

**STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED**

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

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

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

**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

**This document provides key information about your policy. You are also advised to go through your policy document.**

**Kind Attention: Policyholder**

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

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

S.No	Title	Description	Refer to Policy Clause Number
1.	Name of Insurance Product / Policy	<b>Antyodaya Shramik Suraksha Yojana</b> Unique Identification No: SHAPAGP24057V012324	-
2.	Policy number		-
3.	Type of Insurance Product / Policy	Both Benefit and Indemnity	-
4.	Sum Insured		-
5	Policy Coverage (What the policy covers)  (Policy clause Number/s)	<b>Accidental Death:</b> If at any time during the Policy Period, 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 as provided in "Schedule of Benefits Table 1"	Section 1
		<b>Permanent Total Disablement:</b> If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the amount as provided in "Schedule of Benefits – Table 1" 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. Provided always that the policy will not pay under more than one of the Benefits stated in "Schedule of Benefits" in respect of the same Accident.	Section 2
		<b>Permanent Partial Disablement:</b> If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided under "Schedule of Benefits – Table 2", depending upon the degree of disablement provided that:	Section 3

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	<p>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. 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. In case of multiple disability from the same accident, the policy will pay the highest of the compensation.</p>	
	<p><b>Accidental Dismemberment:</b> The Company will pay the amount as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers from any of the conditions due to an accident occurred during the policy period as given in “Schedule of Benefits – Table 3”. 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. In case of multiple disability from the same accident, the policy will pay the highest of the compensation. This coverage shall immediately and automatically cease on payment on 100% of Sum Insured.</p>	Section 4
	<p><b>Accidental Medical Expenses – Inpatient Hospitalization Cover:</b> Admission in Hospital beyond 24 hrs.</p>	Section 5
	<p><b>Prolonged Hospitalization Benefit – In case of Accident:</b> The Company will pay a lump-sum as specified in the Policy Schedule/ Certificate of Insurance if the Insured is hospitalized for more than 7 consecutive days in case of accident during the policy period, subject to admissible claim under Section 5</p>	Section 6
	<p><b>Funeral Expenses:</b> Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the Policy Schedule / Certificate of Insurance towards funeral expenses of the insured person. Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company. This benefit is payable in addition to the sum insured</p>	Section 7
	<p><b>Repatriation of Mortal Remains:</b> Following an admissible claim under Section 1 – Accidental Death, the Company shall pay for repatriation of mortal remains of the insured person from the place of death to the Insured’s place of residence, up to the limits as mentioned in the Policy Schedule / Certificate of Insurance, provided, the death of the insured person occurred in a location that is not the place of residence of the insured person. Such expenses include expenses for embalming, cremation and coffin charges.</p>	Section 8
	<p><b>Coma Benefit in case of Accident:</b> The Company will pay the amount mentioned in the Policy Schedule / Certificate of Insurance for an Injury due to Accident which results in Coma of specified severity from the date of Accident during the Policy period.</p>	Section 9
	<p><b>Education Benefit:</b> Following an admissible claim under the policy towards Accidental Death of the insured person, the Company will pay the fixed limit as mentioned in the Policy schedule / Certificate of Insurance per dependent child towards the Cost of Education of up to two dependent children who are under the age of 23 years and who are studying at an educational institution on the date the Insured parent met with an Accident.</p>	Section 10

