SCHKRMP, CENTRE FOR CONSUMER STUDIES, IIPA , NEW DELHI

Consumer Connect

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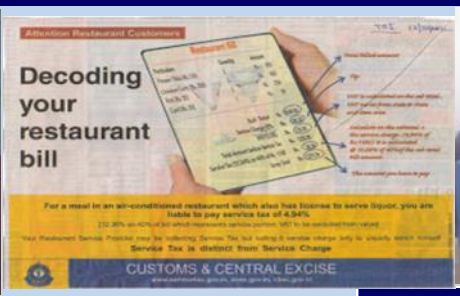
Quarterly e-newsletter of STATE CONSUMER HELPLINE KNOWLEDGE RESOURCE MANAGEMENT PORTAL (SCHKRMP)



Oct.– Dec., 2012 Issue No-4 Volume No-1

STATE CONSUMER HELPLINES

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Training of Advisors & coordinators from UP state

One day training programme was organized for coordinators and advisors from the State of UP on 5th November 2012 at IIPA, New Delhi. The training programme covered role of Consumer advisors & State Consumer Helpline in Consumer empowerment through advise, guidance, awareness and information, communication skills, complaint handling and exposure to the IT Portal. As a fellow up, necessary steps have already been initiated by Govt. of UP to set up State Consumer Helpline.

Mr. S.K.Virmani, Project Manager, **SCHKRMP** took a session on 21st November 2012 on **"Knowledge Portal and State Consumer Helplines"** during 6th Training of Trainers Programme for Heads/ Presidents/ Secretaries/Directors of NGOs/VCOs on Consumer Protection and Consumer Welfare held at IIPA, New Delhi during 19-23 November 2013.

Complaint registered in IT Portal (October – December 2012)

Sectors / States	Tamilnadu	Gujarat	Maharashtra	Madhya Pradesh	Orissa
BANKING	8	70	84	17	3
INSURANCE	4	80	46	1	4
TELECOM	10	259	211	79	9
ELECTRICITY	5	57	34	227	4
PUBLIC DISTRIBUTION SYSTEM	176	1295	30	18	192
DOMESTIC APPLIANCES	14	101	138	7	9
PETROLEUM LPG PNG SECTOR	15	236	249	56	567
REAL ESTATE	4	42	92	2	0
OTHERS	68	1384	731	565	87
Total No. of Complaints	**304**	**3524**	**1615**	**972**	**875**

5th Training Programme for advisors and coordinators of State Consumer Helplines has been scheduled for 26th-28th February 2013 at IIPA, New Delhi.

Room No-7 Indian Institute of Public Administration , I.P. Estate , Ring Road , New Delhi- 110002
Phone - (011) 23705055 , 23705054 , FAX - (011) 23705054
Email - schkrmp.iipa@gmail.com , Website - www.consumeradvice.in, www.consumereducation.in

Govt. of Punjab initiates setting up of State Consumer Helpline

Govt. of Punjab has shown their keen interest in setting up State Consumer Helpline in Punjab. A presentation was organized by the project team before Hon'ble Mr. Adaish Pratap Singh Kairon, Minister Food, Civil Supplies & Consumer Affairs on 23/11/2012. at Kapurthala House, New Delhi. Hon'ble Minister advised the officials from Department of Food, Civil Supplies & Consumer Affairs, Punjab to take all necessary steps so that the helpline starts functioning immediately. Project team assured their cooperation for successful launch of the Consumer Helpline.

State Consumer Helpline
Knowledge Resource Management PORTAL
(SCHKRMP)
Centre for Consumer Studies
Indian Institute of Public Administration

