

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	Accident Trauma Care Insurance Policy (Group) Unique Identification No: IRDA/NL-HLT/SHAI/P-H/V.I/104/13-14	-
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)	Lump-sum payment: If the Insured Person sustain any grievous bodily injury resulting solely and directly from Accident caused by external, violent and visible means, and such accident causes Death/ Permanent Total Disablement (PTD) 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.	D (Section I)
		Expenses in respect of: In-patient Treatment: Admission in Hospital beyond 24 hrs.	D (Section II)
6	Exclusions (What the policy does not cover)	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.	E

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

	<p>3. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p> <ol style="list-style-type: none"> 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 <p>4. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs, artificial limbs and such other aids.</p> <p>5. Accidents caused due to</p> <ol style="list-style-type: none"> 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 <p>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.</p> <p>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.</p> <p>8. Expenses on vitamins and tonics unless forming part of treatment for injury as certified by the attending Physician</p> <p>9. Naturopathy Treatment.</p> <p>10. Hospital registration charges, record charges telephone charges and such other charges.</p> <p>11. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathic.</p> <p>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.</p> <p>13. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.</p> <p>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.</p>	
--	--	--

		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 willful 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	
7	Waiting Period	• 30-day waiting period – Not Applicable	-
		• Specified disease/procedure waiting period – Not Applicable	-
		• Pre-Existing Diseases – Not Applicable	-
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)	1. Room, Boarding Expenses as provided by the Hospital / Nursing Home not exceeding 2% of the sum insured	Section II (a)
	ii. Co-payment (It is specified amount / Percentage of the admissible claim amount to be paid by policyholder / insured)	NIL	-
	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)	NIL	-
	iv. Any other limit (As Applicable)	NIL	-
9.	Claims / Claims Procedure	Documents required for claim process: 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	F (4)

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

		language, other than English be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person	
		Turn Around Time (TAT) for claims settlement	
		i) TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf	
		ii) TAT for cashless final bill authorization: Within 3 hours from the time of receipt of all necessary relevant documents	
		iii) Network Hospital details: Insured can refer the company website using the following link to the list of Network hospitals: https://www.starhealth.in/lookup/hospital/	
		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	
		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. https://www.starhealth.in/lookup/hospital/#excluded-hospital	
		Downloading/ getting Pre-Authorisation claim form:	
		a) For Cashless : https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf	
		b) For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf	
10	Policy servicing	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	F (17)
11	Grievances/ Complaints	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:- gro@starhealth.in	F (19)

		grievances@starhealth.in https://www.starhealth.in/grievance-redressal	
		<p>If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-43664600.</p> <p>For updated details of grievance officer, kindly refer the link https://www.starhealth.in/grievance-redressal</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p> <p>Details of Ombudsman: List of Insurance Ombudsman</p> <p>For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page No. 10
12	Things to remember	Free Look Cancellation: Not Applicable	-
		Renewal of Policy: The Policy may be renewed with mutual consent by the payment in advance of the total premium specified by the Company, which premium shall be in force at the time of renewal.	F (10)
		Migration: Not Applicable	-
		Revision of Sum Insured: Not Applicable	-
		Moratorium Period: 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>Disclosure of Information: 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>	-

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policyholder

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

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 or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet".