

TITLE	Description	Refer to Policy Clause Number
Coverage	a. Accidental death	II (1)
	b. Permanent disablement of the Insured Person	II (2)
	c. Double Benefit Cover	II (3)
	d. Ambulance Charges / Transportation expenses of Mortal Remains: Lump sum of Rs.5000/- for either ambulance charges or transportation of mortal remains to his/her place of residence	III (1)
	e. Travel expenses for one relative: 1% of the Total sum insured subject to a max.Rs.2,000/- or actual whichever is less for the transport expenses to one relative towards the death of the Insured Person	III (2)
Major Exclusions	I. All Pre-existing conditions	V (3)
	II. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS	V (4), V(5)
	III. War, Biological nuclear and chemical terrorism and nuclear perils	V(7),V(9;D)
	IV. Engaging in Hazardous sports/activities	V (11)
	The exclusions given above are only a partial list. Please refer the policy clause for the complete list.	
Waiting Periods	Initial Waiting Period	No waiting periods applicable for this policy
	Specific Waiting Period	
Payment basis	Fixed amount on the occurrence of a covered event:	
	Accidental Death	II (1)
	Permanent disablement of the Insured Person	II (2)
	Double Benefit Cover	II (3)
	Ambulance Charges/Transportation expenses of Mortal Remains	III (1)
	Travel Expenses for one relative	III (2)

Customer Information Sheet - CSC PERSONAL ACCIDENT INSURANCE (INDIVIDUAL)
Unique Identification No. : IRDAI/HLT/SHA/P-P(CSC)/N/56/2016-17

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED



Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. * Phone : 044 - 28288800 * Email : support@starhealth.in
Website : www.starhealth.in * CIN : U66010TN2005PLC056649 * IRDAI Regn. No. : 129

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the persons covered would be taken as correct. So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of this policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal / policy details.

Kind Attention : Policyholder

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Cost Sharing	In case of a claim, this policy required you to share the costs	No cost sharing applicable for this policy
Renewal Conditions	Lifelong renewal subject to payment of renewal premium in full before the due date	VII (12)
	Grace period of 30 days for renewing the policy is provided	VII (12)
Renewal Benefits	Cumulative Bonus : Payable for Accidental Death or Permanent total disablement	IV
Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non-disclosure material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	VII (7)
Claims	For Cashless Service:	VI (1)
	For Reimbursement of claim:	
Policy Servicing / Grievances / Complaints	Company Officials IRDAI/(IGMS/Call Centre)Ombudsman	VII (16) and VII (17)
Insured's Rights	Free Look:	VII (5)
	Implied renewability	VII (12)
	Migration and Portability	Not Applicable
	Increase in SI during policy term	Not Applicable
	Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	VI (1)
Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non disclosure may result in claim not being paid	VII (1)
	Disclosure of Material Information during the policy period such as change in occupation.	VII (3)

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



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CSC PERSONAL ACCIDENT INSURANCE (INDIVIDUAL)

Unique Identification No. : IRDAI/HLT/SHAI/P-P(CSC)/V.I/56/2016-17

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

I. DEFINITIONS OF WORDS AND EXPRESSIONS

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

Accident / Accidental means a sudden, unforeseen and involuntary event caused by external visible and violent means.

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

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

Company means Star Health and Allied Insurance Company Limited

Condition Precedent shall mean a policy term or condition upon which the insurer's liability under the policy is conditional upon.

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium

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

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

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

Grace Period means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

Hazardous Sport / Hazardous Activities means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

Medical Practitioner is 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 the scope and jurisdiction of license

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

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

Permanent Total Disablement means the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total 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

Pre-Existing Condition means any condition or condition(s) which the insured person had prior to the commencement date of this policy with the Company

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

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.

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

Road Traffic Accident (RTA) means an **accident** resulting in bodily injury to any person caused by, or arising out of, the use of a motor vehicle on a road or other public place

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

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

Temporary Total Disablement means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period.