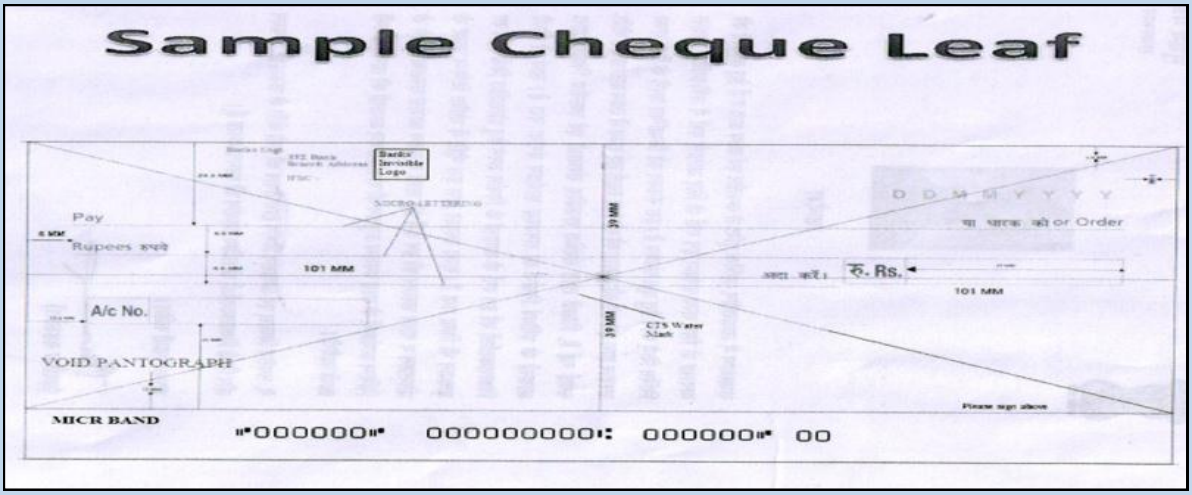
Maharashtra State Consumer Helpline has received feedback from 197 consumers during Oct.-Dec 2012 confirming resolution of their complaints based on advise given by the consumer advisors.

RBI : CTS-2010 standard cheques mandatory from 1st April 2013.

The introduction of new cheque standard 'CTS-2010' was warranted an account of several developments in the cheque clearing viz. growing use of multi-city and payable at-par cheques at any branch of a bank, increasing popularity of speed clearing for local processing of outstation cheques and implementation of grid based Cheque Truncation System (CTS) for image based cheque processing etc.

The new Cheque Standard "CTS-2010" with set of minimum security features would ensure uniformity across all cheque forms issued by banks in the country and also help presenting banks while scrutinizing/recognizing cheques of drawee banks in an image-based processing scenario. The homogeneity in security features is expected to act as a deterrent against cheque frauds.

A specimen of CTS-2010 standard cheque shall be as below:



Do's For Customers	Don'ts for Customers
Do replace old cheque books with CTS 2010 before 31.03.2013	Do not issue old cheques to any third party.
Do verify that your cheque book have CTS 2010 printed vertical on left side and new Rupee Symbol ( )	Do not deposit a cheque that has been altered.
Do write cheques clearly and legibly and deposit slip without any overwriting.	Do not refuse accepting CTS 2010 compliant till further instruction of RBI
Do contact bank, if you have deposited cheque book for repayment of any loan, so as to replace the remaining cheques.	Do not deposit a cheque without date, amount in words/figures or signature.
Do visit Bank's website for full details of CTS 2010 compliant cheques features.	

INSURANCE CUSTOMER CARES NUMBERS

ROYAL SUNDARAM ALLIANCE INSURANCE CO. LTD
1860-425-0000

SBI GENERAL INSURANCE
1800-102-1111

SHRIRAM GENERAL INSURANCE CO. LTD
1800-180-7474
1800-300-30000

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED
1800-425-2255

TATA AIG GENERAL INSURANCE CO. LTD.
1800-266-7780

THE ORIENTAL INSURANCE COMPANY LTD
1800-11-8485

LIFE INSURANCE CORPORATION
1800-22-4077

NATIONAL INSURANCE
1800-300-22140

The procedure for making an Insurance Claim

As per IRDA regulations, all the policy documents issued by the Insurance Companies are required to contain the detailed procedure and documentation required in making the claim. The following procedure in general is required to be followed:

Life Insurance Policy

I. Death Claim

1. Claim intimation may be sent to the insurance company as soon as possible on death of the insured person. This could be done by the assignee of nominee under the policy or by any close relative or the agent who handle the policy.
2. The claim intimation should contain information like the date, place and cause of death. The insurance agent has the duty to help the life assured's family / assignee to deal with the insurance company to comply with the formalities for a claim.
3. The insurance company will respond to this intimation and will ask for the following documents:

- Filled-up claim form (provided by the insurance company)
- Certificate of death
- Policy documents
- Deeds of assignments/ re-assignments if any
- Legal evidence of title, if any policy is not assigned or nominated
- Form of discharge executed and witnessed

II. Maturity Claim

Where a life insurance policy is maturing, the insurance company will normally send intimation to the policy-holder along with a discharge voucher at least two to three months in advance of the date of maturity giving details like the maturity amount payable. The policyholder is required to sign the discharge voucher – which is like a receipt - have his signature witnessed and send it back to the insurance company along with the original policy bond to enable it to make the payment. If the policy has been assigned in favour of any other person or entity like a housing loan company- the claim amount will be paid only to the assignee who will give the discharge.

Health Insurance Policy

The claim under Health insurance policy can be made in two ways:

1.On a Cashless basis: For a claim on cashless basis, the policy holder is required to undergo treatment only at a network hospital of the Third Party Administrator (TPA) who is servicing the policy. The policy holder is required to seek authorization for availing the treatment on a cashless basis as per procedures laid down and in the prescribed form.

2.A Reimbursement Claim: Read the clause relating to claims in the policy documents as soon as the same is received so as to ensure that one understand the procedure and the documents required for making a claim on reimbursement basis. When a claim arises, the policy holder should inform the insurance company as per procedures required. After hospitalization, one need to ensure to obtain and keep ready documents such as claim form, discharge summary, prescriptions and bills that are required to be submitted for a claim.

Motor Insurance Policy

A claim under a motor insurance policy could be

- For personal injury or property damage related to someone else. This person is called a third party in this context or
- For damage to your own, insured, vehicle. This is called an own damage claim and the policy holder who is having comprehensive policy is eligible for claim under this head.

Third Party Claim

In a third party claim, where your vehicle is involved, it is important to ensure that the accident is reported immediately to the police as well as to the insurance company.

On the other hand, if you are a victim of the loss from somebody else's vehicle, you must obtain the insurance details of that vehicle and make intimation to the insurer of that vehicle.

Own Damage Claim

In the event of an own damage claim, that is, where vehicle of the policy holder is damaged due to an accident, the policy holder must immediately inform the police and the insurance company, to enable them to send a surveyor to evaluate the loss. One should not attempt to move the vehicle from the accident spot without the permission of police and the insurance company. The vehicle should be removed for repair only after getting permission from the police and Insurance Company.

If any policy provides for cashless service, which means the policy holder is not required to pay upfront for covered damages, the insurance company will pay the workshop directly. In either of these situations, the policy holder is required to intimate the insurance company immediately.

Theft Claim

As soon as the insured vehicle is stolen, the policy holder should inform the insurance company immediately. In addition the Transport Department must also be kept informed. Collect all the required documents and submit them along with the requisite claim from duly filled in, to the insurance company.

There may be certain specific documents requirements for specific types of claims. For instance in respect of a theft claim, there is a special requirement that you should surrender the vehicle keys to the insurance company.

INSURANCE CUSTOMER CARES NUMBERS

IFFCO TOKIO GENERAL INSURANCE
1800-103-5499

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LTD
1800-200-5544

FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED
1800-220-233

HDFC ERGO GENERAL INSURANCE CO. LTD.
1800-200-1999

ICICI LOMBARD GENERAL INSURANCE COMPANY LTD
1800-2666

L&T GENERAL INSURANCE COMPANY LIMITED
1800-209-5846

MAX BUPA HEALTH INSURANCE
1800-3010-3333

NEW INDIA ASSURANCE CO. LTD.
1800-209-1415

RELIANCE GENERAL INSURANCE COMPANY LIMITED
1800 3002 8282

Property Insurance

There could be several types of policies that cover property and the property itself could be stationery - like a building, or moving around – like your household goods being transported.

The policy holder is advised to get familiarize with the documents required for a claim as well as the procedures to be followed.

Whether or not a claim arises one must follow the various dos and don'ts in respect of property for the duration of the policy. These dos and don'ts are termed warranties and conditions in the policy document.

In general losses and damages, including those due to theft, fire and flood need to be intimated to the relevant authorities such as the police, the fire brigade and so on. It is important to ensure that the insurance company is intimated to enable them to send a surveyor for surveying and assessing the loss.

Travel Insurance

A travel insurance policy is generally a package policy that includes different types of covers like hospitalization, personal accident, loss/damage to baggage, loss of passport and so on.

