



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office: No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Phone:044- 28288800

Corporate Office: No. 148, Acropolis, Dr. Radha Krishnan Salai, Mylapore, Chennai - 600 004. Phone: 044 - 4788 6666

★ Email : support@starhealth.in ★ Website : www.starhealth.in ★ CIN : L66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

POS - ACCIDENT CARE INDIVIDUAL INSURANCE POLICY

Unique Identification No.: SHAHPAIP18070V031718

PREAMBLE

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

The Company by this Policy agrees, subject to the terms and conditions as set out in 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.

I. DEFINITIONS OF WORDS AND EXPRESSIONS

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

STANDARD DEFINITIONS

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

Break in policy: "Break in policy" means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

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

Cumulative Bonus: Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

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 premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

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 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.

Pre-Existing Disease: "Pre-existing disease (PED)" means any condition, ailment, injury or disease:

- that is/are diagnosed by a physician not more than 36 months prior to the date of

commencement of the policy issued by the insurer;

or

- for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

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.

SPECIFIC DEFINITIONS

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

Capital sum insured: Capital sum insured means the **sum insured** as specified in the Schedule of this Policy and the Cumulative Bonus as shown in the Schedule.

Company: Company means Star Health and Allied Insurance Company Limited.

Covered Medical Expenses: Covered Medical Expenses means reasonable charges, whether as an In Patient or an out Patient, which is usually and customarily incurred for services and supplies for any Accident to the Insured Person, covered under the policy.

Dependent Child: Dependent Child means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

Family: Family means Insured Person, spouse, dependent children between 5 months and 25 years of age.

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 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.

Insured Person: Insured Person means the name/s of persons shown in the schedule of the Policy.

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

Relative: Relative means spouse, children, parents, siblings or in-laws.

Sum insured: Sum insured means the amount of insurance for each table for which the premium is paid.

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.

Temporary Total Disablement: Temporary Total Disablement means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period following a Grievous injury arising solely and directly from an accident.

II. SCOPE OF COVER

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 and as specified in the Schedule to the Policy.

Table-A – ACCIDENTAL DEATH: If at any time during the Period of Insurance, the Insured Person shall sustain any 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 an amount as compensation 100% of the Capital Sum Insured.

Table-B – ACCIDENTAL DEATH AND PERMANENT DISABLEMENT: If the Insured Person meets with an Accident, which leads to disablement or subsequent death, the Company will provide insurance coverage to the Insured in the following manner;

1. **Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured
2. **Permanent disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 or Table of Benefits B2 mentioned herein, 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
 - c) Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid

Table-C – ACCIDENTAL DEATH, PERMANENT DISABLEMENT AND TEMPORARY TOTAL DISABLEMENT: (WEEKLY COMPENSATION)

1. **Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
2. **Permanent disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 (Permanent Total Disablement) or Table of Benefits B2 (Permanent Partial Disablement) mentioned herein 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
 - c) Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid
3. **Temporary Total Disablement:** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in hospitalization, then the insured person will be paid a sum calculated at 1% of the sum insured under Table C per completed week but not exceeding Rs.15,000/- per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement. This benefit is subject to a maximum period of 100 weeks from the date of such Temporary Total Disablement. In no case shall the compensation exceed the sum insured for this benefit. The payment shall be made only after the termination of such disablement. All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy.

Special Conditions (Applicable to all Tables)

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured (150% in case of Permanent Total Disablement).
3. In case of Permanent Partial Disablement claim the Sum Insured under the policy will be reduced by the amount of admissible claim under the policy in respect of the Insured Person to whom such sum shall become payable.
4. 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.
5. Where a claim for 100% of the Capital Sum Insured (150% for Permanent Total Disablement) is admitted / admissible the coverage under the policy ceases and the policy cannot be renewed for such relevant person.
6. 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.

Exclusions

- a) 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 the amount specified in the Schedule.
- b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table of Benefits B1. This would not apply to payment under Educational Grant, Ambulance Charges/Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood, Transportation of Imported Medicine.
- c) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- d) Any exclusion mentioned in the 'General Exclusions' of this Policy.

