

ANTYODAYA SHRAMIK SURAKSHA YOJANA
Unique Identification No.: SHAPAGP24057V012324

A. PREAMBLE

The Company by this Policy agrees, subject to the terms, conditions and exclusions as set out and the Schedule with all its Parts, that on proof to the satisfaction of the Company, of the compensation having become payable, as set out in the Schedule, upon the happening of an event, to pay the Sum Insured/ appropriate Benefit.

This policy is specially designed personal accident cover which will be offered by India Post Payments Bank to the labourers registered on the e-shramik portal.

B. 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.

Commencement Date means the commencement date of the coverage under this Policy as specified in the Policy Schedule / Certificate of Insurance

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:

- i) has qualified nursing staff under its employment round the clock;
- ii) 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;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Hospitalization: Hospitalization means admission in a Hospital for a minimum period of 24 consecutive '*In-patient Care*' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

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.

In-patient Care: Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Medical Expenses: Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

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.

Medically Necessary Treatment: Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which: i) is required for the medical management of the illness or injury suffered by the insured; ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; iii) must have been prescribed by a medical practitioner; iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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.

Notification of Claim: Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

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.

Renewal: Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

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*.

Unproven/Experimental treatment: Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

Specific Definition

Admissible claim: Admissible claim means any claim payable under C. Coverage

Accidental Dismemberment : With regard to this policy refers to actual severance or loss of use of limbs ie. Entire and Irrecoverable loss due to accident.

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

Certificate of Insurance means that portion of the Policy which sets out personal details of Insured Person, the type and plan of insurance cover in force, the Policy duration and sum insured etc any Annexure or Endorsement to it, shall also be a part of the Policy Certificate

Company: Company means Star Health and Allied Insurance Company Limited

Day means a continuous period of 24 hours.

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.

Group Administrator / Proposer: Group Administrator / Proposer means the person/organization who has signed in the proposal form / declaration form and named in the Policy Schedule. He may or may not be insured under the policy.

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 including but not limited to 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 personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

Hemiplegia: paralysis of one side of body due to accident

Insanity - means the state of being mentally ill of such a severe nature that a person cannot distinguish fantasy from reality, cannot conduct his affairs due to psychosis, or is subject to uncontrollable impulsive behaviour.

Insured Person/Beneficiary : Labourer / Workman registered in E-shram Portal of Ministry of Labour and Employment, Govt of India having unique Shramik Identity card (connected to Adhar Card of the labourer) and also is an account holder of India Post Payment Bank Ltd.

Limb: means entire arm or leg

Mastication: means Chewing, grinding of food into smaller pieces by teeth; process that breaks down food so that it can go through the oesophagus to the stomach.

Nuclear, Chemical or Biological Attack shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. "Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Paraplegia: Paralysis of legs and lower parts of the body due to accident

Paralysis: Loss of the ability to move (and sometimes to feel anything) in part or most of the body, as a result of an accident.

Permanent Partial Disablement: Permanent Partial Disablement means Medical Practitioner certified total loss or loss of use of specific body part as detailed under "Permanent Partial Disablement - Benefit 3" following accidental injury to the insured person

Permanent Total Disablement: Permanent Total Disablement means the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disablement shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

Policy: Policy means the Policy Wordings, the Policy Schedule and any other endorsements if any. No change in this Policy shall be valid until approved by our authorized officer and such approval is endorsed hereon

Policy Period means the period between the Commencement Date and Expiry Date specified in the Schedule/Certificate of Insurance.

Quadriplegia: paralysis of below the neck of all four limbs due to accident

Standard type aircraft/Sea Craft: Standard type aircraft/Sea Craft means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

Sum Insured: Sum Insured wherever it appears shall mean the amount of insurance for which the premium has been paid. Where coverage is on individual basis / family floater basis the sum insured is the amount shown against each individual / family unit respectively

Uniplegia: paralysis of one lower limb or one upper limb due to accident

C. COVERAGE

The following covers are available, in consideration of the premium paid and shown in the Policy Schedule / Certificate of Insurance and such coverage/s is/are subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

This policy offers Plan A and Plan B. Coverage available under each plan is given below.

