



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

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

## Kind Attention: Policyholder

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

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

## Customer Information Sheet - Star Novel Coronavirus (nCoV) (COVID-19) Insurance Policy (Pilot Product)

Unique Identification No.: SHAHLIP21047V022021

Sl. No.	Title	Description	Refer to Policy Clause Number
	Product Name	Star Novel Coronavirus (nCoV) (COVID-19) Insurance Policy (Pilot Product)	
1	What am I covered for	a. Coverage for person who is contracted and diagnosed with Novel Coronavirus (nCoV) (COVID-19) requiring Hospitalization.	II
2	What are the Major Exclusions in the policy	I. If there is no In-patient Hospitalization irrespective of whether quarantined or not.	IV(1)
		II For Any Illness, sickness or disease other than Novel Coronavirus (nCoV) (COVID-19);	IV(2)
		III. Any claim with respect to Novel Coronavirus (nCoV) (COVID -19) contracted or manifested or the onset of diseases is prior to Commencement date of this policy or during the waiting period.	IV(3)
3	Waiting Periods	Waiting Period : 16 days	III
4	Payment basis	Lump sum basis on diagnosis of a covered event	II
5	Loss Sharing	In case of a claim, this policy required you to share the costs	No cost sharing applicable for this policy
6	Renewal Conditions	Upon payment of lump sum benefit, the policy ceases	Note: Point no.2 under Coverage - II
		Grace period of 30 days for renewing the policy is provided	Nil
7	Renewal Benefits	Renewal Benefits	V(8)
8	Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	V(12)
9	Claims	For Cashless Service:	Nil
		For Reimbursement of claim:	V(5)
10	Policy servicing /Grievances / Complaints	Company Officials IRDAI/(IGMS/Call Centre) Ombudsman	V(18) and V (20)
11	Insured's Rights	Free Look	V(10)
		Implied renewability	V(8)
		Migration and Portability	Not Applicable
		Increase in SI during policy term	Not Applicable
		Turn Around Time (TAT) for Settlement of Reimbursement	V(5)
12	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non disclosure may result in claim not being paid	V(7)
		Disclosure of Material Information during the policy period such as change in occupation	Not Applicable

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



# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,

Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in

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

## STAR NOVEL CORONAVIRUS (NCOV) (COVID-19) INSURANCE POLICY (PILOT PRODUCT)

Unique Identification No.: SHAHLIP21047V022021

### PREAMBLE

The proposal, declaration, enrolment form and other documents given by the Proposer and/or Insured Person shall be the basis of this Contract and is deemed to be incorporated herein.

### I. DEFINITIONS

#### STANDARD DEFINITIONS

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

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

**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;

**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.

**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 means any condition, ailment, injury or disease:

- 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
- 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

#### SPECIFIC DEFINITIONS

**Company** means Star Health and Allied Insurance Company Limited

**Diagnosis** means diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

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

**Insured Person** means the name/s of persons shown in the Schedule

**Novel Coronavirus (nCoV) (COVID19)** as defined by World Health Organization is a new strain that has not been previously identified in humans.

**Waiting Period:** Waiting period refers to the period during which the Company shall not be liable to make any payment for any claim which occurs or where the signs and/ or the symptoms of illness/ condition for the claim has occurred.

### II. COVERAGE

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

If during the period stated in the Schedule the insured person shall contract and is diagnosed with **Novel Coronavirus (nCoV) (COVID19)**, requiring Hospitalization, then Company will pay the sum insured stated in the schedule.

### Note

- Payment will be made only on Hospitalisation and report of Positive diagnosis for **Novel Coronavirus (nCoV) (COVID19)** from Government Authorised Centre.
- Insurance under this policy shall cease upon payment of lump-sum

### III WAITING PERIOD

An initial waiting period of 16 days is applicable from the date of commencement of this Insurance.

### IV. EXCLUSIONS

The Company shall not be liable to make any payment under this Policy:-

- If there is no In-patient Hospitalization irrespective of whether quarantined or not.
- For Any Illness, sickness or disease other than **Novel Coronavirus (nCoV) (COVID-19)**;
- Any claim with respect to **Novel Coronavirus (nCoV) (COVID-19)** contracted or manifested or the onset of diseases is prior to Commencement date of this policy or during the waiting period.

### V. CONDITIONS

- No payment under this policy shall be made if the insured person travels outside India during the currency of the policy.
- The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance and fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. 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
- 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.
- 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 / diagnosis of **Novel Coronavirus (nCoV) (COVID-19)**
- Submission of Documents:** The Insured Person or person(s) claiming on behalf of the Insured Person shall submit within 15 days of notification of claim, the filled and signed claim form and all relevant documents, information medical records and any other information/ documents the Company may request, to establish the Claim made  
**Such documents include but not limited to the following:-**
  - Claim Form duly completed and signed
  - Diagnostic test confirming positive existence of **Novel Coronavirus (nCoV) (COVID-19)** from Government authorized centers.
  - Copy of Aadhaar Card or any other Government issued ID card.

The company may examine and relax the time limits mentioned in condition 4 & 5 depending upon the merits of the Case.

The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy

**Note:** Call the 24 hour help-line for assistance - 1800 425 2255 / 1800 102 4477, Senior Citizens may call at 044-40020888
- Any medical practitioner authorized by the company shall be allowed to examine the Insured Person/s when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
- The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of enrolment of Insured person is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
- Renewal:** This policy is offered on a pilot basis. Therefore renewal under this policy shall be upto the time the pilot product is offered.

The Company may withdraw the product at any time in case it is found unviable to continue. In the event of the Company withdrawing the product the insured will be intimated three months in advance prior to their renewal due date and the insured person shall be offered a suitable alternate product as decided by the Company with the specific exclusion of the disease / condition for which the pilot product was introduced and the coverage will be subject to the terms and conditions of the alternate product. Credit period shall be provided for time bound waiting period in the alternate product for the duration the pilot product policy was in force.

- 9. Modification of the terms of the policy:** The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy as duly approved of the Competent Authority. In such an event the Proposer will be intimated three months in advance.
- 10. Free Look Period:** At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case, the premium refund shall be as follows :
- If the Insured has not made any claim during the free look period, the Insured shall be entitled to –
- a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges or
  - where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover or
  - where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
  - Free look period shall not be applicable at the time of renewal.
- 11. Disclosure to information norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim
- 12. Cancellation:** The Company may cancel this policy on grounds of non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address in which case the refund of premium will be on pro-rata basis. 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

Period on risk	Rate of premium to be retained
Up to 3 months	85% of the policy premium
Exceeding 3 months	Full policy premium

- 13. Automatic Termination of Insurance :** The insurance provided in respect of each relevant person insured under this policy shall automatically terminate at the earlier of the following events
- upon the Insured Person's death or
  - upon payment of 100% Sum Insured
  - on the expiry date shown in the policy schedule.
- 14. 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.

- 15. All claims under this policy shall be payable in Indian currency. All medical /surgical treatments under this policy shall have to be taken In India.**
- 16. Important Note:**
- The Policy Schedule and Endorsement are to be read together with the policy clause and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
  - The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with. Failure to comply may result in the claim being denied.
  - The attention of the policy holder / Insured Person is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the company for necessary compliance by all stake holders
- 17. 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.
- 18. Notices** Any notice, direction or instruction given under this policy shall be in writing and delivered by hand, post, or facsimile/email to Star Health and Allied Insurance Company Limited, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll free no: 1800-425-2255 / 1800-102-4477 email: [support@starhealth](mailto:support@starhealth).
- Notice** and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
- 19. Customer Service :** If at any time the Insured Person requires any clarification or assistance, he/she may contact No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, during normal business hours or Toll free number 1800-425-2255 / 1800-102-4477
- 20. Grievances:** In case the Insured Person is aggrieved in any way, he/she may contact the Company at the specified address, during normal business hours.
- Grievance Department,** 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai-600014 or Call 044-69006900 or Send e-mail to [gro@starhealth.in](mailto:gro@starhealth.in), [grievances@starhealth.in](mailto:grievances@starhealth.in). Senior Citizens may call 044-69007500
- In the event of the following grievances:
- any partial or total repudiation of claims by the Company
  - any dispute in regard to premium paid or payable in terms of the policy;
  - any dispute on the legal construction of the policies in so far as such disputes relate to claims;
  - delay in settlement of claims;
  - non-issuance of any insurance document to customer after receipt of the premium
- The insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the Insured Person is located.



## List of Insurance Ombudsman

<p align="center"><b>AHMEDABAD</b></p> <p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p> <p><b>JURISDICTION:</b> Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</p>	<p align="center"><b>BENGALURU</b></p> <p>Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N- 19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p> <p><b>JURISDICTION:</b> Karnataka.</p>	<p align="center"><b>BHOPAL</b></p> <p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 – 2769203 Email: bimalokpal.bhopal@cioins.co.in</p> <p><b>JURISDICTION:</b> Madhya Pradesh Chattisgarh.</p>	<p align="center"><b>BHUBANESHWAR</b></p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p> <p><b>JURISDICTION:</b> Orissa.</p>
<p align="center"><b>CHANDIGARH</b></p> <p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p> <p><b>JURISDICTION:</b> Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</p>	<p align="center"><b>CHENNAI</b></p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p> <p><b>JURISDICTION:</b> Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).</p>	<p align="center"><b>DELHI</b></p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p> <p><b>JURISDICTION:</b> Delhi &amp; Following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>	<p align="center"><b>ERNAKULAM</b></p> <p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyards, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in</p> <p><b>JURISDICTION:</b> Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p align="center"><b>GUWAHATI</b></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><b>JURISDICTION:</b> Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p align="center"><b>HYDERABAD</b></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 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in</p> <p><b>JURISDICTION:</b> Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>	<p align="center"><b>JAIPUR</b></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><b>JURISDICTION:</b> Rajasthan.</p>	<p align="center"><b>KOLKATA</b></p> <p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 – 22124341 Email: bimalokpal.kolkata@cioins.co.in</p> <p><b>JURISDICTION:</b> West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>
<p align="center"><b>LUCKNOW</b></p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p> <p><b>JURISDICTION:</b> 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 align="center"><b>MUMBAI</b></p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@cioins.co.in</p> <p><b>JURISDICTION:</b> Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>	<p align="center"><b>NOIDA</b></p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p> <p><b>JURISDICTION:</b> State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p align="center"><b>PATNA</b></p> <p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in</p> <p><b>JURISDICTION:</b> Bihar, Jharkhand.</p>
	<p align="center"><b>PUNE</b></p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in</p> <p><b>JURISDICTION:</b> Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>		 <p><b>STAR</b> Health Insurance Personal &amp; Caring The Health Insurance Specialist</p>