The procedure and documents required for a claim would vary from cover to cover. All of them would be mentioned in the policy documents. For ease of procedure and convenience, insurers normally attach the claim from with the policy documents. This will contain the list of documents required in case of claim and also the contact details including phone numbers of the claims administrators either in the destination country to which the policy holder is travelling or in another country that is designated to receive and process your claim intimation. Since this is package policy with various covers and procedures it is very important that the policy holder familiarizes himself with the procedures and documentation in case of a claim.

Grievance Handling System in Insurance Sector

Insurance Regulatory Development Authority (IRDA) has mandated all insurance companies to have an effective grievance handling system which needs to be specified in their policy document. Based on the grievance handling system in Insurance sector, we advise:

1. The consumer in case of any complaint is advised to write his complaint by letter/email to the concerned insurance company. All the insurance companies are required to provide contact details of their Grievance Redressal Officer on the policy documents, web-site etc. The complaint may be submitted in written form and the acknowledgement obtained. The complaint is required to be redressed within 15 days of the receipt of the complaint.
2. In case of no response within 15 days or un-satisfactory response, the consumer is advised to escalate the complaint through IRDA grievance Redressal cell through their toll free number 155255 or through email complaints@irda.gov.in or through Integrated Grievance Management System of IRDA deployed at www.igms.irda.gov.in . IRDA normally forwards the complaint to the concerned insurance company. The complaint if being sent by letter or fax, may be sent to Consumer Affairs Department.

Insurance Regulatory and Development Authority
3-5-817/818, United India Towers,
9th floor Hyderguda, Basheerbagh,
Hyderabad – 500 029
Fax no. 040-66789768

The Complaint registration process through IGMS involves the following TWO SIMPLE steps

Step 1 : Register yourself by entering your details
Step 2 : Register your complaint and view its status

3. In case the consumer still does not get any response within 30 days of the complaint or gets un-satisfactory response, the consumer may approach Insurance Ombudsman as per stipulated jurisdiction. The award of Insurance Ombudsman is to be complied by Insurance Company within 15 days. However, the Insurance Ombudsman cannot take cases where the value of claims exceeds Rs. 20 lakhs. The Ombudsman shall pass an award within three months of receipts of the complaint and the award is binding on the insurance Company. The time limitation for filing a complaint with Insurance Ombudsman is one year from the date of which either the insurer is responded or should have responded after receipt of the complaint.
4. In case the consumer still feels aggrieved from the awards of Insurance Ombudsman, the consumer can file a case with District Consumer Forum or if the value of claim exceeds Rs. 20 Lakhs, the consumer can file a case with State Consumer Redressal Commission.

The benchmark as specified by IRDA to be followed by Insurance Companies to deal effectively with various types of complaints/ services: are given in the table.

BANKS CUSTOMER CARES NUMBERS

Kotak Mahindra Bank:
1800-102-6022

PNB:
1800-180-2222

State Bank of Bikaner and Jaipur
1800-180-6005

State Bank of India
1800-112-211

State Bank of Mysore
1800-425-2244

State Bank of Patiala:
1800-180-2010

Sl. No.	Service	Maximum Turn Around Time
I.	**General— Life Insurance/ General Insurance**	
1	Processing of proposal and Communication of decisions including requirements/issue of Policy/Cancellations	15 Days
2	Obtaining copy of the Proposal	30 Days
3	Post policy issue service requests concerning mistakes/ Refund of proposal deposit and also Non-Claim related service requests	10 Days
4	Acknowledging a Grievance	3 Days
5	Resolving a Grievance	15 days
II.	**Life Insurance**	
1	Surrender Value/Annuity / Pension processing	10 Days
2	Maturity claim / Survival Benefit / Penal interest not paid	15 Days
3	Raising claim requirements after lodging the Claim	15 Days
4	Death Claim settlement without Investigation requirement	30 days
5	Death Claim settlement / Repudiation with Investigation requirement	6 months
III.	**General Insurance**	
1	Survey report submission	30 Days
2	Insurer seeking addendum report	15 Days
3	Offer of Settlement/ Rejection of Claim after receiving first/ addendum survey report	30 Days

Theft in the showroom during lunch hours is covered as apart of theft during business hours unless it is excluded in the policy document.

