



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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STAR DOMESTIC TRAVEL INSURANCE POLICY

Unique Identification No.: SHATIDP23122V012223

🔍 **This policy provides following coverages during travel within India;**

- Personal Accident Risk
- Accidental Hospitalization & Emergency Hospitalization Expenses
- Compassionate Visit
- Convalescence Benefit for hospitalization
- Emergency Medical Evacuation & Repatriation of Mortal Remains
- Personal Liability

🔍 **The policy also offers protection against any Travel inconveniences like;**

- Loss of Checked in Baggage (Only for Air Travel)
- Delay of Checked in Baggage (Only for Air Travel)
- Flight/Common Carrier Cancellation
- Flight/Rail Delay
- Missed departure/Connecting Flight
- Trip Curtailment and
- Adventure sports Risk

🔍 **Policy Type:** Covered on Individual Basis

🔍 **Entry age:** Minimum – 1day Maximum - Up to 70 years

🔍 **Policy Term/Trip Duration**

- Single trip:** 1 day, 2 days, 3 days, 7 days, 15 days
- Round Trip:** 7 days, 15 days, 30 days
- Multi trip:** Each Trip can be up to 30 days/45 days/60 days and Maximum policy term under Multi-Trip is 1 year

🔍 **Mode of Transport** through Air, Rail and Road (herein referred as Common Carrier) are available.

🔍 **Sum Insured Options**

- Silver plan:** Min. Rs. 1,00,000/- and Max. Rs. 5,00,000/-
- Gold plan:** Min. Rs. 2,50,000/- and Max. Rs. 10,00,000/-
- Platinum plan:** Min. Rs. 5,00,000/- and Max. Rs. 1,00,00,000/-

Note: Sum Insured Options are available in multiples of Rs. 50,000/- (for Personal Accident cover)

Sum Insured Limits for Personal Accident Cover

Applicable for	Silver plan (upto Rs.)	Gold Plan (upto Rs.)	Platinum Plan (upto Rs.)
Primary Insured (Self)	5,00,000/-	10,00,000/-	1,00,00,000/-
Spouse	5,00,000/-	10,00,000/-	15,00,000/-
Children	5,00,000/-	5,00,000/-	5,00,000/-
Parents/Parents-in-law	5,00,000/-	10,00,000/-	10,00,000/-

🔍 **Waiting period** is not applicable for this Insurance Policy

🔍 **Plan Options Available**

- Silver
- Gold
- Platinum

Single Trip, Round Trip and Multi Trip (Single Mode and Multi-Mode of transport also available) coverage are available under each variant.

🔍 **Mode of transport** through Air, Rail and Road (herein referred as Common Carrier) are available.

🔍 **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 and during break-in journey). Each Benefit is subject to its own Sum Insured as mentioned in the Table of Benefits.

Risk commences once the insured on boards the common carrier with a valid/reserved ticket (in case of single trip) and continues till the time he/she alights the common carrier.

“Star Domestic Travel Insurance Policy” offers Silver, Gold and Platinum variants.

Single Trip, Round Trip and Multi Trip (Single mode and Multi-Mode of transport also available) coverage are available under each variant.

Mode of transport through Air, Rail and Road (herein referred as Common Carrier) are available.

Note: Applicable for Round Trip and Multi Trip

- Section 1, Section 2, Section 3 & Section 4** 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

Coverage limits under each benefit are available in Table of Benefit (Refer Annexure I and Annexure II)

SECTION 1 - ACCIDENTAL DEATH OF INSURED PERSON: 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 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.

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
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	100%
2. Total and irrevocable loss of	
(i) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%
(xii) Sight of one eye	50%
(xiii) Physical separation of one entire hand	50%
(xiv) Physical separation of one entire foot	50%
(xv) Use of one hand without physical separation	50%
(xvi) Use of one foot without physical separation	50%

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

S.No.	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/Table of Benefits in respect of Accidental Hospitalization.

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

- 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/Table of Benefits in respect of Hospitalization 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. The coverage under this benefit is part of the Section 4 (Accidental Hospitalization Expenses).

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 Section 5 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/Table of Benefits 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 information 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 - 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/Table of Benefits, 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 hospitalization of the insured.

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

SECTION 9 - 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/Table of Benefits. 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 Hospitalization Expenses (Section 4) and/or Emergency Hospitalisation Expenses (Section 5)

Exclusion (Applicable for Section 9): 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 10 - 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/Table of Benefits, 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 11 - 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 Policy schedule/Table of Benefits.

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 11)

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 directly or indirectly 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 12 - MISSED DEPARTURE/CONNECTING FLIGHT: The company will indemnify the Insured, up to the limits as mentioned in the Policy schedule/Table of Benefits 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/connecting flight 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 12): 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 above 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 13 - 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/Table of Benefits, 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 13): 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 14 - 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/Table of Benefits 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 15 - TRIP CURTAILMENT: 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/Table of Benefits 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 16 - 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 mentioned in Policy schedule/Table of Benefits, if the aircraft/rail on which the insured has booked to travel within India is delayed beyond 6 hours as mentioned in the 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; or
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 16): 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 17 - 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/Table of Benefits 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 17)

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 directly attributable to the perils as stated in the covers above.

SECTION 18 - 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/Table of Benefits. 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 Policy Schedule/Table of Benefits irrespective of number of baggage lost.

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

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

SECTION 20 - ADVENTURE SPORTS: The company will pay the amount as specified in the Policy schedule/Table of Benefits, 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 license 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

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 Sports – Section 20)
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)

④ Sub limits under each plans

Table of Benefits						
Benefits	SILVER PLAN		GOLD PLAN		PLATINUM PLAN	
	Minimum limit (Rs.)	Maximum Limit (Rs.)	Minimum limit (Rs.)	Maximum Limit (Rs.)	Minimum limit (Rs.)	Maximum Limit (Rs.)
Accidental Death	1,00,000	5,00,000	2,50,000	10,00,000	5,00,000	1,00,00,000
PTD	1,00,000	5,00,000	2,50,000	10,00,000	5,00,000	1,00,00,000
PPD	1,00,000	5,00,000	2,50,000	10,00,000	5,00,000	1,00,00,000
Accidental Hospitalization Expenses	1,00,000		2,50,000		5,00,000	
Emergency Hospitalization Expenses (for Heart Attack (Myocardial Infarction) & Stroke (CVA), if happened during travel and if it is not a PED)	Covered as part of Accidental Hospitalisation Expenses		Covered as part of Accidental Hospitalisation Expenses		Covered as part of Accidental Hospitalisation Expenses	
Child Education Fund	30,000		30,000		30,000	
Emergency Medical Assistance	Available		Available		Available	
Compassionate Visit	15,000		15,000		15,000	
Emergency Medical Evacuation	NA		10,000		10,000	
Repatriation of Mortal Remains	NA		25,000		25,000	
Personal Liability	NA		1,00,000		2,50,000	
Missed Departure/Connecting flight	NA		5,000		10,000	
Trip Cancellation	NA		5,000		10,000	
Delay of Checked in Baggage (By Air) (6 hrs)	NA		3,000		3,000	
Trip Curtailment	NA		10,000		10,000	
Flight/Rail Delay (6 hrs)	NA		NA		5,000	
Flight/Carrier Cancellation	NA		NA		7,000	
Loss of checked-in baggage (By Air) (irrespective of number of bag loss)	NA		NA		7,500	
Convalescence Benefit	NA		NA		25,000	
Adventure Sports	NA		NA		Death, PTD & Repatriation of Mortal Remains	
NA - Not Available						

④ STANDARD TERMS AND CONDITIONS

- 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 Insured or any one acting on his behalf to obtain any benefit under this Policy
- 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.
- 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.
- Material change:** The Insured Person shall immediately notify the Company in writing of any change in his physical defect or infirmity with which he has become affected since the payment of the premium or commencement of the journey.
- Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's death or payment of Sum Insured. However, the cover shall continue for the remaining Insured Persons if covered under the same policy till the end of Policy Period
- 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:

- the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- the active concealment of a fact by the insured person having knowledge or belief of the fact;
- any other act fitted to deceive; and
- 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.

7. Provision for Penal Interest

- 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
- 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
- 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

- v) 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
- vi) "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. **Records to be maintained:** The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy
9. **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.
10. **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.
11. **Multiple policies**
- A) Applicable to covers which offer fixed benefits:** In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the insurer shall make the claim payments independent of payments received under other similar policies.
- B) Applicable for Section 4 - Accidental Hospitalization Expenses and Section 5 - Emergency Hospitalization Expenses**
- 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.
 - 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.
 - 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.
 - Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only have indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.
12. **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.
13. **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
14. **Fraudulent claims:** 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 shall be forfeited.
Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.
For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy;
- The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
 - The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
 - Any other act fitted to deceive; and
 - Any such act or omission as the law specially declares to be fraudulent.
- The company shall not repudiate the policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

15. 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	25.0%
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%

16. **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.
17. **Premium Payment:** All premiums must be paid in full before commencement of the Insured Journey/Trip
18. **Important Note**
- 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
 - 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.
 - 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
19. **Geographical/Territorial Limits:** Covered within India.
20. **Renewal:** This policy can't be renewed.
21. **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.

- 22. 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.
- 23. 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.
- 24. 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
- 25. Cancellation/termination by Insurer:** The Company may cancel the Policy immediately on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.
- 26. 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
- 27. 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
- 28. Grievances:** In case the Insured Person is aggrieved in any way, the Insured may contact the Company, at the specified address during normal business hours.
- Grievances Department:** Star Health and Allied Insurance Company Limited, 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014 or Call 044-69006900 during normal business hours or Send e-mail to grievance@starhealth.in, gro@starhealth.in
- In the event of the following grievances:
- any partial or total repudiation of claims by an insurer;
 - any dispute in regard to premium paid or payable in terms of the policy;
 - any dispute on the legal construction of the policies in so far as such disputes relate to claims;
 - delay in settlement of claims;
 - non-issuance of any insurance document to customer after receipt of the premium
- The Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.
- 29. Claims Procedure**
- I. 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
 - Inform the ID number for easy reference
 - On admission in the hospital, produce the policy copy 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
 - 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
 - KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- 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 subject to admissibility of the claim as per the terms and conditions of the policy
- II. 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:**
- Thirty (30) days for death claims.
 - Fifteen days (15) from the date of discharge from hospital/date of occurrence wherever appropriate.
 - NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
 - CKYC No. of the proposer
- III. 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.
- 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.
 - 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 II and III are precedent to admission of liability under the policy. The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.
- IV. 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
- Policy copy

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
- Policy copy.

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.
- Policy Copy

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.
- Policy Copy

List of Claim Documents Specific to COMPASSIONATE VISIT – Section 8

- Duly completed claim form signed by the insured/claimant
- 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/Claimant.
- Policy Copy

List of Claim Documents Specific to Emergency Medical Evacuation– Section 9

- 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.
- Policy copy

List of Claim Documents Specific to Repatriation of the Mortal remains – Section 10

- 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
- Policy copy

List of Claim Documents Specific to Personal Liability – Section 11

- 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
- Policy copy

List of Claim Documents Specific to Missed Departure/Connecting Flight – Section 12

- 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
- Policy copy

List of Claim Documents Specific to Trip Cancellation and Trip Curtailment – Section 13 and Section 15

- 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
- Policy Copy

List of Claim Documents Specific to Delay of Checked-In Baggage – Section 14

- Claim form (to be filled and signed by 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.
- Policy copy

List of Claim Documents Specific to Flight/Rail Delay and Flight/Common Carrier Cancellation – Section 16 and Section 17

- 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/Claimant
- 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
- Policy Copy

List of Claim Documents Specific to Loss of Checked in Baggage – Section 18

- 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/Claimant
- Any other document deemed necessary to establish the loss or its quantum depending upon the nature of claim
- Policy Copy

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
- Policy Copy

List of Claim Documents Specific to Adventure Sports – Section 20

- Duly Completed Claim Form signed by Insured/Nominee .
- 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
- Policy copy
- Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability

NOTE: Attestation can be obtained from a Gazetted Officer/any Government Official.

📍 **Buy this insurance:** Please contact our nearest Branch Office/our Agent or visit our website www.starhealth.in for online purchase.

📍 **Important:** "IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint".

📍 **Prohibition of Rebates:** Section 41 of Insurance Act 1938 (Prohibition of rebates): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.



SILVER PLAN

PREMIUM CHART (in Rs.) (Excluding Tax)

Base SI = Accidental Death/Permanent Total Disablement/Permanent Partial Disablement Sum Insured

Sl.No	Mode/Cover/Duration (days)	Single Trip: AIR		Round Trip: AIR			Multi Trip: AIR		
		1 Day	2 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0015	0.0031	0.0066	0.0129	0.0248	0.0738	0.1108	0.1477
2	Fixed	3	6	17	37	73	191	286	382

Sl.No	Mode/Cover/Duration (days)	Single Trip: RAIL			Round Trip: RAIL			Multi Trip: RAIL		
		1 Day	2-3 Days	4-7 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0057	0.0112	0.0225	0.0149	0.0211	0.0329	0.1722	0.2583	0.3443
2	Fixed	3	7	13	18	37	73	195	292	390

Sl.No	Mode/Cover/Duration (days)	Single Trip: ROAD (Common Carrier)				Round Trip: ROAD (Common Carrier)			Multi Trip: ROAD (Common Carrier)		
		1 Day	2-3 Days	4-7 Days	8-15 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0080	0.0160	0.0402	0.0803	0.0197	0.0258	0.0377	0.2297	0.3446	0.4594
2	Fixed	3	7	17	34	18	37	73	197	295	394

Sl.No	Mode/Cover/Duration (days)	Multi Trip: Multi Mode		
		Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.2297	0.3445	0.4594
2	Fixed	197	295	394

GOLD PLAN

PREMIUM CHART (in Rs.) (Excluding Tax)

Base SI = Accidental Death/Permanent Total Disablement/Permanent Partial Disablement Sum Insured

Sl.No	Mode/Cover/Duration (days)	Single Trip: AIR		Round Trip: AIR			Multi Trip: AIR		
		1 Day	2 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0015	0.0031	0.0066	0.0129	0.0248	0.0738	0.1108	0.1477
2	Fixed	31	61	100	157	266	1,139	1,708	2,277

Sl.No	Mode/Cover/Duration (days)	Single Trip: RAIL			Round Trip: RAIL			Multi Trip: RAIL		
		1 Day	2-3 Days	4-7 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0057	0.0112	0.0225	0.0149	0.0211	0.0329	0.1722	0.2583	0.3443
2	Fixed	25	50	100	88	145	254	1,004	1,506	2,008

Sl.No	Mode/Cover/Duration (days)	Single Trip: ROAD (Common Carrier)				Round Trip: ROAD (Common Carrier)			Multi Trip: ROAD (Common Carrier)		
		1 Day	2-3 Days	4-7 Days	8-15 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0080	0.0160	0.0402	0.0803	0.0197	0.0258	0.0377	0.2297	0.3446	0.4594
2	Fixed	20	40	100	200	78	135	244	884	1,327	1,769

Sl.No	Mode/Cover/Duration (days)	Multi Trip: Multi Mode		
		Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.2297	0.3446	0.4594
2	Fixed	1,147	1,721	2,295

PLATINUM PLAN

PREMIUM CHART (in Rs.) (Excluding Tax)

Base SI = Accidental Death/Permanent Total Disablement/Permanent Partial Disablement Sum Insured

Sl.No	Mode/Cover/Duration (days)	Single Trip: AIR		Round Trip: AIR			Multi Trip: AIR		
		1 Day	2 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0015	0.0031	0.0083	0.0172	0.0342	0.0902	0.1352	0.1803
2	Fixed	139	277	337	430	609	3,952	5,927	7,903

Sl.No	Mode/Cover/Duration (days)	Single Trip: RAIL			Round Trip: RAIL			Multi Trip: RAIL		
		1 Day	2-3 Days	4-7 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0057	0.0112	0.0225	0.0165	0.0254	0.0425	0.1883	0.2825	0.3766
2	Fixed	126	252	505	312	405	584	3,652	5,478	7,304

Sl.No	Mode/Cover/Duration (days)	Single Trip: ROAD (Common Carrier)				Round Trip: ROAD (Common Carrier)			Multi Trip: ROAD (Common Carrier)		
		1 Day	2-3 Days	4-7 Days	8-15 Days	1-7 Days	8-15 Days	16-30 Days	Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.0080	0.0160	0.0402	0.0803	0.0212	0.0302	0.0472	0.2460	0.3691	0.4920
2	Fixed	120	240	599	1,198	299	392	571	3,498	5,247	6,997

Sl.No	Mode/Cover/Duration (days)	Multi Trip: Multi Mode		
		Up to 30 days/trip	Up to 45 days/trip	Up to 60 days/trip
1	Variable (Per Mille Base SI)	0.2460	0.3691	0.4920
2	Fixed	3,960	5,940	7,920



Health
Insurance

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