



STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Registered Office : No. 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034. 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.

Sl. No	Title	Description	Refer to Policy Clause Number																																				
1	Name of Insurance Product/ Policy	Star Domestic Travel Insurance Policy UIN: SHATIDP23122V012223																																					
2	Policy Number	Refer Policy Schedule attached with this document																																					
3	Type of Insurance Product / Policy	Both Indemnity and Benefit																																					
4	Sum Insured	Refer Policy Schedule attached with this document																																					
5	Policy Coverage: (What the policy covers?)	Expenses in respect of: <table border="1" style="margin-top: 10px;"> <thead> <tr> <th colspan="6">Coverage for Silver Plan</th> </tr> <tr> <th colspan="2"></th> <th colspan="2">Single Trip</th> <th colspan="2">Round Trip & Multi Trip</th> </tr> <tr> <th>Sl. No.</th> <th>Benefits</th> <th>Air</th> <th>Rail & Road</th> <th>Air</th> <th>Rail & Road</th> </tr> <tr> <th colspan="2"></th> <th colspan="2">(Common Carrier)</th> <th colspan="2">(Common Carrier)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Accidental Death</td> <td colspan="4">Yes</td> </tr> <tr> <td>2</td> <td>Permanent Total Disablement</td> <td colspan="4">Yes</td> </tr> </tbody> </table>	Coverage for Silver Plan								Single Trip		Round Trip & Multi Trip		Sl. No.	Benefits	Air	Rail & Road	Air	Rail & Road			(Common Carrier)		(Common Carrier)		1	Accidental Death	Yes				2	Permanent Total Disablement	Yes				
Coverage for Silver Plan																																							
		Single Trip		Round Trip & Multi Trip																																			
Sl. No.	Benefits	Air	Rail & Road	Air	Rail & Road																																		
		(Common Carrier)		(Common Carrier)																																			
1	Accidental Death	Yes																																					
2	Permanent Total Disablement	Yes																																					

Coverage for Silver Plan					
		Single Trip		Round Trip & Multi Trip	
Sl. No.	Benefits	Air	Rail & Road	Air	Rail & Road
		(Common Carrier)		(Common Carrier)	
3	Permanent Partial Disablement	Yes			
4	Accidental Hospitalization Expenses	Yes			
5	Emergency Hospitalization Expenses (for Heart Attack (Myocardial Infarction) & Stroke (CVA), if happened during travel and if it is not a PED)	Yes			
6	Child Education Fund	Yes			
7	Emergency Medical Assistance	Yes			
8	Compassionate Visit	Yes			
Coverage for Gold Plan					
		Single Trip		Round Trip & Multi Trip	
Sl. No.	Benefits	Air	Rail & Road	Air	Rail & Road
		(Common Carrier)		(Common Carrier)	
1	Accidental Death	Yes			
2	Permanent Total Disablement	Yes			
3	Permanent Partial Disablement	Yes			

Coverage for Gold Plan					
Sl. No.	Benefits	Single Trip		Round Trip & Multi Trip	
		Air	Rail & Road	Air	Rail & Road
		(Common Carrier)		(Common Carrier)	
4	Accidental Hospitalization Expenses	Yes			
5	Emergency Hospitalization Expenses (for Heart Attack (Myocardial Infarction) & Stroke (CVA), if happened during travel and if it is not a PED)	Yes			
6	Child Education Fund	Yes			
7	Emergency Medical Assistance	Yes			
8	Compassionate Visit	Yes			
9	Emergency medical evacuation	Yes			
10	Repatriation of Mortal Remains	Yes			
11	Personal Liability	Yes			
12	Missed Departure/ connecting flight	Yes	Yes	Yes	Yes
13	Trip Cancellation	Yes	Yes	Yes	Yes
14	Delay of Checked in Baggage (by Air) 6 hrs	Yes	NA	Yes	NA
15	Trip Curtailment	NA		Yes	

NA = Not Applicable

Coverage for Platinum Plan							
		Single Trip			Round Trip & Multi Trip		
Sl. No.	Benefits	Air	Rail	Road	Air	Rail	Road
		(Common Carrier)			(Common Carrier)		
1	Accidental Death	Yes					
2	Permanent Total Disablement	Yes					
3	Permanent Partial Disablement	Yes					
4	Accidental Hospitalization Expenses	Yes					
5	Emergency Hospitalization Expenses (for Heart Attack (Myocardial Infarction) & Stroke (CVA), if happened during travel and if it is not a PED)	Yes					
6	Child Education Fund	Yes					
7	Emergency Medical Assistance	Yes					
8	Compassionate Visit	Yes					
9	Emergency medical evacuation	Yes					
10	Repatriation of Mortal Remains	Yes					
11	Personal Liability	Yes					
12	Missed Departure/ connecting flight	Yes	Yes	Yes	Yes	Yes	Yes
13	Trip Cancellation	Yes	Yes	Yes	Yes	Yes	Yes