Benefits	Plan A – Rs.10 Lakh Sum Insured	Plan B – Rs.5 Lakh Sum Insured
Section 1 - Accidental Death	100% of Sum Insured	100% of Sum Insured
Section 2 - Permanent Total Disablement	100% of Sum Insured	100% of Sum Insured
Section 3 - Permanent Partial Disablement	Upto 100% of Sum Insured	Upto 100% of Sum Insured
Section 4 - Accidental Dismemberment	Upto 100% of Sum Insured	Upto 100% of Sum Insured
Section 5 - Accidental Medical Expenses - Inpatient Hospitalisation Cover	Rs.1 Lakh or actual claim amount (whichever is lower) - requires 24 hrs of hospitalisation	Rs.50,000 or actual claim amount (whichever is lower) - requires 24 hrs of hospitalisation
Section 6 - Prolonged Hospitalisation Benefit - in case of Accidents:	Rs.10,000 will be paid if hospitalised for a continuous period exceeding 7 days during the policy period in case of accident - available as a one-time benefit	Not Available
Section 7 - Funeral Expenses	Upto Rs. 5,000	Upto Rs. 5,000
Section 8 - Repatriation of Mortal remains	Upto Rs. 5,000	Upto Rs. 5,000
Section 9 - Coma Benefit in case of Accidents	Rs.1 Lakh as a one-time benefit during the policy period	Rs.50,000 as a one-time benefit during the policy period
Section 10 - Education Benefit	Rs.1 Lakh per child for maximum 2 eligible children in case of accidental death of the insured member	Not Available

Note : The customer can opt for one plan only i.e., either Plan A or Plan B.

Personal Accident

Section 1 - Accidental Death

The Company will pay as hereinafter mentioned:

If at any time during the Policy Period, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay the amount as provided in "Schedule of Benefits Table 1"

Section 2 - Permanent Total Disablement

If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the amount as provided in "Schedule of Benefits – Table 1" depending upon the degree of disablement provided that:

- a) The disablement occurs within 12 Calendar months from the date of the Accident.
- b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated in "Schedule of Benefits" in respect of the same Accident.

Section 3 - Permanent Partial Disablement

If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided under "Schedule of Benefits – Table 2", depending upon the degree of disablement provided that:

- a) The disablement occurs within 12 Calendar months from the date of the Accident.
- b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident. In case of multiple disability from the same accident, the policy will pay the highest of the compensation.

Section 4: Accidental Dismemberment

The Company will pay the amount as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers from any of the conditions due to an accident occurred during the policy period as given in "Schedule of Benefits – Table 3".

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident. In case of multiple disability from the same accident, the policy will pay the highest of the compensation.

This coverage shall immediately and automatically cease on payment on 100% of Sum Insured.

Section 5: Accidental Medical Expenses – Inpatient Hospitalization Cover

The company will pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This benefit is payable in addition to the sum insured

The benefit is effective only if

1. Medical expenses incurred / expended during the policy tenure and are payable.
2. Treatment availed is not an unproven / Experimental Treatment
3. Treatment is taken in a nursing home or hospital (except for physiotherapy done at home).
4. For an admissible claim under the policy under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement, Accidental Dismemberment and Coma benefit in case of Accident.
5. Expenses on hospitalisation are payable provided the hospitalisation is in-patient and for minimum period of 24 hours.
6. Claims under this benefit will be processed on Reimbursement only.

Note : Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Section 6 : Prolonged Hospitalization Benefit – In case of Accident

The Company will pay a lump-sum as specified in the Policy Schedule/ Certificate of Insurance if the Insured is hospitalized for more than 7 consecutive days in case of accident during the policy period, subject to admissible claim under Section 5 provided that

1. Admission should be followed by accident & injury should be grievous in nature
2. Admission should be medically admissible followed by active line of treatment
3. Claim will not be admissible if admission is only for diagnostic & rehabilitation purpose

Note :

This benefit is payable in addition to the sum insured

This benefit is applicable only for Plan A Rs.10,00,000/- Sum Insured.

Section 7: Funeral Expenses

Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the Policy Schedule / Certificate of Insurance towards funeral expenses of the insured person. Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company. This benefit is payable in addition to the sum insured

Section 8: Repatriation of Mortal Remains

Following an admissible claim under Section 1 – Accidental Death, the Company shall pay for repatriation of mortal remains of the insured person from the place of death to the Insured's place of residence, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance, provided, the death of the insured person occurred in a location that is not the place of residence of the insured person. Such expenses include expenses for embalming, cremation and coffin charges.

This benefit is payable in addition to the sum insured

Section 9: Coma Benefit in case of Accident

The Company will pay the amount mentioned in the Policy Schedule / Certificate of Insurance for an Injury due to Accident which results in Coma of specified severity from the date of Accident during the Policy period.

