spinal cord injury.

20. Primary (Idiopathic) Pulmonary Hypertension

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on cardiac catheterisation. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of cardiac impairment are as follows:

1. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
2. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary Hypertension associated with lung disease, Chronic Hypoventilation, Pulmonary Thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. Third-Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the

body's surface area. The diagnosis must confirm the total area involved using standardised, clinically accepted, body surface area charts covering 20% of the body surface area.

Annexure II

Exclusions applicable to Critical Illness Benefit

The life insured shall not be entitled to any Critical Illness benefits if the covered Critical Illness results either directly or indirectly from any of the following causes:

- Any pre-existing disease. “Pre-existing disease” means any condition, ailment, injury or disease:
 - That is / are diagnosed by a physician within 36 months prior to the effective date of the Policy issued by the insurer or its latest revival date, whichever is later; or
 - For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Policy or its latest revival / reinstatement date, whichever is later.

This exclusion shall not be applicable to conditions, ailments or injuries or related condition(s) which are underwritten and accepted by Insurer at inception;

- Any sickness-related condition manifesting itself within 90 days from the Policy commencement date or its latest revival / reinstatement date, whichever is later.
- If the insured dies within 30 days of the diagnosis of the covered Critical Illness.
- Intentional self-inflicted injury, suicide or attempted suicide.
- For any medical conditions suffered by the life assured or any medical procedure undergone by the Life Insured, if that medical condition or that medical procedure was caused directly or indirectly by influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescriptions of a Registered Medical Practitioner.
- Engaging in or taking part in hazardous activities*, including but not limited to, diving or riding or any kind of race; martial arts; hunting; mountaineering; parachuting; bungee-jumping; underwater activities involving the use of breathing apparatus or not.

*Hazardous activities mean any sport or pursuit or hobby, which is potentially dangerous to the insured member whether he is trained or not;

- Participation by the insured person in a criminal or unlawful act with criminal intent.
- For any medical condition or any medical procedure arising from nuclear contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- For any medical condition or any medical procedure arising either as a result of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, terrorism, military or usurped power, riot or civil commotion, strikes or participation in any naval, military or air force operation during peace time.
- For any medical condition or any medical procedure arising from participation by the Insured person in any flying activity, except as a bona fide, fare-paying passenger and aviation industry employee like pilot or cabin crew of a recognised airline on regular routes and on a scheduled timetable.
- Any external congenital anomaly which is not as a consequence of genetic disorder.

Queries and Complaints

For additional information, queries or complaints,
please contact us at the numbers given below:

1800 1037 766 (Toll free for BSNL / MTNL users) or

0124-2709046 or SMS **Aviva** to 5676737

Website: www.avivaindia.com



BEWARE OF SPURIOUS / FRAUD PHONE CALLS!

IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.

Aviva Group New Critical Illness Non-Linked Rider (UIN:122B038V03) A non-linked non-participating One Year Group Health Insurance Rider. Trade logo displayed above belongs to Aviva Brands Limited and is used by Aviva Life Insurance Company India Limited under License. Aviva Life Insurance Company India Limited. IRDAI Regn. No. 122. Please read the sales brochure carefully before concluding a sale. This product brochure is indicative of the terms, warranties, conditions and exclusions contained in the insurance policy. Please refer to the Policy Document for more details. Tax benefits are as per existing tax laws which are subject to change. Insurance is the subject matter of the solicitation. Registered Office Address: 2nd floor, Prakashdeep Building, 7, Tolstoy Marg, New Delhi - 110 001. Telephone Number: 0124-2709000, E-mail: customerservices@avivaindia.com, Helpline Number: 1800-180-22-66 / 1800-103-77-66, Website: www.avivaindia.com, CIN: U66010DL2000PLC107880. **AN Dec 52/25**