

STAR GROUP DOMESTIC TRAVEL INSURANCE POLICY

Unique Identification No.: SHATGDP23117V012223

A. PREAMBLE

The Declaration and other documents, if any shall be the basis of this contract and is deemed to be incorporated herein.

B. DEFINITIONS

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

Act of Terrorism: Act of Terrorism means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group of persons whether acting alone or on behalf of or in connection with any organization (s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

Age: Age means age of the Insured person on last birthday as on date of commencement of the Policy.

Adventure sports: Adventure sports are activities having high level of inherent danger. These activities often involve speed, height, a high level of physical exertion and highly specialized gear such as racing on wheels or horseback, big gaming hunting, mountaineering, winter sports, skydiving, parachuting, scuba diving, riding or driving in races or rallies, mountain climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, aviation activities, ballooning, hand gliding, diving or under-water activity, river rafting, canoeing involving rapid waters, polo, yachting or boating.

Air Travel: Air Travel shall mean travel by an airline/aircraft for the purpose of flying therein as a passenger. Air travel means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight bound within India.

Cashless facility: Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

Checked-in baggage: Checked-in baggage means the baggage handed over by the Insured Person and accepted by an Airlines / carrier within India for transportation in the same mode of conveyance as the Insured Person travels and for which the carrier has issued a baggage receipt.

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

Common Carrier: Common Carrier means any commercial public airline, railway, road transport which is operating under a valid license from the relevant authority for the transportation of passengers for hire or reward. It includes contract carriage commercial vehicle.

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

Day: Day means a period of 24 consecutive hours

Day Care Centre: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

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

Day Care Treatment: Day care treatment means medical treatment, and/or surgical procedure which is:

- i) Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii) which would have otherwise required hospitalization of more than 24 hours

Treatment normally taken on an out-patient basis is not included in the scope of this definition

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.

Emergency Care: Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

Emergency Medical Evacuation: Emergency Medical Evacuation means the medical condition of the Insured Person warrants immediate transportation of the insured person from the place of incidence to the nearest hospital for appropriate treatment.

Equipment Failure: Equipment Failure means any sudden, unforeseen breakdown in the common carrier's equipment that caused a delay or interruption of normal trips

Family: Family means:

- i. Self
- ii. Legally wedded spouse.
- iii. Parents and Parents-in-law.
- iv. Dependent Children (i.e. natural or legally adopted) between 1 day to 25 years.

Note: In case of Family Floater cover, family consists of self, spouse and dependent children (Maximum upto 3 children) only.

Group Administrator / Proposer: Group Administrator / Proposer means the person/organization who has signed in the proposal form / declaration form and named as such in the Policy Schedule.

Hazardous Activities: Hazardous Activities mean recreational or occupational activities which pose high risk of injury.

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.

Inpatient 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.

Intensive Care Unit: Intensive care unit means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

ICU Charges: ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Insured Person: Insured Person means person(s) named in the schedule of the Policy.

Inclement Weather: Inclement Weather means any severe, catastrophic weather conditions which delayed the scheduled arrival or departure of a Common Carrier/private cars. This does not include normal, seasonal climatic/weather changes.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

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.

Mode of Transport: Mode of Transport means travel by Air, Rail and Road (Bus, Private cars and Taxi) for the purpose of transporting/commuting from one place to another by common carrier or private vehicle. In case of travelling through common carrier, insured should have to pay a fare for availing such means for transportation.

Note: Two wheeler and Three wheeler are excluded. Single Trip and Round Trip coverage is for one mode of transport only, as chosen during inception of the policy. Multi Trip coverage is available for single mode or more than one mode of transport, viz., Air, Rail and Road.

Multi Trip: Multi Trip shall mean more than one trip during the policy period.

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.

Nominee: Nominee means the person named in the Policy Schedule to receive the benefits due under the Policy on the death of the Insured Person.

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.

Period of Insurance: Period of Insurance means the period from Policy Start Date to Policy End Date or actual Trip Duration, as specified in the Policy Schedule/ Certificate of Insurance.

Place of Incidence: Place of Incidence means the location where the covered risk occurs.

Place of Destination: Place of Destination of the Insured Person means the destination place where the journey of the Insured is scheduled to be concluded through a Common Carrier/ Private Car.

Place of Origin: Place of Origin of the Insured Person means the starting point or place or location from where the Insured's journey is scheduled to be undertaken through a Common Carrier/ Private Car.

Place of Residence: Place of Residence means any city, town or village in which the Insured Person is currently residing in India and as specified in the Insured Person's correspondence address in the Policy Schedule.

Policy: Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person

Policy Period: Policy Period means the duration of insurance coverage as specified in the Policy Schedule/ Certificate of Insurance.

Policy Schedule: Policy Schedule means the Policy Schedule attached to and forming part of Policy

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

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

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

Round Trip: Round Trip means a journey for travel from one location to another and then back again to the original starting point.

Serious Injury: Bodily injury which involves substantial risk of death, obvious disfigurement, loss or disablement of the function of a bodily part/s or organ or mental faculty.

Scheduled Airline: Scheduled Airline means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license and therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

Single Trip: Single Trip means when the insured person boards the common carrier to commence the journey and ends when the insured person alights the common carrier at the place of destination chosen at the time of booking the trip as shown in schedule/ Certificate of Insurance.

In case of private car, the insured person commences the journey from the place of origin and ends when the insured person reaches the place of destination within the period of Insurance.

Sub-limit: Sub-limit means a cost sharing requirement under a travel insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

Sum Insured: Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year

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*.

Trip: Trip shall mean a journey undertaken by the Insured from the Place of origin to the place of Destination during the policy period as specified in the policy schedule.

Trip Commencement: In case of single trip, Round trip and Multi Trip the trip commences once insured on boards the opted mode of transport. In case of Multi Trip Multi Mode, the trip commences once insured on boards the mentioned Common Carrier/Private Car.

Unseasonal: Unusual weather for the time of the year

C. COVERAGE

The company will pay the insured person the benefits as detailed below, for events described, if it occurs during the insured's journey (**including activities such as getting inside/ getting outside of the common carrier/ private car and during break-in journey**). Each Benefit is subject to its own Sum Insured as mentioned in the Policy schedule / Certificate of Insurance.

Risk commences once the Insured on boards the common carrier (with valid/ reserved ticket(s))/private car and continues till the time he/she alights the common carrier/private car.

Plan A: Single Trip

Plan B: Round Trip

Plan C: Multi Trip (Multi mode of transport also available)

Note: The optional covers that are available under Plan A, Plan B, and Plan C and

Travel related covers for each mode of travel are shown in the Table of Benefits given below;

Star Group Domestic Travel Insurance Policy – Table of Benefits										
Sl. No.	Benefits	Plan A – Single Trip (Single mode)			Plan B – Round Trip (Single mode)			Plan C – Multiple Trips (Single & Multi mode)		
		Common Carrier		Private Car	Common Carrier		Private Car	Common Carrier		Private Car
		Air	Rail / Road		Air	Rail / Road		Air	Rail / Road	
1	Accidental Death (Mandatory Cover)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Optional Covers										
2	Permanent Total Disability (PTD)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
3	Permanent Partial Disability (PPD)	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered

4	Accidental Hospitalization Expenses	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
5	Emergency Hospitalisation Expenses	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
6	Child Education Fund	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
7	Emergency Medical Assistance	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
8	Emergency Medical Evacuation	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
9	Repatriation of Mortal Remains	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
10	Personal Liability	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
11	Missed Departure	Covered	Covered	Not Available	Covered	Covered	Not Available	Covered	Covered	Not Available
12	Flight / Rail Delay (beyond 6 hrs)	Covered	Covered (only for Rail)	Not Available	Covered	Covered (only for Rail)	Not Available	Covered	Covered (only for Rail)	Not Available
13	Flight/ Common Carrier Cancellation	Covered	Covered	Not Available	Covered	Covered	Not Available	Covered	Covered	Not Available
14	Trip Cancellation	Covered	Covered	Not Available	Covered	Covered	Not Available	Covered	Covered	Not Available
15	Loss of checked-in baggage (Air)	Covered	Not Available	Not Available	Covered	Not Available	Not Available	Covered	Not Available	Not Available
16	Delay of checked-in baggage (Air) 6hrs	Covered	Not Available	Not Available	Covered	Not Available	Not Available	Covered	Not Available	Not Available
17	Compassionate visit	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
18	Trip Curtailment	Not Available	Not Available	Not Available	Covered	Covered	Covered	Covered	Covered	Covered
19	Convalescence Benefit (Minimum 5 days of Hosp. is needed) Payable only Once in a Policy Period, subject to admissible claim in Sr.No 4/5	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
20	Adventure sports	Not Available	Not Available	Not Available	Covered	Covered	Covered	Covered	Covered	Covered

Note: Applicable for Round Trip and Multi Trip:

- Section 1(**mandatory**), Section 2, Section 3 & Section 4 (**wherever opted**) are covered throughout the Period of Insurance.
- **For Section 1, Section 2 and Section 3:** Policy ceases on payment of claim.
- **For Section 4 to Section 20:** Coverage ceases on payment of admissible claims.

Base Cover: (SECTION 1) - The cover mentioned under base cover (Section 1) below is in-built benefit and shall be available to all Insured Persons in accordance with the terms and conditions set out in this Policy.

SECTION 1: ACCIDENTAL DEATH OF INSURED PERSON (MANDATORY COVER) - If at any time during the Period of Insurance, 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 stated as sum insured in the policy schedule/ Certificate of Insurance as compensation to the nominee.

On acceptance of a claim under this benefit, this cover shall immediately and automatically cease in respect of that person. In case of family, coverage will continue for the remaining members till expiry of the policy.

- D. Optional Covers (Sections 2 to 20):** (Available only if specifically opted by the Group Administrator/Insured, additional premium is paid and shown in the Policy Schedule / Certificate of Insurance)

SECTION 2: PERMANENT TOTAL DISABLEMENT - If following an Accident the insured suffers permanent total disablement, then the Company will pay the benefits as provided in "Schedule of Benefits (Table - T1)" depending upon the degree of disablement provided that:

- The disablement occurs within 12 calendar months from the date of the Accident.
- 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.

Schedule of Benefits (Table - T1) Permanent Total Disablement	
Benefits	% of Sum Insured
<p>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.</p>	100%
<p>2. Total and irrevocable loss of</p> <ol style="list-style-type: none"> Sight of both eyes Physical separation of two entire hands Physical separation of two entire foot One entire hand and one entire foot Sight of one eye and loss of one hand Sight of one eye and loss of one entire foot Use of two hands Use of two foot Use of one hand and one foot Sight of one eye and use of one hand 	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p>

(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%

SECTION 3: PERMANENT PARTIAL DISABLEMENT - If following an Accident, the insured suffers permanent partial disablement, then the Company will pay the benefits as provided in “**Schedule of Benefits (Table - T2)**” depending upon the degree of disablement provided that:

- The disablement occurs within 12 Calendar months from the date of the Accident.
- 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 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.

Schedule of Benefits (Table-T2) (Permanent Partial Disablement)		
	Benefits	% of Sum Insured
1	Loss of toes 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	1
2	Loss of hearing both ears	75
	Loss of hearing 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
	Loss of thumb both phalanges (One phalanx)	10
5	Loss of index finger three phalanges	10
	Loss of index finger two phalanges	8
	Loss of index finger One phalanx	4
6	Loss of middle finger three phalanges	6
	Loss of middle finger Two phalanges	4
	Loss of middle finger One phalanx	2
7	Loss of ring finger Three Phalanges	5
	Loss of ring finger Two Phalanges	4
	Loss of ring finger One Phalanx	2
8	Loss of little finger Three phalanges	4
	Loss of little finger Two phalanges	3
	Loss of little finger 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

Condition for Benefits Permanent Total Disablement and Permanent Partial Disablement are provided below:

- a) If the Accident affects any physical or mental function of the Insured Person, which was already impaired prior to the accident, a deduction as certified by an independent medical practitioner will be made in respect of this prior disablement.
- b) 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.
- c) In the event of Permanent Disablement, the Insured Person will be under obligation:
 1. To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
 2. 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.

Exclusions (Applicable for Section 1, 2 and 3): In addition to the general exclusions listed in the Policy, The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

- a. Any payment in case of more than one claim during the period of Insurance by which the maximum liability of the Company would exceed the limit applicable for this Section as per the **Schedule of Benefits**.
- b. Any injuries/conditions which are Pre-existing
- c. Any claim for Death or Permanent Disablement of the Insured Person (a) from intentional self-injury / suicide or attempted suicide or (b) caused by the insured person whilst the insured is under the influence of intoxicating liquor or drugs or (c) from self-endangerment unless in self-defence or to save human life.
- d. Provoked murder or assault or any attempt thereat

SECTION 4: ACCIDENTAL HOSPITALIZATION EXPENSES - The Company will indemnify any necessary and reasonable medical expenses incurred by the Insured person as an in-patient/day-care treatment, for treatment of injuries arising solely as a result of accident during the period of travel, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance in respect of Accidental Hospitalisation.

The medical expenses shall include and be limited to the following expenses:

- i. Room Rent, Boarding expenses
- ii. Intensive Care Unit (ICU) charges
- iii. Doctor's fees
- iv. Nursing Expenses
- v. Surgical Fees, Operation Theatre Charges, Anaesthetist, Anaesthesia, Blood, Oxygen and their administration, Physical Therapy
- vi. Prescribed Drugs and medicines
- vii. Investigation Services such as Laboratory, X-Ray, Diagnostic tests
- viii. Cost of Implants, prosthetics and other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner

Exclusions (applicable for Section 4): In addition to the general exclusions listed in the Policy, the Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

1. Injury caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
2. Injury caused by or contributed to by nuclear weapons/materials

3. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of injury and no further treatment is indicated.
4. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment
5. Naturopathy Treatment.
6. Hospital registration charges, record charges, telephone charges and such other charges.
7. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathic.
8. Expenses other than those specifically mentioned under Section 4 are not covered.

SECTION 5: EMERGENCY HOSPITALIZATION EXPENSES (FOR SPECIFIED ILLNESS) - The Company will indemnify the Insured up to the limits as mentioned in the Policy Schedule / Certificate of Insurance in respect of Hospitalisation Expenses reasonably and necessarily incurred as an in-patient, towards the treatment of sudden Heart Attack (Myocardial Infarction) and/or Stroke (CVA) caused during the period of travel.

However, this benefit shall become admissible only if Section 4 (Accidental Hospitalization Expenses) has been covered under this policy.

Note:

- 1) Any claim arising due to Pre-existing condition is excluded under the scope of this benefit.
- 2) Sum Insured opted under Section 4(Accidental Hospitalization Expenses) applies to Section 5 (Emergency Hospitalization Expenses). Any claim paid under either of the coverage, Section 4 and/or Section 5 (if opted) will reduce the Sum Insured under Section 4.

SECTION 6: CHILD EDUCATION FUND - Following an admissible claim under the policy towards Accidental Death / Permanent Total Disablement of the insured person, the Company will pay the fixed limit up to the limits 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 25 years and who are studying at an educational institution on the date the Insured parent met with an Accident.

Claim under this cover is subject to the admissible claim under Section 1 or Section 2.

SECTION 7: EMERGENCY MEDICAL ASSISTANCE - The Insured can contact the following numbers to get any emergency medical assistance such as nearest ambulance/hospital/blood bank etc.

Note: For assistance call Star Health Insurance 24 hours helpline: 044 – 6900 6900 or Toll free No. 1800 425 2255

SECTION 8: EMERGENCY MEDICAL EVACUATION - The Company shall indemnify the Insured for the cost incurred for an ambulance or any other Emergency transportation and evacuation services, including necessary medical care en-route, reasonably incurred forming part of the treatment whilst on Trip during the Period of Insurance, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance. These transportation expenses would be limited to transporting the Insured from the place of incidence to the nearest hospital.