Coma of specified severity means

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

- i. No response to external stimuli continuously for at least 96 hours;
- ii. Life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 45 days after the onset of the coma.
- iv. Provided for an admissible claim under the policy due to an Accident and it is payable only once during policy period of the insured person

This coverage shall immediately and automatically cease on payment of the amount specified in the Policy Schedule/Certificate of Insurance under this benefit.

Note:

1. This benefit is payable in addition to the sum insured
2. The condition has to be confirmed by a specialist medical practitioner.
3. Coma resulting directly from alcohol or drug abuse / due to any disease is excluded.

Section 10: Education Benefit

Following an admissible claim under the policy towards Accidental Death of the insured person, the Company will pay the fixed limit as mentioned in the Policy schedule / Certificate of Insurance per dependent child towards the Cost of Education of up to two dependent children who are under the age of 23 years and who are studying at an educational institution on the date the Insured parent met with an Accident.

Note :

This benefit is payable in addition to the sum insured

This benefit is applicable only for Plan A Rs.10,00,000/- Sum Insured.

Special Conditions (applicable for Section 1, 2, 3 and 4)

1. If the Accident affects any physical function, which was already impaired prior to the accident, a deduction as per "Table – 4" will be made in respect of this prior disablement.
2. If the accident impairs a number of physical functions, the degree of disablement given in the Schedule of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
3. Where a claim for 100% of the Sum Insured is admitted / admissible the coverage under the policy ceases for such relevant person.
4. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person if the group policy is renewed
5. In the event of Permanent Disablement, the Insured Person will be under obligation:
 - a) To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
 - b) 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. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.

Exclusions (applicable to Section 1, 2, 3 and 4)

- (a) Any payment in case of more than one claim under the policy during the Policy Period by which the maximum liability of the Company in that period would exceed the Sum Insured.
- (b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.
- (c) Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly

D. WAITING PERIOD : Not Applicable

E. GENERAL EXCLUSIONS

EXCLUSIONS APPLICABLE TO ALL SECTIONS EXCEPT WHERE STATED OTHERWISE

The Company shall not be liable to make any payments in respect of:

1. Any Injury or disability arising out of a Pre- Existing Disease or any complication arising therefrom.
2. Any claim of Insured Person arising out of suicide or attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness,
3. Being under the influence of intoxicating liquor or drugs or other intoxicants
4. Participation in

- a. naval, military or air force operations.
 - b. hazardous activity,
 - c. professional or Adventure sports without expert supervision of trained professional
 - d. Actual or attempted felony, riot, crime, misdemeanour (excluding traffic violations) or civil commotion ;
 - e. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent including but not limited to actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion
5. Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to : War, Invasion, Act of foreign enemy, Hostilities, Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints.
 6. Death or bodily injury or any disease or illness to the Insured person - (a) Directly or indirectly caused by from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (b) Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
 7. Any loss, damage cost or expense of whatsoever nature caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss;
 8. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent
 9. Mosquito bite, insect bite and resultant diseases are excluded under the Policy.
 10. Any loss resulting contributed or aggravated or prolonged by childbirth or from pregnancy.
 11. Whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 12. Investigation & Evaluation- Code- Excl04 Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 13. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
 14. Any Natural death not limited to sickness, illness, disease and any claim arising out of any Illness, complication or ailment not arising out of Injury(as defined in the policy)
 15. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
 16. Underground mines, explosives magazines , hydro or thermal power projects
 17. If the beneficiary is involved directly or in abetment of the murder/assault of Insured

F. CONDITIONS

1. **Disclosure of Information:** 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 by the policy holder.
2. **Provision for Penal Interest:**
 - i) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document
 - ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate

- iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document
- i) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim
- ii) "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due

3. Multiple Policies: In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.

4. Complete Discharge: Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

5. Fraud: If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

6. Cancellation

- a) The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Risk Period upto (months)	Retention
1	17.5%
3	32.5%
6	55.0%
9	77.5%
Above 9 months	100%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

7. **Nomination:** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

8. **Redressal of Grievance:** In case of any grievance the insured person may contact the Company through

Website : www.starhealth.in

E-mail : grievances@starhealth.in, gro@starhealth.in

Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255
Senior Citizens may call at 044-69007500

Courier : 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.

For updated details of grievance officer, kindly refer the link

<https://www.starhealth.in/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

9. Claim Settlement

- I. **Condition Precedent to Admission of Liability :** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.
- II. **Notification of Claim :** Upon the happening of any event, which may give rise to a valid claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event.

