



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in
Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

Kind Attention: Policyholder

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Customer Information Sheet - Accident Trauma Care Insurance Policy (Individual)

Unique Identification No.: IRDA/NL-HLT/SHAI/P-P/V.I/136/13-14

| Sl. No. | Title | Description | Refer to Policy Clause Number |
|---------|-------------------------------|---|-------------------------------|
| | Product Name | Accident Trauma Care Insurance Policy (Individual) | |
| 1 | Basic Coverage for Section I | Greivous injury by accident | 2(Section I) |
| | Basic Coverage for Section II | In-patient Treatment Covers hospitalisation expenses for period more than 24 hrs. | 2(Section II) |
| 2 | Major Exclusions | 1. Any hospital admission primarily for investigation/diagnostic purposes | 3(7) |
| | | 2. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV | 3(5) and 3(6) |
| | | 3. War, terrorism and nuclear perils | 3(2) |
| | | 4. Naturopathy Treatment | 3(9) |
| | | 5. Hospital registration charges, admission charges, record charges | 3(10) |
| | | 6. Pre existing diseases | 3(1) |
| | | 7. Engaging in Hazardous sports/activities | 3(16) |
| | | The exclusions given above is only a partial list. Please refer the policy clause for the complete list. | |
| 3 | Renewal Condition | Life long renewal subject to payment of renewal premium in full before the due date. | 4(10) |
| | | Grace period of 30 days for renewing the policy is provided | |
| 4 | Cancellation | Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact | 4(11) |
| 5 | Materiality | Any material change to be intimated to the company | 4(8) |

LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail



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ACCIDENT TRAUMA CARE INSURANCE POLICY (INDIVIDUAL)

Unique Identification No.: IRDA/NL-HLT/SHAI/P-PV.I/136/13-14

PREAMBLE

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance.

1. DEFINITIONS

STANDARD DEFINITIONS

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Disclosure to information norm: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Grace Period: Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

Hospital: A hospital means any institution established for *in-patient care* and *day care treatment* of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Medical Practitioner: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

Network Provider: Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

Portability: "Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Qualified Nurse: Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Reasonable and Customary Charges: Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

Room Rent: Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

Surgery or Surgical Procedure: Surgery or Surgical Procedure means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

SPECIFIC DEFINITIONS

Age: Age means the age of the insured person on his/her completed years as on last birthday as per the English Calendar

Capital sum insured: Capital sum insured means the maximum amount of coverage per benefit as specified in the Schedule to this Policy that the Insured Person is entitled to in respect of each benefit under 2(Section I)

Company: Company means Star Health and Allied Insurance Company Limited

Covered Medical Expenses: Covered Medical Expenses means reasonable charges, which are usually and customarily incurred for services and supplies for any Accident to the Insured Person covered under the policy

Diagnosis: Diagnosis means Diagnosis by a registered medical practitioner, supported by clinical, endoscopic, laproscopic, radiological, histological, histo-pathological, diagnostic imaging modalities and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

Grievous Injury: Grievous injury means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

Hazardous Sport / Hazardous Activities: Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity includes Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus activities, army/navy/air force activities and police activities, works in underground mines, explosives, magazines, works involving electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals and occupations of similar hazard.

Insured Person: Insured Person means the name/s of **person/s** shown in the schedule of the Policy

In-Patient: In-Patient means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 hours for the sole purpose of receiving treatment.

Policy: Policy means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrolment forms

Work place accident: Work place accident means accidents occurring within the work premises.

2. COVERAGE

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its parts the Company by this policy agrees as provided herein

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured Person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the period of insurance as described under different sections hereunder, but not exceeding the sum insured stated there against.