This claim is payable, only in case if there is an admissible claim under Accidental Hospitalisation Expenses (Section 4) and/or Emergency Hospitalisation Expenses (Section 5)

Exclusion (Applicable for Section 8): In addition to the general exclusions listed in the Policy, the Company shall not be liable to make any payment under this benefit in respect of:

1. A medical condition existing prior to commencement of this insurance
2. Treatment that in the opinion of a medical practitioner approved by the Company could reasonably be delayed until return of the Insured to his place /city of residence
3. For charges in excess of reasonable and necessary charges as per the determination by the Company.
4. Treatment received in unlicensed facilities or given by unlicensed health care providers
5. Treatment given by a Family Member whether or not a licensed provider

SECTION 9: REPATRIATION OF MORTAL REMAINS - Following an admissible claim under Section 1, 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.

SECTION 10: PERSONAL LIABILITY - If the Insured in his/her private capacity shall become legally liable for

a) bodily injury to any person (other than a person in the Insured's service or any member of his/her family or household)

OR

b) loss of or damage to property (not belonging to nor held in trust by or in the custody or control of the Insured or any member of his/her family or household or servants) caused by an occurrence during the period of insurance then in respect of such injury loss or damage the Company will indemnify the Insured or, in the event of his/her death, his/her legal representative against all sums which he/she shall become legally liable to pay as compensation and all legal costs awarded to any claimant, up to the limits as mentioned in the Certificate of Insurance/Policy schedule.

The Company may at any time pay to the Insured (or, in the event of his/her death, his/her legal representative) in connection with any claim or series of claims notified hereunder the limit of liability stated above (after deduction of any sum or sums already paid by the Company whether as costs and expenses or as compensation) or any lesser amount for which such claim or claims can be settled and upon such payment being made the Company shall be under no further liability in connection therewith and shall (except with respect to any subrogation action) relinquish the conduct and control of such claim or claims.

PROVIDED ALWAYS THAT: The Company shall have complete control over the conduct of any legal proceedings and the selection, appointment and control of any Solicitor or other legal adviser.

EXCLUSIONS (applicable for Section 10): The Company shall not be liable for:

- 1) Legal expenses incurred without their written consent.
- 2) Any claim which arises by virtue of an agreement but which would not have arisen in the absence of such agreement.
- 3) Any claim for injury, loss or damage arising from
 - a. The Insured's ownership or use of aircraft, mechanically propelled watercraft/vessels (other than rowing boats, punts or canoes),
 - b. Domestic animals or firearms other than sporting guns;
 - c. The Insured's occupation (except temporarily for the purpose of the trip) or ownership of any land or buildings other than the occupation of any temporary residence
 - d. The pursuit or exercise of any trade or profession, or from racing of any kind
 - e. Willful or malicious acts of the Insured
 - f. This insurance does not apply to liability for which indemnity is provided under the terms of any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other policy or policies had this insurance not been effected.
- 4) Liability arising out of the rendering of or the failure to render professional services
- 5) Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles all other motorized means of conveyances,
- 6) Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse
- 7) Bodily injury to any person eligible to receive any benefits voluntarily provided or required to be provided by insured under any worker's compensation law, non-occupational disability law or occupational diseases law or similar law
- 8) Suits or legal actions arising from the insured's family member against the insured.

SECTION 11: MISSED DEPARTURE/CONNECTING FLIGHT - The company will indemnify the Insured, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance towards the cost of ticket, due to the Insured Person's failure to reach the original departure point of the booked journey due to any of the following reasons.

1. Inclement Weather conditions
2. Failure / Delayed arrival of Public Transport Services or any other common carrier the Insured person was travelling
3. Accident of the vehicle which the Insured was travelling on the way to catch the flight/train
4. Sudden Injury causing hospitalization of the Insured Person or the travelling Insured person's parent, spouse or child

The missed departure has to be certified by the concerned Scheduled airlines. The difference between the cost of original ticket and the refund amount received by the insured from the common carrier if any will be paid to the Insured.

Exclusions (applicable for Section 11): In addition to the general exclusions listed in the Policy, the Company shall not be liable for any claim in respect of any Insured Person arising from or in any way attributable to:

- a) Any missed connection due to the reasons which was made public or known to the Insured prior to the purchase of this Policy
- b) For any missed connection by the insured arising due to the delay of any accompanying persons.

SECTION 12: FLIGHT / RAIL DELAY - The company will indemnify the reasonable charges incurred for food, beverages and accommodation which are not provided by the Airline/railways free of charge, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance, if the aircraft/rail on which the insured has booked to travel with in India is delayed beyond **6 hours** as mentioned in the Certificate of Insurance/Policy schedule, than the originally scheduled departure time due to the following perils:

1. Delay caused by Inclement Weather
2. Delay due to a Strike or other job action by employees of Aircraft / Rail scheduled to be used by the Insured during his/her Insured Journey
3. Delay caused by Equipment Failure of a Scheduled Aircraft / Rail.
4. Delay caused if the Scheduled Aircraft / Rail is taken out of service due to technical reasons on the instructions of the civil aviation authority or Railway authority. Subject otherwise to all the other terms, conditions, limitations and exceptions of the Policy
5. Occurrence of the following events in the vicinity involved in the Insured's Trip
 1. Earthquake.
 2. Lightning, Storm, Tempest, Typhoon, Hurricane, Inundation, Subsidence
 3. Landslide and rockslide
 4. Avalanche
 5. Floods resulting from unseasonal rains, storm or cyclone.
 6. Terrorism.
 7. Tsunami
 8. Volcano Eruption.