Note: Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** 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 the Company's cost.

III. Submission of Documents

Documents to be submitted for claims:

Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person Nominee / Legal Heir as the case may be
and

For Death Claims:-

- Death Certificate
- Post-mortem Certificate, if conducted
- FIR (wherever required)
- Police Investigation report / Panchanama (wherever required)
- Viscera Sample Report / Chemical analysis report (wherever required)
- Forensic Laboratory Report (wherever required)
- Legal Heir Certificate (wherever required)
- Succession Certificate (wherever required)

For Permanent Total Disablement and Permanent Partial Disablement

- Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.

Note: The Company authorized doctor may examine the insured person/s if required

For Accidental Dismemberment

- Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.
- FIR , Final report (wherever required)
- Clinical photographs
- Treatment records after accident

Note: The Company authorized doctor may examine the insured person/s if required

Accidental Medical Expenses – Inpatient Hospitalization Cover and Prolonged Hospitalization Benefit – in case of Accidents

- Original Discharge Summary (wherever applicable)
- Original Medical Reports
- Original Invoices/Bills,
- Original Payment Receipts

Funeral Expenses

- Original Invoices/Bills,
- Original Payment Receipts

Repatriation of Mortal Remains

- Death Certificate or
- Proof of hospitalisation
- Proof of utilized services of either Ambulance or Mortuary Van (Original Receipt)

Coma Benefit in case of Accident

- Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.

Note: The Company authorized doctor may examine the insured person/s if required

Educational Benefit

- Death certificate of Parent/s or Guardian
- Age proof of the student
- Proof of education.

Note

1. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888
2. KYC (Identity proof with Address) of the proposer, as per AML Guidelines.
3. The Company reserves the right to call for additional documents wherever required.

- 10. Renewal of policy :** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.
 - i). The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
 - ii). Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. (However, this provision is not applicable for Plan A)
 - iii). Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
 - iv). At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
 - v). Coverage is not available during the grace period.
- 11. Withdrawal of the policy:** The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.
- 12. Possibility of Revision of Terms of the Policy including the Premium Rates :** The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.
- 13.** The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except when acknowledged 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/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to admission any liability of the Company to make any payment under this policy. 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.
- 14.** All claims under this policy shall be payable in Indian currency.
- 15. Geographical Scope:** World Wide Cover. However, the coverage under "Section 5: Accidental Medical Expenses – Inpatient Hospitalization" is restricted to within India.
- 16. Risk Commencement:** Risk Commences from 15 days after the date of receipt of premium.
- 17. 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. Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, 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
- 18. 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.

- 19. Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact Star Health and Allied Insurance Company Limited, No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, during normal business hours.
- 20. Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:
- ✓ Upon the death of the Insured Person.
 - ✓ Upon Payment of 100% Sum Insured
 - ✓ At the expiry of the period for which the premium has been paid or on the expiry date shown in the policy schedule whichever is earlier.
- 21. Automatic Termination of Individual Certificate of Insurance.** The Certificate of Insurance will terminate on the earliest of the following dates:
1. The date of expiry of certificate of insurance or
 2. The date the Insured Person is no longer eligible to be within the classification of Insured Person(s) described in the Policy or
 3. The Insured person ceases to be a resident of India or
 4. From the date the Certificate of Insurance is cancelled either by the Group Administrator or by the Company
 5. From the date on which the premium when due, is not received.(applicable only if payment is agreed to be received in instalment)
- 22. Material change:** The proposer / group administrator shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which the insured person/s has become affected.
- 23. Role of Group Administrator / Proposer:** The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes
- 1) Furnishing to the Company detailed list of Insured Person/s for preparation of Individual Certificate.
 - 2) Distributing Individual Certificate received from the Company. (However, where the Company / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).
 - 3) Facilitating Insured Person / s in availing all insurance related services
 - 4) To make payment of premium on or before the stipulated time.
 - 5) Immediately notify the Company of any change in business or occupation of the proposer or insured entity or any physical defect or infirmity of the insured person with which the insured person becomes affected.
- 24. Duties of the Group Administrator / Proposer / Insured / Insured Person on occurrence of loss**
On the occurrence of any loss, within the scope of cover under the Policy the Insured Person shall:
- i) Forthwith file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.
 - ii) If the Insured Person does not comply with the provisions of this Clause or other obligations cast upon the Insured Person under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.
- 25. Fraudulent claims:** If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Group Administrator / Proposer / Insured / Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, shall be forfeited and the policy will be cancelled without any refund of premium.