National Consumer Disputes Redressal Commission in a **Revision Petition No. 2833** of 2012 of New India Assurance Com Ltd. Vs. Panchsheel Jewellers upheld the order dtd. 14/03/2012 in **First Appeal No. A/06/2448** of Maharashtra State Commission.

The cause of the complaint arose from an incident of theft, which took place in the shop premises of the Complainant/respondent on 8.5.2003 during the lunch hours. Gold ornaments allegedly worth over Rs.21 lakhs and some cash were stolen. Acting on the FIR lodged in this behalf, the Police recovered ornaments worth Rs.12,47,300/-. Therefore, as observed by the State Commission, there is no dispute about the fact of theft. National Commission observed:

"Perused the record and documents tendered by the parties. There is no dispute regarding theft of jewelry occurred during the lunch hours. The Police were able to recover only Rs.12,47,000/-. However, total loss due to theft was valued to Rs.22,93,500/-. The Respondent/ Complainant subscribed to the insurance policy providing insurance cover to the ornaments in the shop. The policy document covers display window of the jewelry [included in the total section 1 Sum Insured] and also provided insurance cover for the jewelry kept elsewhere. Total sum Insured under the policy is Rs.21,51,000/-. The survey report mentioned that AC unit had fallen on the floor and on top of it chair has been kept to entire into the shop with intention to burglary. A big ply had also been placed behind the AC grill and AC grill had been cut opened so as to get access for burglary. The survey report is an important piece of document and cannot be ignored. Therefore, intent of burglary of the jewelry by breaking open the shop is clearly established form the record. Theft of jewelry is undisputed fact."

"The complainant respectfully submits that the business hours of the complainant are from 10.00 to 10.00 p.m. so also according to normal business practice lunch hours are the part of working hours of business. About the gold ornaments kept in the showcase it is not possible every time, when the shop is closed for lunch time during business hours, to keep the ornaments again in the locker, unless during the night time. The ornaments were intact in the shop which were properly and diligently locked."

"The opponent vide its reply dated 18.09.2003 had clearly stated to the complainant that as per the survey report it can be observed that on 08.05.2003 at 1.30 pm after noon the shop was closed locking the main gate and the shutter. The gold ornaments displayed in the showcase were being kept as it is i.e. in the show case and were not kept back in the locker. The warranty applicable as per the policy states that warranted that all property including cash currency notes while at the premises specified in the schedule of the policy shall be secured in the locked safe of standard make at all time out of business hours. In view of the above the claim preferred by the complainant falls under exclusion 12 of jewellers block insurance policy and hence the same is not admissible."

District Forum rejected the contention of the OP/insurance company that the lunch hours are to be excluded from the business hours. The State Commission has agreed with the view taken by the District Forum. Now, the present revision petition has been filed raising the same contention. It was further argued that during lunch time, if the shop is kept open for attending to customers and if the staff go out for lunch by turns, then the jewellery need not be shifted into the safe. But in the present case, considering the duration for which the shop was closed for lunch hours, the jewelery should have been shifted into the safe. A similar argument is raised in the revision petition also. However, neither the revision petition nor the counsel point to any provision in the policy, which would permit such an interpretation of the lunch hours. In its absence, their argument amounts to bringing a stipulation into the policy which is not expressly contained in it. We therefore, have no hesitation in rejecting this contention of the revision petitioner.

BANKS CUSTOMER CARES NUMBERS

Development Credit Bank
1800-209-5363

Dhanlaxmi Bank
1800-425-1747

ICICI Bank
1800-103-8181

IDBI Bank
1800-22-1070

ING Vysya Bank
1-800-425-9900

Karur Vysya Bank
1800-102-1916

Lakshmi Vilas Bank:
1800-425-2233

State Commission deprecated the practice of the insurance companies from taking a filmsy clue or remote reference from the discharge summary or statement with a view to reject the rightful claim of the insured.