II. SCOPE OF COVER

ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

If the Insured Person meets with an Accident, which leads to disablement or subsequent Death, the Company will pay the Insured or his legal heirs / nominee, in the following manner:

1. **Accidental Death of Insured Person:** If following an Accident that causes Death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
2. **Permanent disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 or Table of Benefits B2 mentioned herein, depending upon the degree of disablement provided that:
 - a) The disablement occurs within 12 Calendar months from the date of the Accident.
 - b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.
 - c) Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid.
3. **Double Benefit Cover:** In case of Death by Road Traffic Accident (RTA), the Company will pay 200% of the Sum Insured plus Bonus if any.

Special Conditions

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured
3. Where a claim for 100% of the Capital Sum Insured is admitted / admissible the coverage under the policy ceases and the policy cannot be renewed for such relevant person.
4. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person.
5. In the event of Permanent Disablement, wherever required by the Company, the Insured Person will be under obligation:
 - a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.

Exclusions:

- a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the amount specified in the Schedule
- b) Any other claim after a claim has been admitted by the Company and becomes payable for 100% of the Capital Sum Insured as mentioned in Table of Benefits B1. This would not apply to payment under Ambulance Charges/Transportation of mortal remains, Travel expenses of the one Relative

- c) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- d) Any exclusion mentioned in the 'General Exclusions' of this Policy.

III. ADDITIONAL BENEFITS:

1. Ambulance charges / Transportation Expenses of mortal remains

Following an admissible claim under the policy due to an Accident outside the place of the insured's residence the Company shall pay during the policy period as a lump sum

Either

- a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury

Or In case of Death

- b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

The limit of Company's liability towards either Ambulance charges or Transportation of mortal remains is Rs. 5000/- only during the policy period, irrespective of the number of policies held by the insured. This lump sum amount is payable in addition to the sum insured.

2. Travel Expenses of One Relative (Applicable for Death claims only)

Following accidental Death of the insured person, the Company will pay 1% of Total Sum insured Subject to a maximum of Rs. 2,000/-, or actual whichever is less, i.e. towards transport expenses of one relative of the Insured Person following an admissible claim under the policy. This amount is payable in addition to the sum insured.

IV. CUMULATIVE BONUS

Compensation payable for an admissible claim for Death or Permanent Total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year during which the policy shall have been in force prior to the occurrence of an accident for which the capital sum insured becomes payable but the amount of such increase shall not exceed 50% of the sum insured stated in the schedule. The cumulative bonus is applicable to that part of the sum insured which is renewed continuously without break. The Cumulative Bonus will not be lost if the policy is renewed within 30 days. Cumulative bonus is not applicable for the additional benefits or optional benefits

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

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

1. Any payment, in case of more than one claim under the Policy, during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital sum insured payable under this Policy except in case of Death due to Road Traffic Accident, in which case the amount payable is 200% of the Sum Insured Plus Bonus if any. This exclusion will not apply to payments made under Transportation of mortal remains and Travel expenses of the one Relative.
2. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
3. Any injuries/conditions which are Pre-existing
4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst the insured person is under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save human life.
5. Any claim arising out of mental disorder, suicide or attempted suicide self-inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - a. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - b. Nuclear weapons material
 - c. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - d. Nuclear, chemical and biological terrorism
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
11. Participation in Hazardous Sport/ Hazardous Activities
12. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

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

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

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

Note: Condition 1 is precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in this condition depending upon the merits of the case

a. Claim intimation:

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

b. Documents to be submitted for reimbursement claims:

Duly completed claim form and

For Death Claims:-

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

For Disability Claims:

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

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

Travel expenses for one relative

- Proof of expenses incurred (original)

For Ambulance Charges

- Original Bill

Transportation expenses of mortal remains

- Death Certificate

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

- c. **Claims Settlement:** Benefits payable under this policy will be paid within 7 days from the time of receipt of all documents the Company requires.

Note: In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable

to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate

2. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.

3. **Geographical Scope:** The insurance cover applies Worldwide.

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

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form or at the time of claim, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.

2. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. **Material change:** The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

4. **Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's Death or payment 100% of the Capital Sum Insured. In case of family cover, the surviving members would continue to have the cover for their respective sum insured, till the expiry date of the policy.

5. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look cancellation is not applicable at the time of renewal of the policy.

6. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

7. **Cancellation/termination:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non-disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non-co-operation of the insured by sending the Insured 30 days' notice by registered letter at the Insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non-co-operation of the insured, in which case the refund of premium will be on pro-rata basis. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short Period rate only (table given below) provided no claim has occurred up to the date of cancellation

*Short period scales:

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
Up to one-month	25% of annual premium
Exceeding one month and Up to three months	40% of annual premium
Exceeding three months and Up to six months	60% of annual premium
Exceeding six months and Up to nine months	80% of annual premium
Exceeding nine months	Full annual premium

8. **Currency for payments:** All claims payable shall be paid in Indian Rupee only.

9. **Important Note:** The terms, conditions and exclusions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

Note 1: The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears

Note 2: The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

Note 3: Settlement of claims under the Policy are subject to the provisions of Anti- Money Laundering / Counter Financing of Terrorism (AML / CFT) policy of the Company. For further details, please visit our website www.starhealth.in

Note 4: The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the Company for necessary compliance.

10. 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.

11. Arbitration: If any dispute or difference shall arise under the contract of insurance such difference shall be referred to the decision of a sole arbitrator to be appointed in writing by the parties 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as it stands now or may be amended from time to time”.

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.

12. Renewal Clause

The policy can be renewed up to 65 years of age. Beyond 65 years, no renewal offered.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer.

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

Where a claim for less than 100% of the Sum Insured is admitted / admissible, the Company would exclude such disability on renewal in respect of such relevant person.

Renewal premium is subject to change with prior approval from the Regulator. Change of options/plans within same product is permissible only at the time of renewal.

13. Modification of the terms of the policy The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.

14. Withdrawal of the policy: The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company

15. Notices: Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile / email to Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Chennai-600034., Toll free fax no: 1800 425 5522 Email: support@starhealth.in

16. Customer Service: If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

17. 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.

Grievance Department, Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvarkottam High Road, Nungambakkam, Chennai-600034 or Call 044-28288821 during normal business hours or Send e-mail to grievances@starhealth.in. Senior Citizens may call 044-28288897

In the event of the following grievances:

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

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

LIST OF OMBUDSMAN

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Tilak Marg, Relief Road, Ahmedabad – 380 001, Tel.:- 079-25501201/02/05/06. Email:-bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
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@gbic.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- bimalokpalbhopal@gbic.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:-bimalokpal.bhubaneswar@gbic.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2 nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/5861 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in	State of Delhi
ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

CONTACT DETAILS	JURISDICTION
<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.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur- 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in</p>	State of Rajasthan.
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@gbic.co.in</p>	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in</p>	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida U.P-201301. Tel: 0120-2514250 / 2514251 / 2514253 Email:- bimalokpal.noida@gbic.co.in</p>	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel No: 0612-2680952 Email:- bimalokpal.patna@gbic.co.in</p>	States of Bihar and Jharkhand.
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320 Email:- bimalokpal.pune@gbic.co.in</p>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Table of Benefits B 1		
S.No	Benefits	
1.	Accidental Death	Percentage of Sum Insured 100%
2.	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%
3.	Total and irrevocable loss of	
i.	Sight of both eyes	100%
ii.	Physical separation of two entire hands	100%
iii.	Physical separation of two entire foot	100%
iv.	One entire hand and one entire foot	100%
v.	Sight of one eye and loss of one hand	100%
vi.	Sight of one eye and loss of one entire foot	100%
vii.	Use of two hands	100%
viii.	Use of two foot	100%
ix.	Use of one hand and one foot	100%
x.	Sight of one eye and use of one hand	100%
xi.	Sight of one eye and use of one foot	100%
xii.	Sight of one eye	50%
xiii.	Physical separation of one entire hand	50%
xiv.	Physical separation of one entire foot	50%
xv.	Use of one hand without physical separation	50%
xvi.	Use of one foot without physical separation	50%

Loss of foot / hand means total severance through or above the ankle/ wrist joints respectively. Loss of eye means entire and irrevocable loss of sight. Thumb and index finger means severance through or above the joint that meets the hand at the palm.

Table of Benefits B2		
	Benefits	Percentage 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	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



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