III. ADDITIONAL BENEFITS

1. **EDUCATIONAL GRANT:** The Company will pay as hereinafter mentioned Following an admissible claim under the policy towards Death/ Permanent Total Disability of the insured person, Educational Grant for a maximum of two dependent children of the Insured, as mentioned below;
 - i. If the Insured Person has one dependent child below the age of 18 years, an amount of Rs.10,000/- is payable
 - ii. If the Insured Person has more than one dependent child below the age of 18 years an amount of Rs.10,000/- per child but in any case not more than Rs.20,000/-
 This grant is payable in addition to the sum insured.
2. **AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS:** Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay during the policy period. Either
 - a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury
Or
in case of Death
 - b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured
The limit of Company's liability towards either Ambulance charges or Transportation of mortal remains is Rs.5,000/- only during the policy period. This lump sum amount is payable in addition to the sum insured.
3. **TRAVEL EXPENSES FOR ONE RELATIVE:** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay 1% of the Total sum insured for the transport expenses to one relative of the Insured Person Provided such payment shall not exceed a sum of Rs.50,000/-.
This amount is payable in addition to the sum insured.
4. **VEHICLE AND/OR RESIDENCE MODIFICATION:** The Company will pay upto 10% of Table B and Table C sum insured subject to a maximum of Rs.50,000/- towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement.
This benefit is applicable only where there is an admissible claim for Permanent Total Disablement.
This amount is payable in addition to the sum insured.
5. **PURCHASE OF BLOOD:** The Company will pay up to 5% of the sum insured under relevant table/tables opted subject to a maximum of Rs.10,000/- whichever is less towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy. This amount is payable in addition to the sum insured.
6. **TRANSPORTATION OF IMPORTED MEDICINES:** The Company will pay upto 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India, provided that;
 - a. There is an admissible claim under the policy
 - b. The medicines, formulations or alternatives of the imported medicines are not available in India, and
 - c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident
 - d. The medicines which are imported should be permissible under Government Regulation
 - e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy
 This amount is payable in addition to the sum insured

IV. OPTIONAL BENEFITS

If the additional premium is paid by the Insured person and shown in the Schedule of the policy, the following benefits, as applicable, are payable under the policy in addition to the sum insured.

- a. **MEDICAL EXPENSES EXTENSION DUE TO ACCIDENT:** The Company will pay any medical expenses necessarily and reasonably incurred and expended by the Insured Person, either as an In Patient or as an Out Patient, in connection with the accident as specified in the policy for which a claim has been admitted by the Company, 25% of the valid claim or 10% of the Total sum insured or actuals whichever is less, subject to a overall limit of Rs.5,00,000/- per policy period. Where the policy term is more than one year, this benefit is applicable for each year. Subject to General Exclusion of this policy sufficient proof for the treatment taken should to be submitted to the Company.

This benefit is optional and is effective only if

1. Specifically opted for by paying additional premium
2. Shown in the Policy Schedule and
3. There is an admissible claim under the policy

This amount is payable in addition to the sum insured.

- b. **Hospital Cash:** If during the policy period the insured person sustains accidental injuries resulting in hospitalization as an in-patient, the Company will pay Cash Benefit of Rs.1,000/- for each completed day of Hospitalization provided such hospitalization happens within 30 days from the date of accident. The maximum period for which the benefit is payable is 15 days per occurrence and 60 days per policy period. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward.

For the purpose of cash benefit the days of admission and discharge will not be taken into account.

This amount is payable in addition to the sum insured.

This benefit is optional and is effective only if;

1. Specifically opted for by paying additional premium
2. Shown in the Policy Schedule
3. There is an admissible claim under the policy

- c. **Home Convalescence:** The company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward.

This amount is payable in addition to the sum insured.