Coverage for Platinum Plan							
Sl. No.	Benefits	Single Trip			Round Trip & Multi Trip		
		Air	Rail	Road	Air	Rail	Road
		(Common Carrier)			(Common Carrier)		
14	Delay of Checked in Baggage (by Air) 6 hrs	Yes	NA	NA	Yes	NA	NA
15	Trip Curtailment	NA			Yes		
16	Flight / Rail Delay (6 hrs)	Yes	Yes	NA	Yes	Yes	NA
17	Flight/Carrier Cancellation	Yes	Yes	Yes	Yes	Yes	Yes
18	Loss of checked-in baggage (by Air) (irrespective of number of bag loss)	Yes	NA	NA	Yes	NA	NA
19	Convalescence Benefit	Yes	Yes	Yes	Yes	Yes	Yes
20	Adventure Sports	NA			Yes		

NA = Not Applicable

Accidental Death	C Section 1
Permanent Total Disablement	C Section 2
Permanent Partial Disablement	C Section 3
Accidental Hospitalization Expenses	C Section 4
Emergency Hospitalization Expenses	C Section 5
Child Education Fund	C Section 6
Emergency Medical Assistance	C Section 7
Compassionate Visit	C Section 8
Emergency Medical Evacuation	C Section 9
Repatriation of Mortal Remains	C Section 10
Personal Liability	C Section 11
Missed departure/Connecting Flight	C Section 12
Trip cancellation	C Section 13
Delay Of Checked-in Baggage (Applicable only for Air travel)	C Section 14

		Trip Curtailment	C Section 15
		Flight/Rail Delay	C Section 16
		Flight/Common Carrier Cancellation	C Section 17
		Loss of Checked-in Baggage (Applicable only for Air Travel)	C Section 18
		Convalescence Benefit	C Section 19
		Adventure sports	C Section 20
6.	Exclusions: (What the policy does not cover?)	<p>Exclusions specific to certain sections:</p> <p>Applicable for Section 1, 2 and 3 (Accidental Death, Permanent Total Disablement, Permanent Partial Disablement): In addition to the general exclusions listed in the Policy, The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:</p> <ol style="list-style-type: none"> a. Any payment in case of more than one claim during the period of Insurance by which the maximum liability of the Company would exceed the limit applicable for this Section as per the Schedule of Benefits. b. Any injuries/conditions which are Pre-existing c. Any claim for Death or Permanent Disablement of the Insured Person (a) from intentional self-injury/suicide or attempted suicide or (b) caused by the insured person whilst the insured is under the influence of intoxicating liquor or drugs or (c) from self-endangerment unless in self-defence or to save human life. d. Provoked murder or assault or any attempt thereat <p>Applicable for Section 4 (Accidental Hospitalization Expenses): In addition to the general exclusions listed in the Policy, The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:</p> <ol style="list-style-type: none"> 1. Injury caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not) 2. Injury caused by or contributed to by nuclear weapons/ materials 3. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital/nursing home. Admission primarily for diagnostic purpose with no positive existence of injury and no further treatment is indicated. 4. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment 5. Naturopathy Treatment. 6. Hospital registration charges, record charges, telephone charges and such other charges. 	

7. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathic.
8. Expenses other than those specifically mentioned under Section 4 are not covered.

Applicable for Section 9 (Emergency Medical Evacuation): In addition to the general exclusions listed in the Policy, the Company shall not be liable to make any payment under this benefit in respect of:

1. A medical condition existing prior to commencement of this insurance
2. Treatment that in the opinion of a medical practitioner approved by the Company could reasonably be delayed until return of the Insured to his place/city of residence
3. For charges in excess of reasonable and necessary charges as per the determination by the Company.
4. Treatment received in unlicensed facilities or given by unlicensed health care providers
5. Treatment given by a Family Member whether or not a licensed provider

Applicable for Section 11 (Personal Liability): The Company shall not be liable for;

- 1) Legal expenses incurred without their written consent.
- 2) Any claim which arises by virtue of an agreement but which would not have arisen in the absence of such agreement.
- 3) Any claim for injury, loss or damage arising directly or indirectly from
 - a. The Insured's ownership or use of aircraft, mechanically propelled watercraft/vessels (other than rowing boats, punts or canoes),
 - b. Domestic animals or firearms other than sporting guns;
 - c. The Insured's occupation (except temporarily for the purpose of the trip) or ownership of any land or buildings other than the occupation of any temporary residence
 - d. The pursuit or exercise of any trade or profession, or from racing of any kind
 - e. Willful or malicious acts of the Insured
 - f. This insurance does not apply to liability for which indemnity is provided under the terms of any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other policy or policies had this insurance not been effected.
- 4) Liability arising out of the rendering of or the failure to render professional services
- 5) Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles all other motorized means of conveyances

- 6) Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse
- 7) Bodily injury to any person eligible to receive any benefits voluntarily provided or required to be provided by insured under any worker's compensation law, non-occupational disability law or occupational diseases law or similar law
- 8) Suits or legal actions arising from the insured's family member against the insured

Applicable for Section 12 (Missed departure/Connecting Flight): In addition to the general exclusions listed in the Policy, The Company shall not be liable for any claim in respect of any Insured Person arising from or in any way attributable to:

- a) Any missed connection due to above reasons which was made public or known to the Insured prior to the purchase of this Policy
- b) For any missed connection by the insured arising due to the delay of any accompanying persons.

Applicable for Section 13 (Trip cancellation): In addition to the general exclusions listed in the Policy, the company will not pay in respect of:

- a. Any trip which is cancelled as a result of the insured or any other person with whom he/she have arranged to travel with failing to check-in in time as required by the airline or report in time at the place of departure of the common carrier due to which the Insured is unable to undertake the journey.
- b. Any trip cancellation caused by strike or industrial action known to exist or was anticipated at the time the trip was booked
- c. Suspension of services by the Common Carrier whether pursuant to any order from any authority.

Applicable for Section 16 (Flight/Rail Delay): In addition to the general exclusions listed in the Policy, the company will not pay for:

1. Any delay due to an insured peril which was made public or known to the Insured prior to the purchase of this Policy.

Applicable for Section 17 (Flight/Common Carrier Cancellation): In addition to the General Exclusions listed in this Policy, no payment shall be made by the Company in connection with the following

1. Any circumstances other than those that are attributable to the perils as stated in the covers above.

Applicable for Section 20 (Adventure sports) : In addition to the General Exclusions listed in this Policy, the Company will not be liable to any costs that relate to or arise from the participation in any adventure sport, activity, work, study or volunteer experience in the following circumstances:

1. Insured engages in training for and/or participate in an activity at a professional level.

2. Competing at an international event as a national representative.
3. Insured acted against local authority warnings or enter closed or restricted areas or places or situations known to be unsafe or dangerous.
4. Racing, except on foot and up to marathon level; participating in speed or time trials.
5. For motorised vehicles:
 - i. not wearing a helmet regardless of the local laws; and
 - ii. operating any motorised vehicle without a valid license for operating the same class of vehicle or watercraft, as required in the city/town where Insured is travelling.
6. Additionally, apart from exclusion list mentioned under the Cover “Accidental Death”, “Permanent Total Disablement” and “Repatriation of Mortal Remains” the Company shall not be liable for any expenses caused by and/or attributable to the following:
 - i. Insured is participating in any of covered sports activities against the advice of a Medical Practitioner.
 - ii. Injury/Illness is caused to the insured due to his/her own carelessness or covered sports activities are not pursued by the insured in accordance with the rules, regulations and guidelines of the applicable governing body or authority of each such activity.
7. Any other reason listed under the General Exclusions which are applicable to all sections of the policy.
8. Personal Liability arising out of/linked to any adventure sports.

General Exclusions applicable to all sections except where stated otherwise.

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

Any pre-existing disease and its complications arising out of or resulting therefrom	E(1)
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E(1)

Daily commuters who holds valid season ticket/pass	E(2)
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E(2)

Trip by Chartered Flight/Helicopter	E(3)
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E(3)

Accident while insured is at his/her home	E(4)
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E(4)

Any claim for Death or Permanent Disablement of the Insured Person (a) from intentional self-injury/suicide or attempted suicide or (b) caused by the insured person whilst he/she is under the influence of intoxicating liquor or drugs or (c) from self-endangerment unless in self-defence or to save human life	E(5)
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E(5)

Participation in an actual or attempted felony, riot, crime, misdemeanour or civil commotion	E(6)
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E(6)

Any Accident 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 or his resistance to arrest	E(7)
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E(7)

Accident while participating in vehicle racing or trial run as a driver, co-driver or passenger	E(8)
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E(8)

		Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these	E(9)
		War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or public authority	E(10)
		Nuclear energy, radiation	E(11)
		Whilst engaging in hazardous activity	E(12)
		Whilst engaging in Adventure Sports(except to the extent covered under Adventure Sport – Section 20)	E(13)
		Any expense incurred which is not exclusively medical in nature/Unproven/Experimental treatment of any description.	E(14)
		Bodily injury caused by or arising from terrorism, except in case where the policy holder is a victim of terrorist act and not abetting terrorism	E(15)
		Any claim relating to events occurring before the commencement of the Policy Period or after the completion of the Policy Period	E(16)
		Any claim relating to events occurring beyond the maximum duration of trip as specified in the schedule	E(17)
		Non-allopathic medicine	E(18)
		Cosmetic surgery and plastic surgery	E(19)
		In so far as it relates to, the Insured: a) Travelling against the advice of a Medical Practitioner; b) Taking part in a naval, military or air force operation	E(20)
		Medical Expenses relating to any hospitalization primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations	E(21)
		Other excluded expenses as detailed in the website www.starhealth.in (applicable for Section 4 and Section 5)	E(22)
7	Waiting Period: <ul style="list-style-type: none"> Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage 	NIL	D

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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)**

The policy will pay only up to the specified limits, for the following coverage:

Sl. No	Benefits	Silver Plan (Rs.)	Gold Plan (Rs.)	Platinum Plan (Rs.)
1	Accidental Hospitalization Expenses	1,00,000/-	2,50,000/-	5,00,000/-
2	Emergency Hospitalization Expenses (for Specified Illness)	Covered as part of Accidental Hospitalisation Expenses	Covered as part of Accidental Hospitalisation Expenses	Covered as part of Accidental Hospitalisation Expenses
3	Child Education Fund	30,000/-	30,000/-	30,000/-
4	Compassionate visit	15,000/-	15,000/-	15,000/-
5	Emergency medical evacuation	Not Available	10,000/-	10,000/-
6	Repatriation of mortal remains		25,000/-	25,000/-
7	Personal liability		1,00,000/-	2,50,000/-
8	Missed departure/ connecting flight		5,000/-	10,000/-
9	Trip cancellation		5,000/-	10,000/-
10	Delay of checked-in baggage		3,000/-	3,000/-
11	Trip curtailment		10,000/-	10,000/-
12	Flight/rail delay		Not Available	5,000/-
13	Flight/common carrier cancellation			7,000/-
14	Loss of checked-in baggage (applicable only for air)			7,500/-
15	Convalescence benefit			25,000/-
16	Adventure sports			Cover for Death, PTD & Repatriation of Mortal Remains

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	ii) Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policy holder/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>1) For Cashless claim – (Applicable for Section 4 and Section 5) For assistance call 24 hours help-line 044-69006900 or Toll Free No.1800 425 2255, Senior Citizens may call at 044-40020888</p> <ul style="list-style-type: none"> • Inform the ID number for easy reference • On admission in the hospital, produce the policy copy issued by the Company at the Hospital Helpdesk • Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk • The Treating Doctor will complete the hospitalisation/ treatment information and the hospital will fill up expected cost of treatment. This form is submitted to the Company 	

		<ul style="list-style-type: none"> • The Company will process the request and call for additional documents/clarifications if the information furnished is inadequate • Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits • In case of emergency hospitalization information to be given within 24 hours after hospitalization. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.starhealth.in or contact the nearest branch • In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents, subject to admissibility of the claim as per the terms and conditions of the policy • KYC (Identity proof with Address) of the proposer, as per AML Guidelines 	F (29)
		<p>II) For Reimbursement claim: (Applicable for Section 1, Section 2, Section 3, Section 4, Section 5, Section 6, Section 8, Section 9, Section 10, Section 11, Section 12, Section 13, Section 14, Section 15, Section 16, Section 17, Section 18, Section 19, Section 20)</p> <p>The insured person shall submit the necessary documents to the insurer within;</p> <ol style="list-style-type: none"> i. Thirty (30) days for death claims ii. Fifteen days(15) from the date of discharge from hospital/date of occurrence wherever appropriate iii. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code iv. CKYC No. of the proposer. 	
		<p>III. Notification of Claim: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within fifteen (15) days of its happening;</p> <ol style="list-style-type: none"> i. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/burial in the event of Death. ii. If any treatment for which a claim may be made and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital. 	

		Turn Around Time (TAT) for claims settlement	
		i) TAT for preauthorization of cashless facility: 1 hr from the time of receipt of all necessary relevant documents. https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf	
		ii) TAT for final bill authorization: The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.	
		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/	
		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	
		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 claim form: a) For Cashless (Pre-Authorisation Form): 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	
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	F(27)

		<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>	
		Details of Ombudsman: List of Insurance Ombudsman For updated list refer: https://www.cioins.co.in/ombudsman	Page 10
12	Things to remember	<p>Cancellation: Cancellation of the policy may be done only where a journey is not undertaken and only on production of the Insured's ticket as a proof that the journey has not been undertaken. Such cancellation will be subject to deduction of cancellation charges by the Company.</p>	F(14)
		<p>Policy renewal: Not Applicable</p>	F(19)
		<p>Migration: Not Applicable</p>	-
		<p>Portability: Not Applicable</p>	-
		<p>Change in Sum Insured: Not Applicable</p>	-
		<p>Moratorium Period: Not Applicable</p>	-
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p>	F(1)
		<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 medical history 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 Policy Holder

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".