

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	Group Accident Insurance Policy Unique Identification No: SHAHLGP18123V011718	-
2.	Policy number		-
3.	Type of Insurance Product / Policy	Benefit	-
4.	Sum Insured		-
5	Policy Coverage (What the policy covers) (Policy clause Number/s)	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 section hereunder, and as specified in the Schedule to the Policy. Geographical Scope: The insurance cover applies Worldwide unless otherwise stated Accidental Death - Benefit 1 The Company will pay as hereinafter mentioned: If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, 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 provided in "Benefit 1" under "Schedule of Benefits" Permanent Total Disablement - Benefit 2	C

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>If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:</p> <p>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.</p> <p>Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident</p> <p>Permanent Partial Disablement - Benefit 3</p> <p>If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 3" under "Schedule of Benefits", depending upon the degree of disablement provided that:</p> <p>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.</p> <p>Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident In case of multiple disability from the same accident, the policy will pay the highest of the compensation.</p> <p>Temporary Total Disablement (Weekly Compensation) - Benefit 4:</p> <p>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 admission in a Hospital / Nursing Home as an in-patient, then the insured person will be paid a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement. This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement 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>	
		<u>OPTIONAL COVERS (Available only if specifically opted and shown in the policy schedule)</u>	D
		Ambulance Charges/ Transportation Expenses of Mortal Remains	D (1)
		Travel Expenses for One relative	D (2)

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

		Purchase of blood	D (3)
		Transportation of Imported Medicines	D (4)
		Medical Expenses Following an Admissible Personal Accident Claim	D (5)
		Medical Expenses Irrespective of an Admissible personal Accident Claim	D (6)
		Home Convalescence	D (7)
		Hospital Cash benefit	D (8)
		Vehicle and/ or Residence Modification	D (9)
		External Support to the Insured Person	D (10)
		Funeral Expenses	D (11)
		Educational Benefit in case of Accidental Death/ Permanent Total Disability of the Insured Person	D (12)
		Educational Benefit in case of Accidental Death/Permanent Disability of Parents/s or Guardian of the Insured Person (where the insured person is a school or college student)	D (13)
		Out Patient Medical Expenses Due to Grievous Injury	D (14)
6	Exclusions (What the policy does not cover)	Exclusions (applicable to all Benefits) (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 Sum Insured. (b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement. (c) Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly	C
		GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY)	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>The Company shall not be liable to make any payments in respect of:</p> <ol style="list-style-type: none"> 1. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance. 2. Any claim in respect of Pre-existing conditions. 3. Any claim if the insured acts against the advice of a physician. 4. Any claim arising out of Accidents that the Insured Person has caused <ol style="list-style-type: none"> a. intentionally or by committing a crime or b. as a result of drunkenness or addiction (drugs, alcohol).or c. self-endangerment unless in self-defense or to save human 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 a Standard type 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 of the Insured Person 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, 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. 11. Participation in Hazardous Sport / Hazardous Activities 12. Any loss 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. 	
7	Waiting Period	<ul style="list-style-type: none"> ● 30-day waiting period – Not Applicable 	-

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

		<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	Documents to be submitted for claims: <ul style="list-style-type: none"> Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person, NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code, CKYC No. of the proposer Nominee/ Legal Heir as the case may be For Death Claims <ul style="list-style-type: none"> Death Certificate Post-mortem Certificate, if conducted FIR (wherever required) Police Investigation report / Panchanama (wherever required) Viscera Sample Report / Chemical analysis report (wherever required) 	F (2)

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

		<ul style="list-style-type: none"> Forensic Laboratory Report (wherever required) Legal Heir Certificate (wherever required) Succession Certificate (wherever required) 	
		<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: a) For Cashless : https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf b) For Reimbursement: https://web.starhealth.in/sites/default/files/CLAIMFORM.pdf</p>	
10	Policy servicing	<p>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</p>	STANDARD TERMS AND CONDITIONS (15)
11	Grievances/ Complaints	<p>Details of Grievance Redressal Officer of the insurer Grievance Redressal Officer, Corporate Grievance Department,</p>	STANDARD TERMS AND

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>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</p>	CONDITIONS (17)
		<p>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</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 For updated list refer: https://www.cioins.co.in/ombudsman</p>	Page No. 15
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.	STANDARD TERMS AND CONDITIONS (10)
		Migration: Not Applicable	-
		Revision of Sum Insured: Not Applicable	-
		Moratorium Period: Not Applicable	-

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

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>	STANDARD TERMS AND CONDITIONS (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 or call us at +91-7338737872 to acknowledge the receipt of this document "Customer Information Sheet".