SECTION I

- If at any time during the Period of Insurance, the Insured Person shall sustain any **grievous** bodily injury resulting solely and directly from **Accident** caused by external, violent and visible means, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay the Capital Sum Insured as compensation subject to the other terms and conditions of the policy mentioned herein.
- If following an Accident, which caused permanent impairment of the Insured's mental or physical capabilities, within 12 calendar months of its occurrence then the Company will pay the benefits as provided in the Table of Benefits depending upon the degree of disablement.

| Death and Permanent Total Disablement | | Table A |
|---------------------------------------|-----------------------------|---------------------------|
| Benefits | | Percentage of Sum Insured |
| 1 | Death | 100% |
| 2 | Permanent Total Disablement | 100% |

| Death and Permanent Total Disablement | | Table A |
|---------------------------------------|---|---------------------------|
| Benefits | | Percentage of Sum Insured |
| 3 | Total and irrevocable loss* of | |
| | (i) Sight of both eyes | 100% |
| | (ii) Physical separation of two entire hands | 100% |
| | (iii) Physical separation of two entire foot | 100% |
| | (iv) One entire hand and one entire foot | 100% |
| | (v) Sight of one eye and loss of one hand | 100% |
| | (vi) Sight of one eye and loss of one entire foot | 100% |
| | (vii) Use of two hands | 100% |
| | (viii) Use of two feet | 100% |
| | (ix) Use of one hand and one foot | 100% |
| | (x) Sight of one eye and use of one hand | 100% |
| | (xi) Sight of one eye and use of one foot | 100% |
| | (xii) Sight of one eye | 50% |
| | (xiii) Physical separation of one entire hand | 50% |
| | (xiv) Physical separation of one entire foot | 50% |
| | (xv) Use of one hand without physical separation | 50% |
| | (xvi) Use of one foot without physical separation | 50% |

*Loss of Foot/hand means total severance through or above the ankle/wrist joints respectively. Loss of Eye means entire and irrevocable loss of sight.

Provided always the policy will not pay under more than one of the above sub-clauses in respect of the same accident whereby the Company's liability would exceed 100% of the sum insured.

SECTION II

If the **Insured Person** shall sustain any **grievous** bodily injury through **accident** other than **work place accidents** and if such accident requires the Insured Person upon the advice of a duly qualified **medical practitioner** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **inpatient** the Company will pay to the Insured Person the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits indicated but not exceeding the sum insured under Section II stated in the schedule hereto in any one policy period.

- Room, Boarding Expenses as provided by the Hospital / Nursing Home not exceeding 2% of the sum insured.
- Nursing expenses.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, cost of Pacemaker and similar expenses

Special Conditions applicable for both the Sections

- If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.
- In the event of Permanent Disablement, the Insured Person will be under obligation:
 - To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
 - To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.

3. EXCLUSIONS

The Company shall not be liable to make any payments under this policy in respect of any claim in connection with or in respect of:

- All injuries / conditions which are Pre Existing
- Injury directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations, whether war be declared or not.
- Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - Nuclear weapons material
 - The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - Nuclear, Chemical & Biological Terrorism.

- Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs, artificial limbs and such other aids.
- Accidents caused due to intentional self injury,
 - insanity
 - the Insured Person is found to be under the influence of intoxicating drugs/alcohol self-endangerment unless in self-defense or to save life.
 - Suicide /or attempted suicide
 - mental disorder
- All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymphotropic Virus type III (HTLV- III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as HIV/AIDS.
- Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory Examinations not consistent with or incidental to the diagnosis and treatment of the injury, for which confinement is required at hospital / nursing home.
- Expenses on vitamins and tonics unless forming part of treatment for injury as certified by the attending Physician
- Naturopathy Treatment.
- Hospital registration charges, record charges telephone charges and such other charges.
- Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathic.
- Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed 100% of the Capital Sum Insured.
- Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
- Any claim for accidents occurring whilst the Insured Person is engaging in Air Travel other than as a fare-paying passenger. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
- Participation of the Insured Person in riots, strike or any subversive activity. Any claim of which a contributing cause was the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law
- Participation of the Insured Person in **Hazardous Sport / Hazardous Activities**
- Other excluded expenses as detailed in the website www.starhealth.in.

4. CONDITIONS

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim: No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

- The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company.
- The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
- Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the time of Death, injury, Hospitalisation. Claim must be filed within 15 days from the date of discharge from the Hospital
Note: this is a condition precedent to admission of liability under the policy.
However the company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

Note

- KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888
- The Insured Person shall obtain and furnish the Company with all original receipts, bills, discharge summary, Death Certificate, Viscera Sample Report / Forensic Science Laboratory report, First Information Report, Post Mortem Report, Legal Heir Certificate, Succession Certificate and other documents upon which a claim is based and shall also give the Company such additional information and/or other documents as may be required for processing the claim.

In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policy holders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

5. If the Company requests that bills/ vouchers / Reports in a language, other than English be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person.
6. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at company's cost.
7. The company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
8. **Material change:** The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.
9. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation. Free look cancellation is not applicable at the time of renewal of the policy.
10. **Renewal:** The policy will be renewed except on grounds of misrepresentation / fraud committed. A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.
Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer. However in respect of Permanent Partial Disability claims the Company would exclude such disability on renewal in respect of such relevant person. Where a claim for Permanent Total Disability has been paid the renewal will be restricted to Death only cover.
In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.
11. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact or non co-operation by the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund of after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation

| Period on Risk | Rate of Premium to be Retained |
|----------------------|--|
| Up to one-month | 1/3 rd of the annual premium |
| Up to three Months | ½ of the annual rate premium |
| Up to six months | 3/4 th of the annual rate premium |
| Exceeding six months | full annual rate premium |

12. **Automatic Termination:** The insurance under this policy shall terminate immediately on the earlier of the following events:
- Upon the death of the Insured Person at the expiration of the period for which the premium has been paid or on the expiration date shown in the policy schedule whichever is earlier.
 - Upon payment of 100% Capital sum insured under 2(Section I)

13. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

14. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.

15. **Package Charges :** The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)

16. **Policy Disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

17. **Important Note:** The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.

The terms, conditions and exceptions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

18. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to **Star Health and Allied Insurance Company Limited**, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. Toll Free Fax No.: 1800-425-5522, Toll Free No.: 1800-425-2255/ 1800-102-4477, E-Mail : support@starhealth.in.

Notice and instructions will be deemed served 7 days after posting or **immediately** upon receipt in the case of hand delivery, facsimile or e-mail.

19. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the Insured may contact No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034, during normal business hours.

20. **Grievances** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

Grievance Department: 4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai- 600014, Phone: 044-69006900 during normal business hours. or Send e-mail to gro@starhealth.in, grievances@starhealth.in. Senior Citizens may Call 044-69007500.

In the event of the following grievances:

- any partial or total repudiation of claims by an insurer;
- any dispute in regard to premium paid or payable in terms of the policy;
- any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- delay in settlement of claims;
- non-issuance of any insurance document to customer after receipt of the premium

The insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.



List of Insurance Ombudsman

| | | | |
|---|---|---|--|
| <p align="center">AHMEDABAD</p> <p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p> <p>JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p> | <p align="center">BENGALURU</p> <p>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p> <p>JURISDICTION: Karnataka.</p> | <p align="center">BHOPAL</p> <p>Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p> <p>JURISDICTION: Madhya Pradesh Chattisgarh.</p> | <p align="center">BHUBANESWAR</p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p> <p>JURISDICTION: Odisha.</p> |
| <p align="center">CHANDIGARH</p> <p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p> <p>JURISDICTION: Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p> | <p align="center">CHENNAI</p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in</p> <p>JURISDICTION: Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p> | <p align="center">DELHI</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p> <p>JURISDICTION: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p> | <p align="center">ERNAKULAM</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in</p> <p>JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p> |
| <p align="center">GUWAHATI</p> <p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p> <p>JURISDICTION: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p> | <p align="center">HYDERABAD</p> <p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p> <p>JURISDICTION: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p> | <p align="center">JAIPUR</p> <p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p> <p>JURISDICTION: Rajasthan.</p> | <p align="center">KOLKATA</p> <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in</p> <p>JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.</p> |
| <p align="center">LUCKNOW</p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in</p> <p>JURISDICTION: Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p> | <p align="center">MUMBAI</p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in</p> <p>JURISDICTION: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p> | <p align="center">NOIDA</p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p> <p>JURISDICTION: State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashgani, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p> | <p align="center">PATNA</p> <p>Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p> <p>JURISDICTION: Bihar, Jharkhand.</p> <p align="center">PUNE</p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p> <p>JURISDICTION: Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p> |

Kindly refer our website, for future updates in Ombudsman address

ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES

| SI.NO. | ITEM | SI.NO. | ITEM |
|--------|---|--------|---|
| 1 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | 20 | LUXURY TAX |
| 2 | HAND WASH | 21 | HVAC |
| 3 | SHOE COVER | 22 | HOUSE KEEPING CHARGES |
| 4 | CAPS | 23 | AIR CONDITIONER CHARGES |
| 5 | CRADLE CHARGES | 24 | IM IV INJECTION CHARGES |
| 6 | COMB | 25 | CLEAN SHEET |
| 7 | EAU-DE-COLOGNE / ROOM FRESHNERS | 26 | BLANKET / WARMER BLANKET |
| 8 | FOOT COVER | 27 | ADMISSION KIT |
| 9 | GOWN | 28 | DIABETIC CHART CHARGES |
| 10 | SLIPPERS | 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |
| 11 | TISSUE PAPER | 30 | DISCHARGE PROCEDURE CHARGES |
| 12 | TOOTH PASTE | 31 | DAILY CHART CHARGES |
| 13 | TOOTH BRUSH | 32 | ENTRANCE PASS / VISITORS PASS CHARGES |
| 14 | BED PAN | 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |
| 15 | FACE MASK | 34 | FILE OPENING CHARGES |
| 16 | FLEXI MASK | 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 17 | HAND HOLDER | 36 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 18 | SPUTUM CUP | 37 | PULSEOXYMETER CHARGES |
| 19 | DISINFECTANT LOTIONS | | |

ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES

| SI.NO. | ITEM | SI.NO. | ITEM |
|--------|--|--------|----------------------------|
| 1 | HAIR REMOVAL CREAM | 13 | SURGICAL DRILL |
| 2 | DISPOSABLES RAZORS CHARGES (for site preparations) | 14 | EYE KIT |
| 3 | EYE PAD | 15 | EYE DRAPE |
| 4 | EYE SHEILD | 16 | X-RAY FILM |
| 5 | CAMERA COVER | 17 | BOYLES APPARATUS CHARGES |
| 6 | DVD, CD CHARGES | 18 | COTTON |
| 7 | GAUSE SOFT | 19 | COTTON BANDAGE |
| 8 | GAUZE | 20 | SURGICAL TAPE |
| 9 | WARD AND THEATRE BOOKING CHARGES | 21 | APRON |
| 10 | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS | 22 | TORNIQUET |
| 11 | MICROSCOPE COVER | 23 | ORTHOBUNDLE, GYNAEC BUNDLE |
| 12 | SURGICAL BLADES, HARMONICSCALPEL, SHAVER | | |

ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

| SI.NO. | ITEM | SI.NO. | ITEM |
|--------|---|--------|-----------------------------|
| 1 | ADMISSION / REGISTRATION CHARGES | 10 | HIV KIT |
| 2 | HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE | 11 | ANTISEPTIC MOUTHWASH |
| 3 | URINE CONTAINER | 12 | LOZENGES |
| 4 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | 13 | MOUTH PAINT |
| 5 | BIPAP MACHINE | 14 | VACCINATION CHARGES |
| 6 | CPAP / CAPD EQUIPMENTS | 15 | ALCOHOL SWABS |
| 7 | INFUSION PUMP — COST | 16 | SCRUB SOLUTION / STERILLIUM |
| 8 | HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC | 17 | GLUCOMETER & STRIPS |
| 9 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES | 18 | URINE BAG |