Exclusion (applicable for Section 12): In addition to the general exclusions listed in the Policy, the company will not pay for :

1. Any delay due to an insured peril which was made public or known to the Insured prior to the purchase of this Policy.

SECTION 13: FLIGHT/COMMON CARRIER CANCELLATION - The Company shall indemnify the Insured expenses incurred towards travel expenses, the difference between the cost of original ticket and new ticket booked, cost of accommodation, food expenses and cost of emergency medicines, up to the limits as

mentioned in the Policy Schedule / Certificate of Insurance arising out of cancellation done by common carrier, **3 hours** prior to the start of the Trip as specified in the Policy Schedule due to any of the following events:

1. Natural Calamities like avalanche, landslide, flood, hurricane, tornado, blizzard, cyclone, volcanic eruption, earthquake, forest fire, tsunami etc. at one of the main destinations as per the itinerary
2. A Terrorism / Terrorist attack which occurs in the departure city, or in a city which is a scheduled destination for the covered Trip
3. Inclement Weather conditions like Storm, flood, Hurricanes, or Natural Disaster on the trip start date at the place of origin of travel or the place of destination.
4. Cancellation due to Equipment Failure or any other technical reasons by common carrier.

Exclusions (applicable for Section 13): In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following:

1. Any circumstances other than those that are attributable to the perils as stated in the covers above.

SECTION 14: TRIP CANCELLATION - The Company will indemnify the insured, the difference between the cost of original ticket and the refund amount received, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance, following the necessary and unavoidable cancellation of the Journey during policy period because of:

- i. Death of insured or his/her family member within 7 days prior to the start of journey
- ii. Serious injury or sudden sickness requiring hospitalization within 2 days before the date of departure specified in the policy schedule of (a) of the Insured Person or (b) Travelling Companion or (c) immediate Family member of the Insured Person.

For the purpose of this section Family means Spouse, Children, Parents, Parents-in-law, Grand Parents, Siblings.

Exclusions (applicable for Section 14): In addition to the general exclusions listed in the Policy, the company will not pay in respect of:

- a. Any trip which is cancelled as a result of the insured or any other person with whom he/she have arranged to travel with failing to check-in in time as required by the airline or report in time at the place of departure of the common carrier due to which the Insured is unable to undertake the journey.
- b. Any trip cancellation caused by strike or industrial action known to exist or was anticipated at the time the trip was booked
- c. Suspension of services by the Common Carrier whether pursuant to any order from any authority.

SECTION 15: LOSS OF CHECKED-IN BAGGAGE (APPLICABLE ONLY FOR AIR TRAVEL) - If the Insured Person's checked-in accompanying baggage is permanently lost by the air carrier to whom it was entrusted, then the Insurer in respect of such loss compensate the Insured with lump-sum as mentioned in the Policy Schedule / Certificate of Insurance. The compensation shall be relating to the total loss of baggage, on intimation of such loss by the Insured. Once the lost Checked in Baggage be traced and delivered to the Insured, the Insured shall return to the Company the entire amount paid hereunder.

Note: Company's total liability towards this benefit is limited to the amount as stated in the certificate of Insurance/Policy schedule irrespective of number of baggage lost.

SECTION 16: DELAY OF CHECKED-IN BAGGAGE (APPLICABLE ONLY FOR AIR TRAVEL) - The Company will indemnify the insured, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance in respect of his/her emergency purchase of toiletries, emergency medication and clothing if the arrival of the baggage is delayed by more than 6 hours beyond the time of arrival at the intended destination.

SECTION 17: COMPASSIONATE VISIT - In the event of Compassionate Visit by one Immediate Family Member, the Company will indemnify the Insured up to the amount as stated in the Policy Schedule / Certificate of Insurance, subject to:

If the insured is admitted in the hospital during the policy period and stayed for more than seven (7) consecutive days, and his medical condition forbids his repatriation and no adult member of his family is present, the Company, after obtaining confirmation of need for a companion from the treating doctor, will provide a round trip economy class air ticket, or first class railway ticket, to allow one **Family Member***, to be at his bedside during the hospitalisation of the insured.

(*Family member includes spouse, children, siblings, son in law, daughter in law, parent, parent in law, grand children, grandparents. Further, in case of non-availability or absence of family members this cover can be extended to family friends.)

SECTION 18: TRIP CURTAILMENT (APPLICABLE ONLY FOR PLAN B AND PLAN C) - The Company will indemnify the reasonable additional expenses incurred following necessary curtailment (Shortening and / or alteration) of the journey during the policy period to return to the Place of Origin, where the insured started his/her Journey, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance due to:

1. The aircraft which the Insured boarded as a passenger is hijacked.
2. Death of the Insured's spouse, parents, parent in laws or child residing with the Insured and who is not travelling with the Insured during policy period
3. Serious injury of Insured's spouse, parents, parent in laws or child residing with the Insured and who is not travelling with the Insured on the insured journey, leading to Emergency Hospitalization in any Critical Care Units of Hospital within policy period.
4. Due to natural disaster which has prevented the Insured from continuing with the scheduled trip not known to exist or in public prior booking of trip within policy period
5. Due to unexpected strike, riot or Civil commotion at place of visit other than the Insured's Place of Origin which leads to the curtailment of the trip within policy period
6. Accidental Injury of the Insured or Insured's Travelling Companion warranting minimum 48 hours of hospitalization at any place other than Insured's Place of Origin resulting in the curtailment of the trip under medical advice of the attending Physician within policy period
7. Death of the Insured or Insured's Travelling Companion at any place other than Insured's Place of Origin resulting in the curtailment of the trip within policy period.

For the purpose of this Section Travelling Companion shall be a Family Member and shall include Spouse, Children, Parents, Parents in Law, Grand Parents and Siblings.

SECTION 19: CONVALESCENCE BENEFIT - During the policy period, if the insured is hospitalised for more than 5 consecutive days, then the Company will pay the lump-sum as stated in the Policy Schedule / Certificate of insurance.

Note: This benefit is admissible only if there is a valid claim under Accidental Hospitalization Expenses (section 4) and/or Emergency Hospitalisation Expenses (section 5)

SECTION 20: ADVENTURE SPORTS (APPLICABLE ONLY FOR PLAN B AND PLAN C) - The company will pay the amount as specified in the Policy schedule / Certificate of insurance, in case of Accidental death/ Permanent Total Disability and Repatriation of Mortal Remains whilst the Insured is engaged in adventure sports in a non-professional capacity and under the supervision of a trained professional.

Exclusions (Applicable for Section 20): In addition to the General Exclusions listed in this Policy, the Company will not be liable to any costs that relate to or arise from the participation in any adventure sport, activity, work, study or volunteer experience in the following circumstances:

1. Insured engages in training for and/or participate in an activity at a professional level.
2. Competing at an international event as a national representative.
3. Insured acted against local authority warnings or enter closed or restricted areas or places or situations known to be unsafe or dangerous.

4. Racing, except on foot and up to marathon level; participating in speed or time trials.
5. For motorised vehicles:
 - i. not wearing a helmet regardless of the local laws; and
 - ii. operating any motorised vehicle without a valid licence for operating the same class of vehicle or watercraft, as required in the city/town where Insured is travelling.
6. Additionally, apart from exclusion list mentioned under the Cover "Accidental Death", "Permanent Total Disablement" and "Repatriation of Mortal Remains" the Company shall not be liable for any expenses caused by and/or attributable to the following:
 1. Insured is participating in any of covered sports activities against the advice of a Medical Practitioner.
 2. Injury/Illness is caused to the insured due to his/her own carelessness or covered sports activities are not pursued by the insured in accordance with the rules, regulations and guidelines of the applicable governing body or authority of each such activity.
7. Any other reason listed under the General Exclusions which are applicable to all sections of the policy.
8. Personal Liability arising out of/linked to any adventure sports

E. WAITING PERIOD : Not Applicable

F. GENERAL EXCLUSIONS

EXCLUSIONS APPLICABLE TO ALL SECTIONS EXCEPT WHERE STATED OTHERWISE

The Company shall not be liable for the following;

1. Any pre-existing disease and its complications arising out of or resulting therefrom
2. Daily commuters who holds valid season ticket/pass
3. Trip by Chartered Flight/Helicopter
4. **Accident** while insured is at his/her home.
5. Any claim for Death or Permanent Disablement of the Insured Person (a) from intentional self-injury / suicide or attempted suicide or (b) caused by the insured person whilst he/she is under the influence of intoxicating liquor or drugs or (c) from self-endangerment unless in self-defence or to save human life
6. Participation in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
7. Any **Accident** of which a contributing cause was the **Insured Person's** actual or attempted commission of, or wilful participation in, an illegal act or any violation or attempted violation of the law or his resistance to arrest.
8. Accident while participating in vehicle racing or trial run as a driver, co-driver or passenger.
9. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.
10. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or public authority.
11. Nuclear energy, radiation.
12. Whilst engaging in hazardous activity.
13. Whilst engaging in Adventure Sports. (except to the extent covered under Adventure Sport – Section 20 if opted)
14. Any expense incurred which is not exclusively medical in nature/ Unproven/ Experimental treatment of any description.
15. Bodily injury caused by or arising from terrorism, except in case where the policy holder is a victim of terrorist act and not abetting terrorism.

16. Any claim relating to events occurring before the commencement of the Policy Period or after the completion of the Policy Period.
17. Any claim relating to events occurring beyond the maximum duration of trip as specified in the schedule.
18. Non-allopathic medicine.
19. Cosmetic surgery and plastic surgery.
20. In so far as it relates to, the Insured:
 - a) Travelling against the advice of a Medical Practitioner;
 - b) Taking part in a naval, military or air force operation;
21. Medical Expenses relating to any hospitalization primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
22. Other excluded expenses as detailed in the website www.starhealth.in (applicable for Section 4 and Section 5)

G. CONDITIONS

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, 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 Proposer / Group Administrator / Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Reasonable Care:** The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.
3. **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, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
4. **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 since the payment of the premium or commencement of the journey.
5. **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.
6. **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 'Submission of Documents' Clause as provided in the 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.

7. 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
- iv) 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
- v) "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

8. Withdrawal of policy: In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy

9. Multiple Policies

- i) Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- ii) In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy
- iii) If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount
- iv) Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

10. Rights of the Company on happening of loss or damage: The Company at its own expense shall have the right and opportunity to examine the Insured through the Company's appointed agents whose details will be informed to the Insured. The Company as and when reasonably required during the pendency of any claim shall have the right and opportunity to make Post-Mortem examination of the body of the Insured Person as permitted by law.

If the insured or any person on his behalf shall not comply with the requirement of the Company, or shall hinder or obstruct the Company in the exercise of the powers hereunder, all benefits under the Policy shall be forfeited.

