



## 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	<b>Star Student Travel Protect Insurance Policy</b> UIN: IRDA/NL-HLT/SHAI/P-T/V.I/142/13-14	-
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: <b>Emergency medical expenses, emergency medical transportation and transportation of mortal remains:</b> The Company will indemnify the Insured or his/her legal representative up to a maximum amount specified in the Schedule of Benefits	Part 2: Section 1
		<b>Dental emergency assistance:</b> The Company shall compensate the Insured for expenses incurred on acute anaesthetic treatment that are medically and immediately necessary to treat dental problems resulting from Injury, during Insured Trip but not exceeding the Sum Insured for the coverage, subject to the deductibles specified.	Section 2

	<p><b>Personal accident:</b> If an Insured sustains Accidental bodily injury at any time during the period of insurance caused solely and directly by external violent and visible means and such injury shall within 12 months from the date of the Accident be the sole and direct cause (apart from illness or disease directly resulting from or medical or surgical treatment rendered necessary by such injury) of death or disablement the Company will pay to the Insured or his/her legal representatives the specified amount of the sum insured</p>	Section 3
	<p><b>Loss of checked-in baggage:</b> If the Checked-in baggage, the property of the Insured (not hired or entrusted to him) or any part thereof shall be lost by an Airline/Carrier, the Company will by payment or at their option by reinstatement indemnify the Insured in respect of such loss up to the maximum amount as specified, subject to the deductibles.</p>	Section 4
	<p><b>Loss of passport :</b> The Company will pay in the event of the Insured losing his/her passport during the Insured Trip up to the specified amounts, subject to the specified deductibles, in respect of reasonable and necessary expenses incurred in obtaining a new passport or valid travel documents to return to the country of residence</p>	Section 5
	<p><b>Personal liability:</b> If the Insured in his/her private capacity shall become legally liable for</p> <p>(a) bodily injury or illness (fatal or non-fatal) to any person (other than a person in the Insured's service or any member of his/her family or household)</p> <p>Or</p> <p>(b) loss of or damage to property caused by an occurrence during the period of insurance then in respect of such injury loss or damage the Company will indemnify the Insured or, in the event of his/her death, his/her legal representative against all sums which he/she shall become legally liable to pay as compensation and all legal costs awarded to any claimant, maximum up to the specified limits.</p>	Section 6
	<p><b>Bail bond:</b> The Company will pay up to the Sum Insured indicated towards the cost of bail bond.</p>	Section 7
	<p><b>Compassionate visit:</b> The Company shall pay compensation, to the Insured in the event of Compassionate Visit by one Immediate Family Member, up to the specified amount.</p>	Section 8
	<p><b>Study interruption:</b> The Company shall pay the insured, compensation in the event of Study Interruption up to the specified amount.</p>	Section 9
	<p><b>Sponsor protection:</b> The Company shall pay towards Sponsor Protection up-to the specified amount</p>	Section 10

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**Exclusions:  
(What the  
policy does  
not cover?)**

**Exclusions specific to certain coverage in addition to the “General Exclusions” of the Policy:**

- I) Applicable for the Sections 1 & 2 (Emergency Medical Expenses, Emergency Medical Transportation And Transportation Of Mortal Remains And Dental Emergency Assistance):** The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:
1. A health condition where the person whose condition gives rise to a claim is at the time of traveling receiving or on a waiting list for treatment in a hospital or nursing home or has received a terminal prognosis
  2. Medical treatment to be obtained abroad if that is the sole reason or one of the reasons for the insured trip
  3. A medical condition existing prior to commencement of this insurance
  4. Non-emergency services, supplies, or charges (examples are those for cosmetic surgery, physical exams, allergies, hearing aids, eyeglasses, contact lenses, palliative or cosmetic foot care, experimental treatment, or other services which are not Medically Necessary to provide Emergency Medical Care)
  5. Treatment that in the opinion of a medical practitioner approved by the Company and/or Assistance Company could reasonably be delayed until return of the Insured to his/her country of residence
  6. For charges in excess of reasonable and necessary charges as per the determination by the Company or the Assistance Company.
  7. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner) unless necessitated by a covered Accident during the Insured Trip
  8. Treatment received in unlicensed facilities or given by unlicensed health care providers
  9. Treatment given by a Family member whether or not a licensed provider
  10. Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
  11. Any costs related to diagnosis or treatment of mental, nervous or emotional disorders except while confined to the hospital and then the benefits are limited to 50% of covered expenses up-to 30 continuous days hospitalization as in-patient.
  12. Pregnancy, childbirth, miscarriage abortion or any consequences thereof

13. Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy
14. Any medical check-ups during pregnancy or treatment of the pregnancy
15. Rehabilitation and/or physiotherapy or the costs of prostheses/ prosthetics (artificial limbs) etc.
16. Treatment or services provided in government hospital for which no charge is made or any medical services rendered at any other source free of charge
17. Medical expenses incurred as the result of alcohol and/or drug abuse addiction or overdose
18. Well child care including examinations and immunizations
19. Routine physical or other examination where there is no objective indications or impairment in normal health
20. Medical expenses covered under any worker's compensation or similar policy.
21. Any expenses incurred in India unless approved by the Assistance Company in advance.
22. Any illness accident or cost of treatment for any illness/accident occurring or incurred outside the country of study except in respect of direct journeys to and from as set out in the Emergency Medical Transportation benefit.

**Note:** Where the cost of medical services is more than \$100 prior approval of the Assistance Company is required.

**II) Applicable for Section 3 (PERSONAL ACCIDENT):**

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

- 1) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- 2) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an Accident
- 3) Any payment under this Benefit whereby the Company's liability would exceed the sum payable in the event of death.
- 4) Any other claim after a claim for death has been admitted by the Company and becomes payable.
- 5) Any claim which arises out of an Accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi engine, commercial aircraft.

- 6) Any claim arising out of an Accident related to pregnancy or childbirth, venereal disease or infirmity.

**III) Applicable for Section 4(Loss Of Checked-In Baggage)**

- (a) Any partial loss of the items contained within the checked-in baggage.
- (b) Items contained within the checked-in baggage, which are valued in excess of US \$ 100 without appropriate proof.
- (c) Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
- (d) Items other than personal effects carried by the Insured if not declared and endorsed by the insurer specifically.
- (e) Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs; Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) mobile phones and deeds;
- (f) Property shipped as freight or shipped prior to The Insured's Trip departure date;
- (g) Rugs or carpets of any type;
- (h) More than USD500 aggregate for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items without submission of original receipts.
- (i) The liability of the Airline/Carrier and the deductible specified in the policy.
- (j) Any checked-in baggage loss in the Republic of India

**IV) Applicable for Section 5(Loss Of Passport):** The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the insured:

1. Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
2. Loss of the passport due to theft unless it has been reported to the police authorities within 24 hours of the Insured becoming aware of the theft and a written police report being obtained in that regard.
3. Loss of the passport due to it being left unattended or forgotten by the Insured in a public place or public transport, hotel or apartment.
4. Loss or theft of the passport from a private place or from a private vehicle unless it was kept in a locked hotel room or apartment and forcible and violent entry was used to gain access to it.

**V) Applicable for Section 6(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
  - 3.1 the Insured's ownership or use of aircraft, mechanically propelled watercraft/vessels (other than rowing boats, punts or canoes),
  - 3.2 domestic animals or firearms other than sporting guns;
  - 3.3 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
  - 3.4 the pursuit or exercise of any trade or profession, or from racing of any kind
  - 3.5 willful or malicious acts of the Insured
  - 3.6 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 land conveyances,
- 6) Liability arising out of the transmission of a communicable disease by insured
- 7) Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse
- 8) 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
- 9) Suits or legal actions arising from the insured's family member against the insured

**VI) Applicable for Section 7 (Bail Bond):** The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of all non-bailable offences as per the local Law of the country in which the incident has taken place or occurred whilst the Insured's trip abroad or on account of any exclusion mentioned in the " General Exclusions" section of this policy.

**VII)Applicable for Section 9 (STUDY INTERRUPTION):**

This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from:

- (a) Routine physical check up and / or any related thereto;
- (b) Atrip, the purpose of which was to obtain medical care;
- (c) Cosmetic or plastic surgery except as a result of an accident;
- (d) Elective surgery;
- (e) Any costs related to diagnosis or treatment of mental, nervous or emotional disorders except while confined to the hospital and then the benefits are limited to 50% of covered expenses up-to 30 continuous days hospitalization as in-patient.
- (f) Alcoholism or drug addiction, or use of any drug or narcotic agent;
- (g) Any treatment provided by a family member;
- (h) Specificnamedhazards, hanggliding, mountaineering, rock climbing, sky diving, professional or amateur racing and piloting an aircraft;
- (i) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same
- (j) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- (k) Any other claim after a claim for death has been admitted by the Company and becomes payable.
- (l) Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi engine, commercial aircraft.
- (m)Any claim due to pregnancy or childbirth, venereal disease or infirmity.

**GENERAL EXCLUSIONS**

**General Exclusions applicable to all sections except where stated otherwise:**

This insurance does not cover loss directly or indirectly occasioned by happening through or in consequence of:

Travel against medical advice	1
Any Pre-Existing Condition whether physical or mental defect or infirmity	2
Any travel with the intention of receiving medical treatment	3

	After a terminal prognosis has been made	4
	If the Insured is aware of any circumstances that could reasonably be expected to give rise to a claim	5
	<p>Accidents whilst engaged</p> <p>a. in any form of racing or endurance tests, motor rallies and competitions, hang gliding, rock climbing or mountaineering (reasonably requiring the use of ropes or glides), pot holing, bungee jumping, parachuting, any kind of race other than on foot or water and/or winter sports, rafting or canoeing involving white water rapids, underwater activities requiring the use of artificial breathing apparatus, professional organized sports, rugby league or union, hazardous pursuits or occupation, aerial activities, par ascending or aviation (other than as a fare-paying passenger in a certified multi-engine aircraft flown in the course of licensed operations for the transportation of passengers).</p> <p>b. Winter Sports or the use of dry ski slopes</p> <p>c. Manual work of any kind</p> <p>d. Direct participation in riot or civil commotion.</p> <p>e. The Insured engaging in any criminal or illegal act.</p> <p>f. Claims increased by the Insured's own act or omission.</p> <p>g. Deliberate exposure to exceptional danger (except in an attempt to save human life)</p>	6
	Suicide or willfully self-inflicted injury or illness, mental disorder, anxiety or depression, venereal disease, alcoholism, drunkenness or the use of drugs (other than drugs taken in accordance with treatment prescribed or directed by a registered medical practitioner but not for the treatment of drug addiction), self exposure to peril (except in an attempt to save human life)	7
	War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, insurrection or military or usurped power, an act (whether on behalf of any organization, body or persons or group of persons) activities or directed towards the overthrow or influencing of the Government de jure or de facto or any provincial or local authority with force or by means of fear, terrorism or violence	8
	The Insured engaging in or taking part in armed forces, naval or air force service or operations and/ or Flying or other aerial activity except as a passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognized air charter Company (the word "passenger" does not include any member of the aircrew or a technician working in or upon an aircraft)	9

	Loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from nuclear fission, nuclear fusion or radio-active contamination.	10
	Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion combustion shall include any self-sustaining process of nuclear fission. ii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. iii. Pressure waves caused by aircraft and other aerial devices travelling at sonic or supersonic speeds	11
	Any loss covered directly or indirectly from any injury, illness, death expenses or other liability attributable HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related Complex (ARC) however caused and/or mutant derivatives, variations or treatment thereof however caused.	12
	Claims arising from pregnancy	13
	Losses arising from Accidents on two wheeled vehicles unless the driver is duly qualified and are in possession of a current license valid in the country where the vehicle is operated. Notwithstanding the foregoing, underwriters will not be liable for claims arising from Accidents (as passenger or driver) on two wheeled vehicles of 125 cc or over	14
	Claims relating to any ownership (part, time-share or otherwise) of land or building	15
	Consequential loss of any nature whether direct or indirect	16
	Claims relating directly or indirectly as a result of bankruptcy or liquidation	17
	Provoked murder or assault, intentional self-injury or any attempt thereat	18
	The Company shall not be liable for any sums recovered by or on behalf of the Insured by reason of any reciprocal arrangements under any other Insurance Scheme	19
	Congenital anomalies or any complications or conditions arising there from	20

		<p>This insurance shall not cover Loss, damage or destruction:</p> <ol style="list-style-type: none"> <li>i. Arising from confiscation or detention by customs or other official authorities;</li> <li>ii. Which at the time of the happening of such loss, damage or destruction is insured by or would, but for the existence of this insurance, be insured 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.</li> </ol>	21																																																										
7	<p><b>Waiting Period:</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases / treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	NIL																																																											
8	<p><b>Financial limits of coverage</b></p> <ol style="list-style-type: none"> <li>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</li> </ol>	<p>The policy will pay only up to the specified limits, for the following coverage:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Sum Insured (US\$)</th> <th rowspan="2">Plan</th> <th colspan="4">Benefits</th> </tr> <tr> <th>Personal Accident (A1)</th> <th>Loss of Checked in Baggage (T1)</th> <th>Loss of Passport (T2)</th> <th>Personal Liability (L1)</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center;">50,000</td> <td style="text-align: center;">Gold</td> <td style="text-align: center;">5000</td> <td style="text-align: center;">300</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">10000</td> </tr> <tr> <td style="text-align: center;">Silver</td> <td style="text-align: center;">5000</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">10000</td> </tr> <tr> <td style="text-align: center;">Standard</td> <td style="text-align: center;">2000</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> </tr> <tr> <td rowspan="3" style="text-align: center;">100,000</td> <td style="text-align: center;">Gold</td> <td style="text-align: center;">5000</td> <td style="text-align: center;">400</td> <td style="text-align: center;">150</td> <td style="text-align: center;">10000</td> </tr> <tr> <td style="text-align: center;">Silver</td> <td style="text-align: center;">5000</td> <td style="text-align: center;">300</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">10000</td> </tr> <tr> <td style="text-align: center;">Standard</td> <td style="text-align: center;">4000</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> </tr> <tr> <td rowspan="3" style="text-align: center;">250,000</td> <td style="text-align: center;">Gold</td> <td style="text-align: center;">5000</td> <td style="text-align: center;">500</td> <td style="text-align: center;">250</td> <td style="text-align: center;">10000</td> </tr> <tr> <td style="text-align: center;">Silver</td> <td style="text-align: center;">5000</td> <td style="text-align: center;">400</td> <td style="text-align: center;">150</td> <td style="text-align: center;">10000</td> </tr> <tr> <td style="text-align: center;">Standard</td> <td style="text-align: center;">5000</td> <td style="text-align: center;">300</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">10000</td> </tr> </tbody> </table>	Sum Insured (US\$)	Plan	Benefits				Personal Accident (A1)	Loss of Checked in Baggage (T1)	Loss of Passport (T2)	Personal Liability (L1)	50,000	Gold	5000	300	NA	10000	Silver	5000	NA	NA	10000	Standard	2000	NA	NA	NA	100,000	Gold	5000	400	150	10000	Silver	5000	300	NA	10000	Standard	4000	NA	NA	NA	250,000	Gold	5000	500	250	10000	Silver	5000	400	150	10000	Standard	5000	300	NA	10000	
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Sum Insured (US\$)	Plan	Benefits			
		Bail Bond (L2)	Compassionate Visit Two way(S1)	Study Interruption (S2)	Sponsor Protection ( S3)
50,000	Gold	2000	5000	5000	5000
	Silver	NA	5000	5000	5000
	Standard	NA	NA	NA	NA
100,000	Gold	5000	5000	5000	5000
	Silver	2000	5000	5000	5000
	Standard	NA	NA	NA	NA
250,000	Gold	5000	7500	7500	7500
	Silver	5000	5000	5000	5000
	Standard	NA	NA	NA	NA

ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/ insured)


  
 STAR Health Insurance
   
 Personal & Caring Insurance
   
 The Health Insurance Specialist

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))

Sum Insured (US\$)	Plan	Benefits		
		Emergency Medical Expenses M1	Dental Emergency Assistance M4 (Arising out of accidents only)	Loss of Passport
50,000	Gold	100	-	-
	Silver		-	-
	Standard		-	-
100,000	Gold	100	30	15
	Silver		20	-
	Standard		-	-
250,000	Gold	100	50	25
	Silver		25	15
	Standard		20	-

	<p>iv) Any other limit( as applicable)</p>	<p>NIL</p>	<p>-</p>
<p>9</p>	<p><b>Claims/ Claims procedure</b></p>	<p>The Insured is requested to submit the following documents in support of the respective claim. The documents mentioned here are the minimum documents necessary for claims processing</p> <p>If the Company / Assistance Company need additional information the same may be called for when required.</p> <p><b>Note</b></p> <ul style="list-style-type: none"> <li>• Where the cost of medical services is more than \$100 prior approval of the Assistance Company is required.</li> <li>• KYC (Identity proof with Address) of the proposer, as per AML Guidelines</li> </ul> <p><b>I) Emergency Medical Expenses, Emergency Medical Transportation and Transportation of Mortal Remains :</b> Hospital bills, Receipts in Original, Discharge Certificate of Hospital (original) Cash Memos from the Hospital / Chemist (s) supported by proper prescription clearly showing the diagnosis or ailment, Receipts and Pathological Reports, Certificate from the attending doctor that the patient is fully recovered. Treatment taken on different dates for separate ailments will be treated as separate claims. The claims form should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply for each claim separately.</p> <p>For Transporting the Mortal Remains to the Country of Residence or of the costs of burial abroad, an official death certificate and a physician's statement giving the cause of death needs to be submitted</p> <p><b>II) For reimbursement of extra expenses of Transportation of Insured</b> to the Country of Residence medical statement from a qualified &amp; registered Physician indicating the cause of illness and the necessity of the transportation needs to be submitted.</p> <p>(Medical statements from relations or spouses will not be accepted) Original bills/receipts of the expenses incurred need to be submitted also. (These would be paid as per the usual and customary charges incurred for the same)</p> <p><b>III) Dental Emergency Assistance:</b> Bills/ vouchers/ reports giving the details of the tooth treated and the treatment performed. Treatment taken on different dates for separate ailments will be treated as separate claims. The claims form should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply for each claim separately.</p>	<p><b>Standard Terms &amp; Conditions</b></p> <p>20</p>

- IV) Personal Accident Section:** Police Report, Death Certificate (if Applicable), Original bills/ vouchers/ reports/ discharge summary that are submitted, must mention the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment. Post mortem report and viscera report if applicable, shall also be submitted.
- V) Loss of Checked-In Baggage:** Property Irregularity Report or other report usually issued by the carriers in the event of loss of checked-in baggage claim form along with a letter from the airline stating the compensation received from them for the lost baggage. Adequate proof of value of items contained within checked-in baggage valued in excess of US \$ 100 for loss/delay of checked-in baggage will need to be submitted.
- VI) Personal Liability:** Details of Incident and proof of judicial decision rendered by a court of law
- VII) Loss of Passport:** Police Report and statement of expenses for Emergency Passport / Travel Documents along with original bills.
- VIII) Study Interruption:** On account of death of the Insured's any one Immediate Family Member, an official death certificate and a physician's statement giving the cause of death will need to be submitted. Medical statements from relations or spouses will not be accepted
- IX) Sponsor Protection:** Death certificate and a physician's statement giving the cause of death of the sponsor will need to be submitted. Medical statements from relations or spouses will not be accepted.
- X) Compassionate Visit:** Same as those required for (I)
- XI) Bail Bond:** A copy of the court order stipulating the amount required as Bail Bond. In case of death of the Insured, the Insured's Immediate Family Members or the Sponsor would be required to submit an official death certificate, along with a statement from a physician stating the cause of death, to the Assistance Company if they wish to be discharged of their liability of paying the bail amount to the Company within 1 month of the Insured's death. Death certificate from relatives or spouses will not be accepted.

**EMERGENCY ASSISTANCE**

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It is a condition precedent to liability hereunder that in the event that an insured person suffers illness or injury or is in any event to be hospitalized, the insured person or their representative must inform The Assistance Company immediately for assistance or advice. The insured person or his/her representative should furnish to the Assistance Company as much information concerning the illness or Accident as is available, including the name of the treating doctor, name and telephone number of the hospital, the complete overseas travel insurance policy number and its date of issue and any other information required by them relevant to proceed the claim under this policy.

		<p><b>Assistance Company:</b> Falck India Pvt Ltd Upper Floor The Peach Tree, Block - C Sushantlok-I, Sector 43, Gurgaon, Haryana-122015 (India) E-mail: starhealth@falck.com Website : www.falck.com</p> <ul style="list-style-type: none"> <li>• When Dialing from USA and Canada: +18009131644 (Toll Free)</li> <li>• When Dialing from Rest of the World: +91 124 4498759 (Call back facility)</li> </ul>	
		<p><b>Helpline Number:</b> For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888</p>	
10	<b>Policy Servicing</b>	<p><b>Details of the Company Official:</b> 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>	23
11	<b>Grievances/ Complaints</b>	<p><b>Details of Grievance Redressal Officer of the Insurer:</b> 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 <a href="https://www.starhealth.in/grievance-redressal">https://www.starhealth.in/grievance-redressal</a></p>	23
		<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 <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>	
		<p><b>Details of Ombudsman:</b> List of Insurance Ombudsman For updated list refer: <a href="https://www.cioins.co.in/ombudsman">https://www.cioins.co.in/ombudsman</a></p>	Page 21 to 23

12	Things to remember	<b>Cancellation:</b> Cancellation of the policy may be done only where a journey is not undertaken and only on production of the Insured's passport as a proof that the journey has not been undertaken. Such cancellation will be subject to deduction of cancellation charges by the Company.	15
		<b>Policy renewal:</b> NIL	16
		<b>Migration:</b> NIL	-
		<b>Portability:</b> NIL	-
		<b>Change in Sum Insured:</b> NIL	-
		<b>Moratorium Period:</b> Not Applicable	-
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> <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 medical history details sought in the proposal form.</p>	1

### 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".