

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.

SI.No.	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Star Group Domestic Travel Insurance Policy UIN: SHATGDP23117V012223	
2	Policy Number		
3	Type of Insurance Product/Policy	Both Indemnity and Benefit	
4	Sum Insured		
5	Policy Coverage: (What the policy covers?)	Accidental Death of insured Person (Base Cover)	Section 1
		Optional Cover	D
		Permanent Total Disablement	Section 2
		Permanent Partial Disablement	Section 3
		Accidental Hospitalization Expenses	Section 4
		Emergency Hospitalization Expenses (for Specified illness)	Section 5

		Child Education Fund	Section 6
		Emergency Medical Assistance	Section 7
		Emergency Medical Evacuation	Section 8
		Repatriation of Mortal Remains	Section 9
		Personal Liability	Section 10
		Missed departure/Connecting Flight	Section 11
		Flight/ Rail Delay	Section 12
		Flight/ Common Carrier Cancellation	Section 13
		Trip cancellation	Section 14
		Loss of Checked-in Baggage (Applicable only for Air Travel)	Section 15
		Delay Of Checked-in Baggage (Applicable only for Air travel)	Section 16
		Compassionate Visit	Section 17
		Trip Curtailment	Section 18
		Convalescence Benefit	Section 19
		Adventure sports	Section 20
		GENERAL EXCLUSIONS	
6.	Exclusions: (What the policy does not cover?)	<p>The Company shall not be liable for the following;</p> <ol style="list-style-type: none"> 1. Any pre-existing disease and its complications arising out of or resulting therefrom 2. Daily commuters who holds valid season ticket/pass 3. Trip by Chartered Flight/Helicopter 4. Accident while insured is at his/her home. 5. 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. 6. Participation in an actual or attempted felony, riot, crime, misdemeanour or civil commotion. 7. Any Accident of which a contributing cause was the Insured Person's actual or attempted commission of, or wilful participation 	F

		<p>in, an illegal act or any violation or attempted violation of the law or his resistance to arrest.</p> <p>8. Accident while participating in vehicle racing or trial run as a driver, co-driver or passenger.</p> <p>9. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these.</p> <p>10. 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.</p> <p>11. Nuclear energy, radiation.</p> <p>12. Whilst engaging in hazardous activity.</p> <p>13. Whilst engaging in Adventure Sports. (except to the extent covered under Adventure Sport – Section 20 if opted)</p> <p>14. Any expense incurred which is not exclusively medical in nature/ Unproven/ Experimental treatment of any description.</p> <p>15. 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.</p> <p>16. Any claim relating to events occurring before the commencement of the Policy Period or after the completion of the Policy Period.</p> <p>17. Any claim relating to events occurring beyond the maximum duration of trip as specified in the schedule.</p> <p>18. Non-allopathic medicine.</p> <p>19. Cosmetic surgery and plastic surgery.</p> <p>20. In so far as it relates to, the Insured:</p> <p>a) Travelling against the advice of a Medical Practitioner;</p> <p>b) Taking part in a naval, military or air force operation;</p> <p>21. Medical Expenses relating to any hospitalization primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.</p> <p>22. Other excluded expenses as detailed in the website www.starhealth.in (applicable for Section 4 and Section 5)</p>	
7	Waiting Period:	<ul style="list-style-type: none"> • 30-day waiting period: Not Applicable 	-
		<ul style="list-style-type: none"> • Specified Diseases/ Procedure Waiting Period: Not Applicable 	-
		<ul style="list-style-type: none"> • Pre-Existing Diseases: Not Applicable 	-

8	<p>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)</p>	Specified limits are applicable as mentioned in a policy schedule	-
	<p>ii) Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policy holder/insured)</p>	NIL	-
	<p>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)</p>	NIL	-
	<p>iv) Any other limit(as applicable)</p>	NIL	-

9	Claims/ Claims procedure	<p>I) For Cashless claim – (Applicable for Section 4 and Section 5)</p> <ul style="list-style-type: none"> • For assistance call 24 hours help-line 044-69006900 or Toll Free No.1800 425 2255, Senior Citizens may call at 044-40020888 • 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 • 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 • KYC (Identity proof with Address) of the proposer, as per AML Guidelines • 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 <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. 	H (B)
		Turn Around Time (TAT) for claims settlement	
		<p>i) TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents.</p> <p>https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p>	H (C)

		<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 claim form:</p> <p>a) For Cashless (Pre-Authorisation Form): https://d28c6jni2fmamz.cloudfront.net/Preauthorisation_form_38c71d3dca.pdf</p> <p>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>	G (27)
11	Grievances/ Complaints	<p>Details of Grievance Redressal Officer of the insurer: Dr. S.Guru Mageswaran, 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</p> <p>If Insured person is not satisfied with the redressal of grievance, Insured person may contact the grievance officer at 044-</p>	G (29)

		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:
12	Things to remember	Free look cancellation: Not Applicable	-
		Renewal of Policy: Not Applicable	-
		Migration: Not Applicable	-
		Change in Sum Insured: Not Applicable	-
		Moratorium Period: Not Applicable	-
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. 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 Please disclose the medical history details sought in the proposal form.	G (1)

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

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 to acknowledge the receipt of this document "Customer Information Sheet".