11. Right to inspect: If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed on that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.

- 12. Subrogation:** In the event of payment under this Policy, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights.

The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

- 13. Contribution:** If at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage. However this does not apply to Personal Accident claims which will be paid upto the limits specified in the policy.

- 14. 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/her behalf to obtain any benefit under this Policy, shall be forfeited and the policy will be cancelled without any refund of premium.

- 15. 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 Schedule or
3. From the date the Certificate of Insurance is cancelled either by the Group Administrator or by the Company
4. From the date on which the premium when due, is not received. (applicable only if payment is agreed to be received in instalment)

- 16. 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.

- 17. 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.

18. Cancellation

For Single Trip / Round Trip / Multi Trip: Cancellation of the policy may be done only where a journey is not undertaken and only on production of the Insured's ticket as a proof that the journey has not been undertaken. Such cancellation will be subject to deduction of cancellation charges by the Company.

For Multi Trip: Cancellation applicable as per the below table

Cancellation Applicable only for Multi trip

Period on Risk	Rate of premium to be retained
Up to one month	22.5%
Exceeding 1 month up to 3 months	37.5%
Exceeding 3 months up to 6 months	57.5%
Exceeding 6 months up to 9 months	80.0%
Exceeding 9 months	100%

Note: No refund will be given for Single trip and Round trip if the policy is cancelled after commencement

19. Geographical/ Territorial Limits: Covered within India.

20. Addition and deletion of insured persons / beneficiary

- ✓ Addition of persons into this Group Policy can be made only on payment of additional premium.
- ✓ Refund of premium for deletion of persons from the Group can be made on pro-rata basis subject to there being "No claim" in respect of such persons.

21. 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.

22. Renewal: This policy can't be renewed.

23. 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.

24. 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

25. 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.

- 26. 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 Sum Insured
 - ✓ On the expiry date shown in the policy schedule

- 27. Arbitration clause:** If any dispute or difference of any nature or kind shall arising out of or relating to this contract of insurance shall 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.

- 28. 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

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

- 29. 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.

- 30. 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/>

H. CLAIM SETTLEMENT

A. 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.

B. For Cashless Treatment

For Cashless claim – (Applicable for Section 4 and Section 5)

- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888
- On admission in the hospital, produce the Policy copy/ Certificate of Insurance issued by the Company at the Hospital Helpdesk
- Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk
- The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company
- The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate
- Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits
- In case of emergency hospitalization information to be given within 24 hours after hospitalization
- Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch
- KYC (Identity proof with Address) of the Insured, as per AML Guidelines
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents, subject to admissibility of the claim as per the terms and conditions of the policy

Note: The Company reserves the right to call for additional documents wherever required.

Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

C. For Reimbursement claim: (Applicable for Section 1, Section 2, Section 3, Section 4, Section 5, Section 6, Section 8, Section 9, Section 10, Section 11, Section 12, Section 13, Section 14, Section 15, Section 16, Section 17, Section 18, Section 19, Section 20). The insured person shall submit the necessary documents to the insurer within:

- i. Thirty (30) days for death claims.
- ii. Fifteen days(15) from the date of discharge from hospital/ date of occurrence wherever appropriate.

D. Notification of Claim: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within fifteen (15) days of its happening.

- i. 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.
- ii. If any treatment for which a claim may be made and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Note: Conditions C and D are precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

II. Submission of Documents

List of Claim documents for Death – Section 1

- Duly Completed Claim Form signed by Nominee of the Insured Person.
- Copy of address proof.
- Attested copy of Death Certificate.
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any (Only if Post Mortem is conducted).
- NEFT details & cancelled cheque of the Nominee/Claimant
- KYC details of Nominee
- Copy of Certificate of Insurance

List of Claim documents for Permanent Total Disability and Permanent Partial Disability– Section 2 and Section 3

- Duly Completed Claim Form signed by Insured Person.
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
- Attested copy of FIR. (If required)
- All X-Ray / Investigation reports and films supporting to disability.
- NEFT details & cancelled cheque of Insured Person.
- KYC details of Insured
- Copy of Certificate of Insurance

List of Claim Documents Specific for Accidental Hospitalization Expenses and Emergency Hospitalisation Expenses – Section 4 and Section 5

- First Consultation letter from the Doctor
- Duly completed claim form signed by the Claimant
- Hospital Discharge Card
- Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Proof of Payment to hospital.
- KYC details of Insured/Claimant
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- Copy of Certificate of Insurance

List of Claim Documents Specific to Child Education fund – Section 6

- Duly Completed Claim Form signed by Nominee of the Insured Person.
- Copy of address proof
- Attested copy of Death / Disability certificate.
- Attested copy of Statement of Witness, if any lodged with police authorities.
- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any (Only if Post Mortem is conducted).
- NEFT details & cancelled cheque of the Nominee/Claimant
- KYC details of Nominee
- Copy of Certificate of Insurance

List of Claim Documents Specific to Emergency Medical Evacuation – Section 8

- Duly completed claim form signed by the Insured/ claimant
- A medical statement from an attending Medical Practitioner indicating the details along with the cause of illness/ accidental injury and the necessity of the transportation of Insured and treatment given en route. Medical statements from relatives or spouses will not be accepted.
- Original bills/receipts of the expenses incurred. These would be paid as per the Reasonable and Customary charges incurred for the same.
- KYC details of Insured/ Claimant
- Authorisation letter from the Service Provider.
- Copy of Certificate of Insurance

List of Claim Documents Specific to Repatriation of the Mortal remains – Section 9

- Duly completed claim form signed by the claimant
- Photocopy of Death certificate and a Medical Practitioner's statement giving the cause of death needs to be submitted. Medical statements from relatives or spouses will not be accepted.
- Authorisation letter from the Service Provider.
- KYC details of Claimant
- Copy of Certificate of Insurance

List of Claim Documents Specific to Personal Liability – Section 10

- Description of the incident
- Proof of Judicial decision
- Copy of the Police complaint given by the Victim
- Legal Notice/summons
- Copy of the ticket, Boarding Pass.
- Claim Form (to be filled and signed by insured)
- KYC details of Insured
- Copy of Certificate of Insurance

List of Claim Documents Specific to Missed Departure/Connection – Section 11

- Claim Form (to be filled and signed by insured)
- Letter from the airlines/railways stating reason for delay and duration of delay.
- Ticket Itinerary
- KYC details of Insured
- NEFT form and Cancelled cheque stating insured's / Claimant Bank account details
- Copy of Certificate of Insurance

List of Claim Documents Specific to Flight/Rail Delay and Flight/Common Carrier Cancellation – Section 12 and Section 13

- Claim Form (to be filled and signed by insured)
- All bills/ receipts of reasonable additional expenses for food, accommodation and toiletries incurred should also be attached with the claim form
- Airport/common carrier authority report confirming the incident causing Flight Delay/ Cancellation.
- NEFT form and Cancelled cheque stating insured's / Claimant Bank account details.
- KYC details of Insured
- Details of letter stating the alternative arrangements for either the food or the accommodation provided by the Airline or Railway Authority as the case may be.
- Copy of Certificate of Insurance

List of Claim Documents Specific to Trip Cancellation and Trip Curtailment – Section 14 and Section 18

- Claim Form (to be filled and signed by insured)
- Hospitalization discharge summary/consultation papers of insured/family members (if applicable)
- All bills and payment receipts towards cancellation of ticket, hotel bookings, scheduled tour bookings.
- NEFT form and Cancelled cheque stating insured's / Claimant Bank account details.
- KYC details of Insured
- Death certificate in case of death if applicable
- Copy of Certificate of Insurance

List of Claim Documents Specific to Loss of Checked in Baggage – Section 15

- Claim Form (to be filled and signed by insured), detailing the loss or damage that has occurred
- "Property Irregularity Report" (to be obtained from the airline authorities)
- Letter from the airlines accepting the liability for loss
- Proof of compensation received from airlines
- Letter from the airline need to be submitted stating the compensation received from them for the lost baggage
- NEFT form and Cancelled cheque stating insured's / Claimant Bank account details
- KYC details of Insured
- Any other document deemed necessary to establish the loss or its quantum depending upon the nature of claim
- Copy of Certificate of Insurance

List of Claim Documents Specific to Delay of Checked-In Baggage – Section 16

- Claim form(to be filled and signed by the insured)
- Original bills, receipts of emergency purchases made, Original reports or letter from airlines
- Copy of tickets and boarding pass
- Evidence for receipt of compensation from airlines.
- KYC details of Insured
- Copy of Certificate of Insurance

List of Claim Documents Specific to COMPASSIONATE VISIT – Section 17

- Claim Form
- Recommendation from the attending doctor mentioning the requirement of presence of one adult family member near the insured bedside
- Proof of admission / discharge summary
- KYC details of Insured
- Copy of Certificate of Insurance

List of Claim Documents Specific to Convalescence Benefit – Section 19

- Duly completed claim form signed by the Claimant/Insured
- Hospital Discharge Card
- KYC details of Insured
- Copy of Certificate of Insurance

List of Claim Documents Specific to Adventure Sports – Section 20

- Duly Completed Claim Form signed by Nominee of the Insured Person.
- Copy of address proof
- KYC details of Insured/ Nominee(in case of death of Insured)
- Attested copy of Death Certificate.
- Attested copy of Statement of Witness, if any lodged with police authorities.

- Attested copy of FIR / Panchanama / Inquest Panchanama.
- Attested copy of Post Mortem Report (only if conducted).
- Attested copy of Viscera report if any (Only if Post Mortem is conducted).
- NEFT details & cancelled cheque of the Nominee/Claimant
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability
- Copy of Certificate of Insurance

NOTE

1. Attestation can be obtained from a Gazetted Officer/ any Government Official.
2. If mode of Travel is by Private Car, in case of claim under Section1(mandatory cover) , Section2, Section 3 and Section 4 (if opted) ,copy of Motor claim made for that particular vehicle in which Insured was travelling at the time of incidence, to be produced as a supporting document(if necessary).
3. If mode of Travel is by any CAB/Taxi (common carrier) Proof of booking detail to be given.



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>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<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>	<p>Karnataka.</p>
<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>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Odisha.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>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</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>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</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>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</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>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</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>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</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>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</p>	<p>Rajasthan.</p>
<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>

Office Details	Jurisdiction of Office (Union Territory, District)
<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 Buddh 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 Buddh 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>

List I — Items for which coverage is not available in the policy

SI No	ITEM
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES

35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG / SHORT / HINGED)
46	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

Items that are to be subsumed into Room Charges

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

Items that are to be subsumed into Procedure Charges

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

Items that are to be subsumed into costs of treatment

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