In a complaint No. **147/2008** of Yogesh Baisiwala vs. Life Insurance Corporation of India, State Consumer Disputes Redressal Commission, Delhi ordered Life Insurance Corporation of India to pay the complainant an amount of Rs. 20 Lakhs as the amount of the policy to the complainant and (ii) the OP shall also pay Rs. 4 lakh as compensation for mental agony, harassment and sheet suffering to the complainant. The complainant submitted a claim of Rs.20 lakh with the OP, which was rejected on 11.9.2007 solely on the ground that the complainant's wife has undergone ANGIOGRAPHY test 8 years before taking the insurance policy and this fact was concealed by or in the proposal form at the time of obtaining the insurance policy. The insurer stated that the insured had obtained the policy in question by making deliberate mis-statement and also after withholding material information regarding her death, therefore, the complainant is not entitled to claim any amount of the insurance. OP further stated that the deceased was having hypertension, which has not been disclosed in the proposal form. State Commission stated "***To our mind, hypertension is not a disease. Now-a-days every citizen is having hypertension. It may further be pointed out that before the policy is issued by the OP, the insured was examined by the penal of doctors of the OP".***

State Commission observed that **"As to the concept, import and meaning of the words 'disease,' 'pre-existing disease' in the context of the insurance contract of the policies, we have drawn certain conclusions and criteria in extenso and almost in dissective manner, and these are as under :-**

(i) 'Disease' means a serious derangement of health or chronic deep-seated disease frequently one that is ultimately fatal for which an insured must have been hospitalized or operated upon in the near proximity of obtaining the mediclaim policy.

(ii) Such a disease should not only be existing at the time of taking the policy but also should have existed in the near proximity. If the insured had been hospitalized or operated upon for the said disease in the near past, say, six months or a year he is supposed to disclose the said fact to rule out the failure of his claim on the ground of concealment of information as to "pre-existing disease".

(iii) Malaise of hypertension, diabetes, occasional pain, cold, headache, arthritis and the like in the body are normal wear and tear of modern day life which is full of tension at the place of work, in and out of the house and are controllable on day to day basis by standard medication and cannot be used as concealment of 'pre-existing disease' for repudiation of the insurance claim unless an insured in the near proximity of taking of the policy is hospitalized or operated upon for the treatment of these diseases or any other disease.

(iv) If insured had been even otherwise living normal and healthy life and attending to his duties and daily chores like any other person and is not declared as a 'diseased person' as referred above he cannot be held guilty for concealment of any disease, the medical terminology of which is even not known to an educated person unless he is hospitalized and operated upon for a particular disease in the near proximity of date of insurance policy say few days or months.

(v) Disease that can be easily detected by subjecting the insured to basic tests like blood test, ECG etc. the insured is not supposed to disclose such disease because of otherwise leading a normal and healthy life and cannot be branded as 'diseased person'.

vi) Insurance Company cannot take advantage of its act of omission and commission as it is under obligation to ensure before issuing medi-claim policy whether a person is fit to be insured or not. It appears that insurance Companies don't discharge this obligation as half of the popution is suffering from such malaises and they would be left with no or very little business.

Thus any attempt on the part of the insurer to repudiate the claim for such non-disclosure is not permissible, nor is 'exclusion clause' invokable.

(vii) Claim of any insured should not be and cannot be repudiated by taking a clue or remote reference to any so-called disease from the 'discharge summary' of the insured by invoking the 'exclusion clause' or non-disclosure of 'pre-existing disease' unless the insured had concealed his hospitalization or operation for the said disease undertaken in the reasonable near proximity as referred above.

(viii) Day to day history or history of several years of some or the other physical problem one may face occasionally without having landed for hospitalization or operation for the disease cannot be used for repudiating the claim. For instance an insured had suffered from a particular disease for which he was hospitalised or operated upon 5, 10 to 20 years ago and since then had been living healthy and normal life cannot be accused of concealment of 'pre-existing disease' while taking mediclaim policy as after being cured of the disease, he does not suffer from any 'disease' much less the 'pre-existing disease'.

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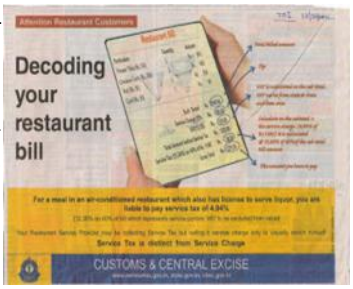
(ix) **For instance, to say that insured has concealed the fact that he was having pain in the chest off and on for years but has never been diagnosed or operated upon for heart disease but suddenly lands up in the hospital for the said purpose and therefore is disentitled for claim bares dubious design of the insurer to defeat the rightful claim of the insured on flimsy ground. Instances are not rare where people suffer a massive attack without having even been hospitalised or operated upon at any age say for 20 years or so.**

(x) **Non-disclosure of hospitalization/or operation for disease that too in the reasonable proximity of the date of mediclaim policy is the only ground on which insured' claim can be repudiated and on no other ground."**

State Commission further stated that ***"We have deprecated this practice of the insurance companies from taking a filmsy clue or remote reference from the discharge summary or statement with a view to reject the rightful claim of the insured. It appears that this is how the respondent has become one of the richest organization in India. Their agents run after the consumers for selling their policies and when their turn comes to indemnify the loss they not only invent such excuses but also start indulging in most unscrupulous and abominable manner. They little realize that they survive and thrie on the consumer and propensity to become unjustly rich by rejecting the claims of the consumer with a sledge of hammer is highly depreciable."***

जब रेस्टोरेन्ट वाला सर्विस चार्ज बिल में लगाता है तो फिर आप टिप क्यों दें ।



क्या आप रेस्टोरंट में खाना खाने के बाद उसका बिल ध्यान से देखतें है या सिर्फ आप उस बिल का भुगतान बिना देखे कर देते हैं और उपर से कुछ रुपये वेटर को टिप के तौर पे दे देते हैं। अगर आप बिल ध्यान से देखेंगे तो आपको पता चलेगा कि रेस्टोरेन्ट वाले ने तो उस में सर्विस चार्ज के रूप में पहले ही कुछ रकम डाल दी है यह सामान्यता 5 से 10% तक हो सकती है। ये जो 5 से 10% तक की रकम जो सर्विस चार्ज के रूप में दिखाई गयी है वो एक किस्म का टिप ही तो है जो आप आमतौर में रेस्टोरेन्ट के वेटर को देते हैं । जब आपके बिल में पहले ही सर्विस चार्ज लगा दिया गया है तो फिर दुबारा से टिप क्यों ? यह भी हो सकता है कि वेटर आपको यह कहे कि जो सर्विस चार्ज लगाया है वह तो सरकार के पासटैक्स के रूप में जाता है। यह ध्यान रहे कि सर्विस चार्ज और सर्विस टैक्स दो अलग- अलग हैं। सर्विस चार्ज टिप के रूप में है और सर्विस टैक्स एक टैक्स है जो सरकारी खजाने में जाता है। सर्विस चार्ज जो कि टिप के रूप में है वो सर्विस करने वाले रेस्टोरंट कर्मचारियों में बाँटा जाता है।

Do not get panic if you receive such messages on your mobile. If you don't want such value added services, delete them without responding.

"Dear user aapka Gyan Sagar ka trial Kal Khatam ho raha hai, Prabhu Ki Upasana karne ke liye, Dial Kare …….. TollFree"

Reader's View:-

Thank you very much for sending the information, which is very useful and informative for our work field.

Vijai varma, Lucknow U.P.

I am very thankful to receive such informative news letter.

Dr Arun Singh, JMI, New Delhi

Thank for sending me the e-newsletter and its quite informative and encourages us to think about the injustices done to us, as we can now point out the instances vide your publication.

Vasantha Srinivas

The newsletter with the details provided are very helpful to the consumers .It will be better if this better if this may be more publicized through media and other sources for general public and the consumers.

Dr. Muhammad Ibrahim

Thanks for the e newsletter . The information is valuable and relevant to the consumer.

Onkar Singh

I have not received bulletin after august. Please continue it as it has got lot of updates.

Anil Singh

Banks are not permitted to levy foreclosure charges / prepayment penalties on home loans on floating interest rate basis with effect from June 5, 2012

OTHER HELPLINE NUMBERS

POLICE CONTROL ROOM
100

RAILWAY ENQUIRY
139

FIRE SERVICES
101

WOMEN
1091

CHILDREN
1098

MINISTRY OF OVERSEAS INDIAN AFFAIRS
1800-11-3090

SPEED POST
1800-11-9888
1800-233-7999

EMPLOYEES STATE INSURANCE CORPORATION (ESIC)
1800-11-2526

UTI MUTUAL FUND
1800-11-3555

INDIA METEOROLOGICAL DEPARTMENT
1800-180-1717

UIDAI
1800-180-1947