This benefit is optional and is effective only if;

1. Specifically opted for by paying additional premium
2. Shown in the Policy Schedule
3. The hospitalization is arising out of Accident
4. There is an admissible claim under the policy

V. CUMULATIVE BONUS

Compensation payable for an admissible claim for Death or Permanent Total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year during which the policy shall have been in force prior to the occurrence of an accident for which the capital sum insured becomes payable but the amount of such increase shall not exceed 50% of the sum insured stated in the schedule. The cumulative bonus is applicable to that part of the sum insured which is renewed continuously without break.

The Cumulative Bonus will not be lost if the policy is renewed within 30 days. Cumulative bonus is not applicable for the Additional Benefits Or Optional Benefits.

VI. GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS OF THE POLICY)

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

1. Any payment, in case of more than one claim under the Policy, during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital sum insured payable under this Policy except in case of Permanent Total Disability claim, in which case the amount payable is 150% of the sum insured. This exclusion will not apply to payments made under medical expenses extension, Hospital cash, Home Convalescence, Educational Grant, Ambulance Charges /Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood and Transportation of Imported Medicine
2. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance
3. Any injuries/conditions which are Pre-existing
4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save life
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused

6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. 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
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from;
 - A. 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
 - B. Nuclear weapons material
 - C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
 - D. Nuclear, chemical and biological terrorism
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons
11. Participation in Hazardous Sport / Hazardous Activities
12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy
13. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law
14. **OTHER EXCLUDED EXPENSES AS DETAILED IN THE WEBSITE www.starhealth.in**

VII. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS UNDER THIS POLICY)

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim;

1. **Obligations of the Insured Person:** Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death

Note: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case;

1. Claim intimation: Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected

2. Documents to be submitted for reimbursement claims;

Duly completed claim form and

For Death Claims

- Deth Certificate
- Post-mortem Certificate, if conducted
- FIR (wherever required)
- Police Investigation report (wherever required)
- Viscera Sample Report (wherever required)
- Forensic Science Laboratory report (wherever required)
- Legal Heira Certificate
- Succession Certificate (wherever required)

For Disability Claims:

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

Note: The Company authorized doctor may examine the insured if required Certificate from the employer confirming leave of absence from duty.

Travel expenses for one relative

- Proof of expenses incurred (original)

Vehicle and/or residence modification

- Certificate from the doctor confirming the Disability and the requirement of modification
- Estimate from Workshop
- Cash receipt for having carried the vehicle modification
- Estimate from civil engineer
- Cash receipt for completion of the civil work modification

Purchase of blood

- Original receipt for purchase of blood (wherever applicable)

Transportation of imported medicines

- Prescription of the treating doctor with confirmation that the medicine is not available in India

- Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

Educational grant

- Death Certificate
- Certificate from the school in which the child / children is/are studying, confirming their study

Ambulance charges / transportation expenses of mortal remains

- Death Certificate or
- Proof of hospitalisation
- Proof of utilized services of either Ambulance or Mortuary Van

For Claim under Optional benefits**Medical expenses due to accident**

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

Hospital Cash and Home Convalescence

- Discharge Summary (Where original is required for other purposes, a certified copy may be submitted)
- Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment
- Cash receipt for payment made to the attendant

Note

1. The Company reserves the right to call for additional documents wherever required
2. KYC (Identity proof with Address) of the proposer, as per AML Guidelines

2. **Claims Settlement:** Benefits payable under this policy will be paid within 7 days from the time of receipt of all documents the Company requires.
3. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
4. **Geographical Scope:** The insurance cover applies Worldwide.

**VIII. STANDARD TERMS AND CONDITIONS
(APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)**

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form or at the time of claim, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy 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.
3. **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.
4. **Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's death or payment of the Capital Sum Insured. In case of family cover, the surviving members would continue to have the cover for their respective sum insured, till the expiry date of the policy.
5. **Free Look Period:** The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to
 - i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
 - ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
 - iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period
6. **Duties of the insured on occurrence of loss:** On the occurrence of any loss, within the scope of cover under the Policy the Insured Person / representative shall file / submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions. If the Insured Person/representative does not comply with the provisions of this Clause or other obligations cast upon the Insured Person/representative 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.
7. **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 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.

8. **Cancellation/termination:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form and/or claim form at the time of claim or non-co-operation of the insured person, by giving 15 days' written notice and no refund of premium will be made. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation.

Short period scales

For policy with one year term	
Period on Risk	Rate of premium to be retained
For a period not exceeding 15 days	10% of the Annual Premium
For a period not exceeding 1 month	15% of the Annual Premium
For a period not exceeding 2 months	30% of the Annual Premium
For a period not exceeding 3 months	40% of the Annual Premium
For a period not exceeding 4 months	50% of the Annual Premium
For a period not exceeding 5 months	60% of the Annual Premium
For a period not exceeding 6 months	70% of the Annual Premium
For a period not exceeding 7 months	75% of the Annual Premium
For a period not exceeding 8 months	80% of the Annual Premium
Exceeding 8 months	Full Annual Premium
For policy with two year term	
Period on Risk	Rate of premium to be retained
Up to 1 year	65% of the premium
Up to 2 years	Full Premium
For policy with three year term	
Period on Risk	Rate of premium to be retained
Up to 1 year	45% of the premium
Up to 2 years	85% of the premium
Up to 3 years	Full Premium

9. **Currency for payments:** All claims payable shall be paid in Indian Rupee only.
10. **Important Note:** The terms, conditions and exclusions 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.

Note 1: It is hereby made clear that in policies which are issued for a period of two or three years, the sum insured and the other benefits shall be limited to the sum mentioned for each of the year, without any carry over benefit thereof.

Note 2: In so far as the benefits which are relatable to policy periods, such benefits shall be available for each year but limited to such sums mentioned for each year.

Note 3: Where the policy is issued covering the family, the benefits are applicable individually for each person covered.

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.
11. **Renewal Clause:** 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.

Where a claim for 100% of the Capital Sum Insured is admitted / admissible, the policy cannot be renewed for such relevant person.

Where a claim for less than 100% of the Sum Insured is admitted / admissible, the Company would exclude such disability on renewal in respect of such relevant person. In the event of this policy being withdrawn / modified with revised terms and/or premium the insured will be intimated three months/ thirty days in advance and accommodated in any other equivalent insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

Renewal premium is subject to change as per the extant Guidelines. Change of options/plans within same product are permissible only at the time of renewal.

- 12. **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.
- 13. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or 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
- 14. **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.
- 15. **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.

Star Health and Allied Insurance Company Limited. Grievance Department, 4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai-600014. Or Call 044-69006900 during normal business hours. Or Send e-mail to gro@starhealth.in, grievances@starhealth.in Senior Citizens may call at 044-69007500.

In the event of the following grievances;

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

The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

Permanent Total Disablement - Table of Benefits B1

Benefits	Percentage of Sum Insured
1. Permanent Total Disablement: Payable only when 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 Disability 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	150%
2. 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 foot	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. Thumb and index finger means severance through or above the joint that meets the hand at the palm.

Permanent Partial Disablement - Table of Benefits B2

	Benefits		Percentage of Sum Insured
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	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	

List of Insurance Ombudsman

<p>AHMEDABAD</p> <p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in</p> <p>JURISDICTION: Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>	<p>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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p> <p>JURISDICTION: Karnataka.</p>	<p>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>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>CHANDIGARH</p> <p>Office of the Insurance Ombudsman, Jeevan Deep Building S.C.O. 20-27, Ground Floor Sector 17 – A, Chandigarh – 160 017. Tel.: 0172 - 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>CHENNAI</p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p> <p>JURISDICTION: Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>	<p>DELHI</p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p> <p>JURISDICTION: Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>	<p>KOCHI</p> <p>Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp.to Maharaja's College, M. G. Road, KOCHI - 682 011. Tel.: 0484 - 235875 Email: bimalokpal.ernakulam@cioins.co.in</p> <p>JURISDICTION: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>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>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>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>KOLKATA</p> <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p> <p>JURISDICTION: West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW</p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082/ 3500613 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, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>MUMBAI</p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p> <p>JURISDICTION: Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).</p>	<p>NOIDA</p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh 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, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>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>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.: 020-24471175 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