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<b>General Exclusion</b>		
<b>6</b>	<b>Exclusions (What the policy does not cover)</b>	<p style="text-align: center;"><b>EXCLUSIONS APPLICABLE TO ALL SECTIONS EXCEPT WHERE STATED OTHERWISE</b></p> <p>The Company shall not be liable to make any payments in respect of:</p> <ol style="list-style-type: none"> <li>1. Any Injury or disability arising out of a Pre- Existing Disease or any complication arising therefrom.</li> <li>2. Any claim of Insured Person arising out of suicide or attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness,</li> <li>3. Being under the influence of intoxicating liquor or drugs or other intoxicants</li> <li>4. Participation in             <ol style="list-style-type: none"> <li>a. naval, military or air force operations.</li> <li>b. hazardous activity,</li> <li>c. professional or Adventure sports without expert supervision of trained professional</li> <li>d. Actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion;</li> <li>e. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent including but not limited to actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion</li> </ol> </li> <li>5. Death, Injury or Disablement of the Insured person due to or arising out of or directly or indirectly connected with or traceable to: War, Invasion, Act of foreign enemy, Hostilities, Civil War, Rebellion, Revolution, Insurrection, Mutiny, Military or Usurped Power Seizure, Capture, Arrests, Restraints.</li> <li>6. Death or bodily injury or any disease or illness to the Insured person - (a) Directly or indirectly caused by from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (b) Directly or indirectly caused by or contributed to by or arising from nuclear weapons material.</li> <li>7. Any loss, damage cost or expense of whatsoever nature caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss;</li> <li>8. Arising or resulting from the Insured Person(s) committing any breach of law with criminal intent</li> <li>9. Mosquito bite, insect bite and resultant diseases are excluded under the Policy.</li> <li>10. Any loss resulting contributed or aggravated or prolonged by childbirth or from pregnancy.</li> <li>11. Whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.</li> <li>12. Investigation &amp; Evaluation- Code- Excl04 Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</li> </ol>
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		<p>13. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.</p> <p>14. Any Natural death not limited to sickness, illness, disease and any claim arising out of any Illness, complication or ailment not arising out of Injury (as defined in the policy)</p> <p>15. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.</p> <p>16. Underground mines, explosives magazines, hydro or thermal power projects</p> <p>17. If the beneficiary is involved directly or in abetment of the murder/assault of Insured</p>	
		<p><b>Exclusions (applicable to Section 1, 2, 3 and 4)</b></p> <p>(a) Any payment in case of more than one claim under the policy during the Policy Period by which the maximum liability of the Company in that period would exceed the Sum Insured.</p> <p>(b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.</p> <p>(c) Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly</p>	-
7	Waiting Period	<ul style="list-style-type: none"> <li>• <b>30-day waiting period</b> – Not Applicable</li> </ul>	-
		<ul style="list-style-type: none"> <li>• <b>Specified Diseases/ Procedure Waiting Period</b> – Not Applicable</li> </ul>	-
		<ul style="list-style-type: none"> <li>• <b>Pre-Existing Diseases</b> – Not Applicable</li> </ul>	-
8	Financial limits of coverage  i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	<p><b>Accidental Medical Expenses - Inpatient Hospitalization Cover:</b></p> <p><b>Plan A:</b> Rs.1 Lakh or actual claim amount (whichever is lower) - requires 24 hrs of hospitalisation</p> <p><b>Plan B:</b> Rs.50,000 or actual claim amount (whichever is lower) - requires 24 hrs of hospitalisation</p>	Section 5
		<p><b>Prolonged Hospitalisation Benefit - in case of Accidents:</b></p> <p><b>Plan A:</b> Rs.10,000 will be paid if hospitalised for a continuous period exceeding 7 days during the policy period in case of accident - available as a one-time benefit</p>	Section 6
		<p><b>Funeral Expenses:</b></p> <p><b>Plan A &amp; Plan B:</b> Upto Rs. 5,000</p>	Section 7
		<p><b>Repatriation of Mortal remains:</b></p> <p><b>Plan A &amp; Plan B:</b> Upto Rs. 5,000</p>	Section 8
	ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policyholder / insured)	NIL	-

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	<p>iii. Deductible (It is a specified amount: up to which an insurance company will not pay any claim and Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>	<p>NIL</p>	<p>-</p>
	<p>iv. Any other limit (As Applicable)</p>	<p>NIL</p>	
<p>9.</p>	<p>Claims / Claims Procedure</p>	<p><b>For Death Claims: -</b></p> <ul style="list-style-type: none"> <li>• Death Certificate</li> <li>• Post-mortem Certificate, if conducted</li> <li>• FIR (wherever required)</li> <li>• Police Investigation report / Panchanama (wherever required)</li> <li>• Viscera Sample Report / Chemical analysis report (wherever required)</li> <li>• Forensic Laboratory Report (wherever required)</li> <li>• Legal Heir Certificate (wherever required)</li> <li>• Succession Certificate (wherever required)</li> </ul> <p><b>For Permanent Total Disablement and Permanent Partial Disablement</b></p> <ul style="list-style-type: none"> <li>• Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.</li> </ul> <p>Note: The Company authorized doctor may examine the insured person/s if required</p> <p><b>For Accidental Dismemberment</b></p> <ul style="list-style-type: none"> <li>• Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.</li> <li>• FIR, Final report (wherever required)</li> <li>• Clinical photographs</li> <li>• Treatment records after accident</li> </ul> <p>Note: The Company authorized doctor may examine the insured person/s if required</p> <p><b>Accidental Medical Expenses – Inpatient Hospitalization Cover and Prolonged Hospitalization Benefit – in case of Accidents</b></p> <ul style="list-style-type: none"> <li>○ Original Discharge Summary (wherever applicable)</li> <li>• Original Medical Reports</li> <li>• Original Invoices/Bills,</li> <li>• Original Payment Receipts</li> </ul>	<p>F (9)</p>

