

## ACCIDENT TRAUMA CARE INSURANCE POLICY (GROUP)

Unique Identification No.: IRDA/NL-HLT/SHAI/P-H/V.I/104/13-14

### A. OPERATIVE CLAUSE

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

### B. PREAMBLE

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its Parts the Company by this Policy agrees as provided herein

### C. DEFINITIONS

#### Standard Definitions

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

**Hospital:** A hospital means any institution established for *in-patient care* and *day care treatment* of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act **Or** complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

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

**Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**Medical Practitioner:** Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction and is acting within its scope and jurisdiction of license.

**Pre-Existing Disease:** Pre-existing Disease means any condition, ailment, Injury or disease:

- a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the Insurer  
or
- b) For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

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

**Reasonable and Customary Charges:** Reasonable and Customary charges means the charges for services or

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

**Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.

### Specific Definitions

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

**Capital sum insured:** Capital sum insured means the maximum amount of coverage per benefit as specified in the Schedule to this Policy that the Insured Person is entitled to in respect of each benefit under Section I

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

**Covered Medical Expenses:** Covered Medical Expenses means reasonable charges, which are usually and customarily incurred for services and supplies for any Accident to the Insured Person covered under the policy

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

**Grievous injury:** Grievous injury means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfiguration of head or face, fracture or dislocation of a bone or tooth.

**Hazardous Sport / Hazardous Activities:** 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 includes 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 activities, army/navy/air force activities and police activities, works in underground mines, explosives, magazines, works involving electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals and occupations of similar hazard.

**Insured Person:** Insured Person means the name/s of person/s shown in the schedule of the Policy

**Policy:** Policy means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrolment forms.

**Work place accident:** Work place accident means accidents occurring within the work premises.

## D. COVERAGE

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured Person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the period of insurance as described under different sections hereunder, but not exceeding the sum insured stated there against.

### SECTION I

a) If at any time during the Period of Insurance, the Insured Person shall sustain any grievous bodily injury resulting solely and directly from Accident caused by external, violent and visible means, and such

accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay the Capital Sum Insured as compensation subject to the other terms and conditions of the policy mentioned herein.

- b) If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, within 12 calendar months of its occurrence then the Company will pay the benefits as provided in the Table of Benefits depending upon the degree of disablement.

**Table of Benefits**

<b>Benefits</b>	<b>Percentage of Capital Sum Insured</b>
1. Death	100%
2. Permanent Total Disablement Total and irrevocable loss* of	100%
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.

Provided always the policy will not pay under more than one of the above sub-clauses in respect of the same accident whereby the Company's liability would exceed 100% of the sum insured.

**SECTION II**

If the **Insured Person** shall sustain any **grievous** bodily injury through **accident** other than **work place accidents** and if such accident requires the Insured Person upon the advice of a duly qualified **medical practitioner** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **inpatient** the Company will pay to the Insured Person the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits indicated but not exceeding the sum insured under Section II stated in the schedule hereto in any one policy period.

- a) Room, Boarding Expenses as provided by the Hospital / Nursing Home not exceeding 2% of the sum insured.
- b) Nursing expenses.

- c) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- d) Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, cost of Pacemaker and similar expenses

**Special Conditions applicable for both the Sections**

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.
2. In the event of Permanent Disablement, 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.

**E EXCLUSIONS**

The Company shall not be liable to make any payments under this policy in respect of any claim in connection with or in respect of:

1. All injuries / conditions which are Pre Existing
2. Injury directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations, whether war be declared or not.
3. 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
4. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs, artificial limbs and such other aids.
5. Accidents caused due to
  - a) intentional self injury,
  - b) insanity
  - c) the Insured Person is found to be under the influence of intoxicating drugs/alcohol
  - d) self-endangerment unless in self-defense or to save life.
  - e) Suicide /or attempted suicide
  - f) mental disorder
6. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as HIV/AIDS.
7. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory Examinations not consistent with or incidental to the diagnosis and treatment of the injury, for which confinement is required at hospital / nursing home.
8. Expenses on vitamins and tonics unless forming part of treatment for injury as certified by the attending

Physician

9. Naturopathy Treatment.
10. Hospital registration charges, record charges telephone charges and such other charges.
11. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathic.
12. 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 100% of the Capital Sum Insured.
13. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
14. Any claim for accidents occurring whilst the Insured Person is engaging in Air Travel other than as a fare-paying passenger. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
15. Participation of the Insured Person in riots, strike or any subversive activity. Any claim 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.
16. Participation of the Insured Person in Hazardous Sport / Hazardous Activities
17. Expenses as detailed in Annexure A

## F. CONDITIONS

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim: No waiver of any terms, provisions, conditions, and endorsements of this policy shall valid unless made in writing and signed by an authorized official of the Company.

1. Every notice or communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.
2. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfilment of the terms, provision, conditions and endorsements of this policy by the Insured Person, in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this policy. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
3. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the date of Death, injury, Hospitalisation. Claim must be filed with 15 days from the date of discharge from the Hospital

### Note

1. **This is a condition precedent to admission of liability under the policy.**
2. **KYC (Identity proof with Address) of the proposer, as per AML Guidelines**
4. The Insured Person shall obtain and furnish the Company with all original receipts, bills, discharge summary, Death Certificate, Viscera Sample Report/ Forensic Science Laboratory report, First Information Report, Post Mortem Report, Legal Heir Certificate, Succession Certificate and other documents upon which a claim is based and shall also give the Company such additional information and/or other documents as may be required for processing the claim. If the Company requests that bills/ vouchers / Reports in a language, other than English be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person.
5. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person incase of any alleged injury or diseases requiring Hospitalization when and as often as the same may

reasonably be required on behalf of the Company.

6. The Company shall not be liable to make any payment under the policy in respect of any claim if such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the insured Person or by any other person acting on his behalf
7. If at the time when any claim arises under this policy, there is in existence any other insurance whether it be effected by or on behalf of any insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the benefits under this Policy shall be in excess of the benefits available under other insurance/s.
8. **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.
9. **Group Discount:** Group policies are eligible for the following scale of discount on the premium before Service Tax.

Number of persons	Discount on the final premium
101-1000	5%
1001-10000	7.5%
10001-50000	10%
50001-100000	12.5%
100001- 200000	15%
200001-500000	20%
500001-1000000	25%
Above 1000000	30%

10. **Renewal:** Renewal is on mutual consent. 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.
11. **Cancellation:** The Company may at any time cancel this Policy by sending the Insured 15 days' notice by registered letter at the insured last known address and in such event the Company shall refund to the Insured a pro-rata premium for unexpired period of Insurance. The Company shall however remain liable for any claim, which arose prior to the date of cancellation. The insured may at any time cancel this Policy by providing a notice of 7 days and in such event the Company shall allow refund of Premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED
Up to one-month	1/3rd of the annual premium
Up to three Months	½ of the annual rate premium
Up to six months	3/4th of the annual rate premium
Exceeding six months	full annual rate premium

12. **Automatic Termination:**

- The insurance under this policy shall terminate immediately on the earlier of the following events:
- Upon the death of the Insured Person at the expiration of the period for which the premium has been paid or on the expiration date shown in the policy schedule whichever is earlier.
- Upon payment of 100% Capital sum insured under Section I

13. **Arbitration:** The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.”
14. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.
15. **Package Charges:** The Company’s liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)
16. **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.
17. **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
18. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the insured may contact “Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014”, during normal business hours.
19. **Grievances:** In case of any grievance the insured person may contact the Company through  
 Website : www.starhealth.in  
 E-mail : grievances@starhealth.in, gro@starhealth.in  
 Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255  
 Senior Citizens may call at 044-69007500  
 Courier : 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014  
 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.  
 If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600.  
 For updated details of grievance officer, kindly refer the link <https://www.starhealth.in/grievance-redressal>  
 If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time.  
 Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>
20. **Important Note:** This insurance is available to persons between the ages 3 years and 70 years. 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.
21. **Nomination:** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting

nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

22. **Excluded Hospitals (providers):** Insured can refer the company website using the following link to the list of excluded hospitals. <https://www.starhealth.in/lookup/hospital/#excluded-hospital>

**Annexure-A**

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

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

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

**List of Ombudsman**

Office Details	Jurisdiction of Office (Union Territory, District)
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a></p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</p>
<p><b>BENGALURU</b> 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: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL</b> Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a></p>	<p>Madhya Pradesh, Chhattisgarh.</p>
<p><b>BHUBANESWAR</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a></p>	<p>Odisha.</p>
<p><b>CHANDIGARH</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a></p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</p>
<p><b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a></p>	
<p><b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a></p>	<p>Delhi &amp; following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>
<p><b>KOCHI</b> Office of the Insurance Ombudsman, 10<sup>th</sup> Floor, Jeevan Prakash, LIC Building, Opp.to Maharaja's College, M. G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a></p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p><b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a></p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a></p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a></p>	<p>Rajasthan.</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a></p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a></p>	<p>Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-69038800/27/29/31/32/33 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a></p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai &amp; Thane).</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a></p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA</b> Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	<p>Bihar, Jharkhand.</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p><b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>
<p>For the details of Insurance Ombudsman please visit: <a href="https://cioins.co.in/Complaint/Online">https://cioins.co.in/Complaint/Online</a></p>	

Items that are to be subsumed into Room Charges

SI No	ITEM
1	BABY CHARGES (UNLESS SPECIFIED / INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS

20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET / WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

Items that are to be subsumed into Procedure Charges

SI No.	ITEM
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER

13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

Items that are to be subsumed into costs of treatment

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



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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17	GLUCOMETER & STRIPS
18	URINE BAG

