

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	Accident Care (Group) Insurance Unique Identification No: IRDAI/HLT/SHAI/P-H/V.II/102/2015-16	-
2.	Policy number		-
3.	Type of Insurance Product / Policy	Benefit	-
4.	Sum Insured		-
5	Policy Coverage (What the policy covers) (Policy clause Number/s)	<p>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 and as specified in the Schedule to the Policy,</p> <p>Table-A – ACCIDENTAL DEATH If at any time during the Period of Insurance, the Insured Person shall sustain any 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 an amount as compensation 100% of the Capital Sum Insured.</p> <p>Table-B – ACCIDENTAL DEATH AND PERMANENT DISABLEMENT If the Insured Person meets with an Accident, which leads to disablement or subsequent death, the Company will provide insurance coverage to the Insured in the following manner:</p>	D (Section II)

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		<p>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.</p> <p>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:</p> <p>Table-C – ACCIDENTAL DEATH, PERMANENT DISABLEMENT AND TEMPORARY TOTAL DISABLEMENT: (WEEKLY COMPENSATION)</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. Temporary Total Disablement: If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in hospitalization, then the insured person will be paid a sum calculated at 1% of the sum insured under Table C per completed week but not exceeding Rs.15,000/- per completed week or part thereof, in all, under all Personal Accident policies taken with the company, if such injury be the sole and direct cause of Temporary Total Disablement. <p>This benefit is subject to a maximum period of 100 weeks from the date of such Temporary Total Disablement.</p> <p>In no case shall the compensation exceed the sum insured for this benefit. The payment shall be made only after the termination of such disablement.</p>	
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		Additional Benefits	Section III
		Ambulance Charges/ Transportation Expenses of Mortal Remains	Section III (1)
		Travel Expenses for One relative	Section III (2)
		Vehicle and/ or Residence Modification	Section III (3)
		Purchase of blood	Section III (4)
		Transportation of Imported Medicines	Section III (5)
		Optional Benefits	Section IV
		Medical Expenses	Section IV (a)
		Hospital Cash benefit	Section IV (b)
		Home Convalescence	Section IV (c)
6	Exclusions (What the policy does not cover)	<p>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</p> <p>b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table of Benefits B1. This would not apply to payment under Education Grant, Ambulance Charges/Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood, Transportation of Imported Medicine.</p> <p>c) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.</p> <p>d) Any exclusion mentioned in the 'General Exclusions' of this Policy.</p>	D (Section II)
		GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS OF THE POLICY)	E (Section V)

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		<p>The Company shall not be liable to make any payments in respect of:</p> <ol style="list-style-type: none"> 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 Permanent Total Disability claim, in which case the amount payable is 150% of the sum insured. This exclusion will not apply to payments made under Medical Expenses Extension, Hospital cash, Home Convalescence, Ambulance Charges /Transportation of mortal remains, Expenses for Vehicle and /or residence Modification, Travel expenses for one relative, Purchase of blood and Transportation of imported medicines 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 conditions 4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save 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 on 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 detainments 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: <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 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. 	<p>E (Section V)</p>
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		<p>11. Participation in Hazardous Sport / Hazardous Activities</p> <p>12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.</p> <p>13. 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.</p>	
7	Waiting Period	<ul style="list-style-type: none"> • 30-day waiting period – Not Applicable 	-
		<ul style="list-style-type: none"> • Specified disease/procedure waiting period – Not Applicable 	-
		<ul style="list-style-type: none"> • 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)	NIL	-
	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	<p>Documents to be submitted for reimbursement claims: Duly completed claim form and</p> <p>For Death Claims: -</p> <ul style="list-style-type: none"> • Death Certificate • Post-mortem Certificate, if conducted • FIR (wherever required) 	F (2)

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		<ul style="list-style-type: none"> • Police Investigation report / Panchanama (wherever required) • Viscera Sample Report / Chemical analysis report (wherever required) • Forensic Science Laboratory report (wherever required) • Legal Heir Certificate • Succession Certificate (wherever required) <p>For Disability Claims:</p> <ul style="list-style-type: none"> • Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %. Note: The Company authorized doctor may examine the insured if required • Certificate from the employer confirming leave of absence from duty 	
		<p>Turn Around Time (TAT) for claims settlement</p> <p>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</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: https://www.starhealth.in/lookup/hospital/</p> <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. https://www.starhealth.in/lookup/hospital/#excluded-hospital</p> <p>Downloading/ getting Pre-Authorisation claim form:</p> <p>a) For Cashless : https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p>	

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		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	Section VIII (14)
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 grievances@starhealth.in https://www.starhealth.in/grievance-redressal	Section VIII (15)
		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 https://www.starhealth.in/grievance-redressal	
		Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/	
		Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman	Page No. 14
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.	Section VIII (13)
		Migration: Not Applicable	-
		Revision of Sum Insured: Not Applicable	-
		Moratorium Period: Not Applicable	-

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