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		<p><b>Funeral Expenses</b></p> <ul style="list-style-type: none"> <li>• Original Invoices/Bills,</li> <li>• Original Payment Receipts</li> </ul> <p><b>Repatriation of Mortal Remains</b></p> <ul style="list-style-type: none"> <li>• Death Certificate or</li> <li>• Proof of hospitalisation</li> <li>• Proof of utilized services of either Ambulance or Mortuary Van (Original Receipt)</li> </ul> <p><b>Coma Benefit in case of Accident</b></p> <ul style="list-style-type: none"> <li>• Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.</li> </ul> <p>Note: The Company authorized doctor may examine the insured person/s if required</p> <p><b>Educational Benefit</b></p> <ul style="list-style-type: none"> <li>• Death certificate of Parent/s or Guardian</li> <li>• Age proof of the student</li> <li>• Proof of education.</li> </ul> <p><b>Note</b></p> <ol style="list-style-type: none"> <li>1. For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888</li> <li>2. KYC (Identity proof with Address) of the proposer, as per AML Guidelines.</li> <li>3. The Company reserves the right to call for additional documents wherever required.</li> </ol>	
		<p><b>Turn Around Time ( TAT) for claims settlement</b></p> <p>i) TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents.</p> <p><a href="https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf">https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</a></p> <p>ii) TAT for cashless final bill authorization: Within 3 hours from the time of receipt of all necessary relevant documents</p> <p>iii) Network Hospital details: Insured can refer the company website using the following link to the list of Network hospitals: <a href="https://www.starhealth.in/lookup/hospital/">https://www.starhealth.in/lookup/hospital/</a></p>	

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		<p>iv) Helpline Number: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888</p> <p>v) Hospitals which are blacklisted or from where no claims will be accepted by insurer: Insured can refer the company website using the following link to the list of excluded hospitals.</p> <p><a href="https://www.starhealth.in/lookup/hospital/#excluded-hospital">https://www.starhealth.in/lookup/hospital/#excluded-hospital</a></p> <p><b>Downloading/ getting Pre-Authorisation claim form:</b></p> <p>a) For Cashless : <a href="https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf">https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</a></p> <p>b) For Reimbursement: <a href="https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf">https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</a></p>	
10	Policy servicing	<p>Details of the Company Official: Assistant General Manager – Customer Care Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens: 044-69007500 e-mail: support@starhealth.in</p>	F (17)
11	Grievances/ Complaints	<p>Details of Grievance Redressal Officer of the insurer Grievance Redressal Officer, Corporate Grievance Department, 4th Floor, Balaji Complex, No. 15, Whites Lane, Whites Road, Royapettah, Chennai- 600014 (Land mark: In the lane next to Satyam Theatre Parking Area) Ph. No: 044-69006900   Toll Free No. 1800 425 2255 Senior Citizens - 044- 6900 7500 Mail ID:- <a href="mailto:gro@starhealth.in">gro@starhealth.in</a> <a href="mailto:grievances@starhealth.in">grievances@starhealth.in</a>. <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p> <p>If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600. For updated details of grievance officer, kindly refer the link <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System – <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	F (8)

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		<p>Details of Ombudsman: List of Insurance Ombudsman</p> <p>For updated list refer: <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a></p>	Page No: 14
12	Things to remember	<b>Free look cancellation:</b> Not Applicable	-
		<p><b>Renewal of Policy:</b> The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.</p> <ol style="list-style-type: none"> <li>i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</li> <li>ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. (However, this provision is not applicable for Plan A)</li> <li>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</li> <li>iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.</li> <li>v. Coverage is not available during the grace period.</li> </ol>	F (12)
		<b>Migration:</b> Not Applicable	-
		<b>Change in Sum Insured:</b> Not Applicable	-
		<b>Moratorium Period:</b> Not Applicable	-
13	Your Obligations	<p>Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.</p> <p><b>Disclosure of Information:</b> The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder</p> <p>Please disclose the material information details sought in the proposal form.</p>	E (1)

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Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

**Place:**

**Date:**

**Signature of the Policyholder**

**Note:**

- i. <https://www.starhealth.in/downloads/>
- ii. In case of any conflict, the term and conditions mentioned in the policy document shall prevail
- iii. Kindly mail us at [cisacknowledgement@starhealth.in](mailto:cisacknowledgement@starhealth.in) or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet".