

STAR GROUP COVID INSURANCE POLICY

Unique Identification No.: SHAHLGP22147V022122

Lumpsum Plan

I. PREAMBLE

The proposal, declaration, enrolment form and other documents given by the Proposer and/or Insured Person shall be the basis of this Contract and is deemed to be incorporated herein.

II. DEFINITIONS

Standard Definitions

Break in policy means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or Grace Period.

Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Disclosure to information norm: 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.

Grace Period: Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of Pre-Existing Diseases. Coverage need not be available during the period for which no premium is received. The Grace Period for payment of the premium for all types of insurance policies shall be: fifteen Days where premium payment mode is monthly and thirty Days in all other cases.

Provided the insurers shall offer coverage during the Grace Period, if the premium is paid in instalments during the policy period.

Hospital: A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

Hospitalization: Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

Medical Practitioner: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

Network Provider: Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

Notification of Claim: Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

Specific Definitions

Age: Age means age of the Insured person on last birthday as on date of commencement of the Policy.

Company: Company means Star Health and Allied Insurance Company Limited

COVID: For the purpose of this Policy, Corona virus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2

Diagnosis: Diagnosis means diagnosis by a registered medical practitioner, supported by clinical, radiological, histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable.

In-Patient Care: In-Patient Care means treatment for which the insured person has to stay in a hospital continuously for more than 72 hours for treatment of COVID,

Insured Person: Insured Person means person(s) named in the schedule of the Policy.

Instalment: Instalment means premium amount paid through Quarterly/Half-yearly mode by the Policy holder/Insured

Policy: Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.

Policy period: Policy period means period of three and half months (3 ½ months), six and half months (6 ½ months), nine and half months (9½ months) and twelve months (12) i.e, 105 days, 195 days, 285 days and 365 days respectively as specified in the policy schedule.

Policy Schedule: Policy Schedule means the Policy Schedule attached to and forming part of Policy

Sum Insured: Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured represents the maximum liability for any and all claims made under the Policy, in respect of that Insured Person during the Policy period.

Waiting Period: Waiting Period means a period from the inception of this Policy during which specified disease is not covered. On completion of the period, specified disease shall be covered provided the Policy has been continuously renewed without any break.

III. COVERAGE

In consideration of the premium paid, subject to the terms, conditions, exclusions and definitions contained herein the Company agrees as under.

Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.

Note

- i. Payment will be made only on Hospitalisation for a minimum continuous period of 72 hours following positive diagnosis for COVID.
- ii. This is onetime benefit applicable for the entire tenure of the Policy and shall terminate upon payment of this benefit.

IV. WAITING PERIOD

An initial waiting period of 15 days is applicable from the date of commencement of this Insurance.

V. EXCLUSION

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

Standard Exclusions

1. Investigation & Evaluation - Code- Excl 04

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

Specific Exclusions

2. Any diagnosis which is not related and not incidental to COVID is not covered in this Policy.
3. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
4. Any claim with respect to COVID manifested prior to commencement date of this policy or during the waiting period.
5. Cover under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

VI. CONDITIONS

Standard Conditions

1. **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
2. **Claim Procedure:**
 - A. **Condition Precedent to Admission of Liability:** The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.
 - B. The insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

S.No	Type of Claim	Prescribed Time limit
I.	COVID Cover	Within thirty days of date of discharge from hospital following positive diagnosis for COVID.

- C. **Notification of Claim:** Upon the happening of the covered event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event / diagnosis of COVID.
- D. **Documents to be submitted:** The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
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Covid-19 Cover	<p>I. Duly filled and signed Claim Form</p> <p>II. Copy of Insured Person's passport, if available (All pages)</p> <p>III. Photo Identity proof of the patient (if insured person does not own a passport)</p> <p>IV. Medical practitioner's prescription advising admission</p> <p>V. Discharge summary including complete medical history of the patient along with other details.</p> <p>VI. Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre for COVID.</p> <p>VII. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque (Customer name, Bank Account No., Name of the Bank, IFSC code)</p> <p>VIII. KYC (Identity proof with Address) of the proposer, as per AML Guidelines</p> <p>IX. CKYC No. of the proposer</p> <p>X. Legal heir/succession certificate, wherever applicable</p> <p>XI. Any other relevant document required by Company/TPA for assessment of the claim .</p>
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Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the insured Person

Note: For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255, Senior Citizens may call at 044-40020888

3. **Complete Discharge:** Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:

- (a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- (b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- (c) any other act fitted to deceive; and
- (d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

5. Cancellation:

Where the policy is issued for a period less than one year (Short Term Policy): The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

Where the policy is issued for one year (Annual term):

- i. The policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Cancellation table applicable without instalment option	
Period on risk	Rate of premium to be retained
Up to one mth	22.5% of the policy premium
Exceeding one mth up to 3 mths	37.5% of the policy premium
Exceeding 3 mths up to 6 mths	57.5% of the policy premium
Exceeding 6 mths up to 9 mths	80% of the policy premium
Exceeding 9 mths	Full of the policy premium
Cancellation table applicable with instalment option of Half-yearly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	45% of the total premium received
Exceeding one mth up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	65% of the total premium received
Exceeding 7 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received
Cancellation table applicable with instalment option of Quarterly premium payment frequency	
Period on risk	Rate of premium to be retained
Up to 1 Mth	87.5% of the total premium received
Exceeding one mth up to 3 mths	100% of the total premium received
Exceeding 3 mths up to 4 mths	87.5% of the total premium received
Exceeding 4 mths up to 6 mths	100% of the total premium received
Exceeding 6 mths up to 7 mths	85% of the total premium received

Exceeding 7 mths up to 9 mths	100% of the total premium received
Exceeding 9 mths up to 10 mths	85% of the total premium received
Exceeding 10 mths	100% of the total premium received

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the insured person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud

6. Renewal of policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

- i) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- ii) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
- iii) Coverage is not available during the grace period.

7. Premium Payment in Instalments: If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);

- a. Grace Period of 15 Days where premium payment mode is monthly and 30 Days in all other cases, would be given to pay the instalment premium due for the Policy. Company shall offer coverage during the Grace Period, if the premium is paid in instalments during the Policy Period.
- b. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
- c. No interest will be charged If the instalment premium is not paid on due date
- d. In case of instalment premium due not received within the grace period, the policy will get cancelled
- e. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- f. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy

8. Redressal of Grievances: In case of any grievance the insured person may contact the Company through

Website : www.starhealth.in

E-mail : grievances@starhealth.in, gro@starhealth.in

Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255

Senior Citizens may call at 044-69007500

Courier/ Post: Star Health and Allied Insurance Company Limited 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, 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>.

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017, as amended from time to time.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

9. **Nomination:** The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

Specific Conditions

10. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except acknowledged on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
11. **Territorial Limit:** The company's liability to make any payment under the policy will be within India only. All claims under this policy shall be payable in Indian currency. All medical /surgical treatments under this policy shall have to be taken in India.
- All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.
12. Any medical practitioner authorized by the company shall be allowed to examine the **Insured Person/s** in case of any alleged injury or diseases requiring hospitalization when and as often as the same may reasonably be required on behalf of the Company at the Company's cost.
13. **Role of Group Administrator / Proposer:** The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes
- 1) Furnish to the Company detailed list of Insured Person/s for preparation of Individual Certificate and ID cards
 - 2) Distribute Individual Certificate and ID cards received from the Company. (However, where the Company issues ID card / Individual Certificates in electronic form directly to the Insured Person/s this will not apply).
 - 3) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.
14. **Automatic Termination:** The insurance under this policy with respect to each relevant insured person / family shall terminate immediately on the earlier of the following events:

1. Upon the death of the Insured Person. This also means that in case of family floater policy, cover for the other surviving members of the family will continue, subject to other terms of the policy.
 2. Upon exhaustion of the sum insured
- 15. Automatic Termination of Individual Certificate of Insurance.** The Certificate of Insurance will terminate on the earliest of the following dates:
The date of expiry of certificate of insurance or
The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule or
The Insured person ceases to be a resident of India or
From the date the Certificate of Insurance is cancelled either by the Company or Insured Person(s)
- 16. Arbitration:** The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.”
- 17. Notice and communication:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or email to Star Health and Allied Insurance Company Limited, No.1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034. Customer Care No. 044-69006900 or Toll Free No. 1800 425 2255, e-mail: support@starhealth.in.
Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, or e-mail.
- 18. Important Note:**
- a. The Policy Schedule, Certificate of Insurance and Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws. The Special Conditions if any stated in the Schedule supersede these policy wordings.
 - b. The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with. Failure to comply may result in the claim being denied.
 - c. The attention of the policy holder / Insured Person is drawn to our website www.starhealth.in for anti fraud policy of the company for necessary compliance by all stake holders
- 19. Customer Service** If at any time the Insured Person requires any clarification or assistance, the insured may contact "Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014", during normal business hours.
- 20. Excluded Hospitals (providers):** Insured can refer the company website using the following link to the list of excluded hospitals. <https://www.starhealth.in/lookup/hospital/#excluded-hospital>

List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	Karnataka.
<p>BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in</p>	Madhya Pradesh, Chhattisgarh.
<p>BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	Odisha.
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453,</p>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).

Office Details	Jurisdiction of Office Union Territory, District)
<p>Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp.to Maharaja's College, M. G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798</p>	<p>Rajasthan.</p>

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.jaipur@cioins.co.in	
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<p>MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<p>PATNA Office of the Insurance Ombudsman,</p>	Bihar, Jharkhand.



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

Office Details	Jurisdiction of Office Union Territory, District)
2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
For the details of Insurance Ombudsman please visit: https://cioins.co.in/Complaint/Online	