26. Important Note:

1. The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
2. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
3. The attention of the policy holder is drawn to the website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders.

27. 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.

List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD 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>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<p>BENGALURU 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>	Karnataka.
<p>BHOPAL 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>	Madhya Pradesh Chattisgarh.
<p>BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Odisha.
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017.</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	
CHENNAI 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	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI 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	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
ERNAKULAM 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	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
GUWAHATI 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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD 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	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR 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	Rajasthan.

Office Details	Jurisdiction of Office Union Territory, District)
<p>KOLKATA 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>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW 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>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, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI 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>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>
<p>NOIDA 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>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, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA 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>Bihar, Jharkhand.</p>
<p>PUNE 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>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>

Office Details	Jurisdiction of Office Union Territory, District)
Kindly refer our website, for future updates in Ombudsman address	
Schedule of Benefits – Table 1 Accidental Death / Permanent Total Disablement	
Benefit	Percentage of the Sum Insured
Accidental Death	100%
Permanent Total Disablement	100%
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.	
Schedule of Benefits - Table 2 Permanent Partial Disablement	
a. Loss of toes all	20%
b. Loss of Great toe (Both Phalanges)	5%
c. Loss of Great toe (One Phalanx)	2%
d. Other than Great, if more than One toe lost, for each toe	1%
e. Loss of hearing both ears	75%
f. Loss of hearing one ear	30%
g. Loss of four fingers and thumbs of One hand	40%
h. Loss of four fingers	35%
i. Loss of thumb both phalanges (Both Phalanges)	25%
j. Loss of thumb both phalanges (One phalanx)	10%
k. Loss of index finger three phalanges	10%
l. Loss of index finger two phalanges	8%
m. Loss of index finger One phalanx	4%
n. Loss of middle finger three phalanges	6%
o. Loss of middle finger Two phalanges	4%
p. Loss of middle finger One phalanx	2%
q. Loss of ring finger Three Phalanges	5%
r. Loss of ring finger Two Phalanges	4%
s. Loss of ring finger One Phalanx	2%
t. Loss of little finger Three phalanges	4%
u. Loss of little finger Two phalanges	3%
v. Loss of little finger One phalanx	2%

w. Loss of metacarpals	3%
x. Additional (Third, fourth or fifth)	2%
y. Any other Permanent partial disablement	Percentage as assessed by the Medical Board or by the government doctor
Loss of Thumb or index finger means actual severance through or above the joint that meets the hand at the palm.	

Schedule of Benefits – Table 3 Accidental Dismemberment		
S No	Nature of Losses	Percentage (%) of Sum Insured
1	Both Hands or Both Feet	100%
2	Sight of Both Eyes	100%
3	One Hand and one Foot	100%
4	Either Hand or Foot and Sight of one eye	100%
5	Speech and hearing in both ears	100%
6	Permanent and incurable insanity	100%
7	Permanent Total Loss of Mastication	100%
8	Permanent Total Loss of the Central Nervous System or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry our Daily Activities essential to life without full time assistance	100%
9	Either Hand or Foot	50%
10	Sight of One Eye	50%
11	Speech or Hearing in Both Ears	50%
12	Hearing in One Ear	25%
13	Thumb and Index Finger of Same Hand	25%
14	Quadriplegia	100%
15	Paraplegia	50%
16	Hemiplegia	50%
17	Uniplegia	25%

Table – 4			
Physical function already impaired prior to accident			Percentage Of Sum Insured Deducted
1	Loss of toes all	All	20
	Loss of Great toe	both phalanges	5
	Loss of Great toe	one phalanx	2
	Other than Great, if more than		
	One toe lost, for each toe	For each toe	1
2	Loss of hearing both ears	Both ears	75

	Loss of hearing one ear	One ear	30
3	Loss of four fingers and thumbs of One hand		40
4	Loss of four fingers		35
	Loss of thumb both phalanges	Both phalanges	25
		One phalanx	10
5	Loss of index finger three phalanges	Three phalanges	10
		Two phalanges	8
		One phalanx	4
6	Loss of middle finger	Three phalanges	6
		Two phalanges	4
		One phalanx	2
7	Loss of ring finger	Three phalanges	5
		Two phalanges	4
		One phalanx	2
8	Loss of little finger	Three phalanges	4
		Two phalanges	3
		One phalanx	2
9	Loss of metacarpals	First or second	3
		Additional (third fourth or fifth)	2
10	Any other Permanent partial disablement		Percentage as assessed by the Medical Board or by the government doctor