

# STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

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## OVERSEAS TRAVEL INSURANCE - CLAIMS PROCEDURE

TYPE OF CLAIM	RISK COVERED	EXPENSES PAYABLE	PROCEDURE TO BE FOLLOWED	DOCUMENTS REQUIRED
<b>Medical Emergency</b>	<p>1) Inpatient Admission in a hospital for sickness or accidental injuries</p> <p>2) Outpatient Treatment</p>	<p>1) Room, boarding and nursing 2) ICU charges if any 3) OT charges if any 4) Physicians and Specialists fees 5) Diagnostics charges 6) Drugs and medicines 7) Ambulance</p> <p>1) Consultation fees 2) Diagnostics charges 3) Drugs and medicines</p>	<p>1. Call our Assistance company and inform them</p> <p>Ms. Shital Shinde <b>M/s. Heritage Health TPA Pvt Ltd.,</b> Champion Building, Ground Floor, 15, Parsi Panchayat Road, Andheri (East) Mumbai - 400 069, Phone : 022 - 4973 5814</p> <p>2. Download Claim Form</p>	<p>1. Our Assistance company ref no. and approval 2. Claim form duly filled in all respects 3. Doctor's advice report 4. All diagnostic reports 5. Original bills/receipts/prescriptions 6. Discharge certificate 7. Policy copy 8. If expenses paid by you proof of payment 9. Any other documents if required 10. Copy of E-ticket 11. Copy of Passport with immigration stamp</p> <p><b>NOTE:</b> In case of cashless treatment Assistance Company will follow up</p>
<b>Dental Emergency Assistance</b>	Dental emergency arising out of Accidents only	Expenses incurred on Acute Anesthetic treatment to a natural tooth/teeth due to an Accident	<p>1. Call our Assistance company and inform them</p> <p>Ms. Shital Shinde <b>M/s. Heritage Health TPA Pvt Ltd.,</b> Champion Building, Ground Floor, 15, Parsi Panchayat Road, Andheri (East) Mumbai - 400 069, Phone : 022 - 4973 5814</p> <p>2. Download Claim Form</p>	<p>1. Our Assistance company ref no. and approval 2. Claim form duly filled in all respects 3. Doctor's advice report 4. All diagnostic reports 5. Original bills/receipts/prescriptions 6. Policy copy 7. If expenses paid by you proof of payment 8. Copy of E-ticket 9. Copy of Passport with immigration stamp</p>
<b>Transportation of Mortal Remains</b>	Death due to accidental injuries/following treatment	Cost of transporting the remains of the insured including embalming and coffin expenses or cost of cremation in the country where death occurred	<p>1. Call our Assistance company and inform them</p> <p>Ms. Shital Shinde <b>M/s. Heritage Health TPA Pvt Ltd.,</b> Champion Building, Ground Floor, 15, Parsi Panchayat Road, Andheri (East) Mumbai - 400 069, Phone : 022 - 4973 5814</p> <p>2. Download Claim Form</p>	<p>1. Our Assistance company ref no. and approval 2. Claim form duly filled in all respects 3. Doctor's advice report 4. Death certificate 5. Original bills/receipts for expenses 6. Discharge certificate 7. Policy copy 8. proof of payment 9. Copy of E-ticket 10. Copy of Passport with immigration stamp</p>

TYPE OF CLAIM	RISK COVERED	EXPENSES PAYABLE	PROCEDURE TO BE FOLLOWED	DOCUMENTS REQUIRED
<b>Emergency Medical Transportation</b>	1. Inpatient Admission in a hospital for sickness or accidental injuries  2. Doctor's advice for transportation of the insured to the country of residence	Extra expenses for transportation and cost of medical treatment.  *(Prior approval of Assistance company is must)	1. Call our Assistance company and inform them  Ms. Shital Shinde <b>M/s. Heritage Health TPA Pvt Ltd.,</b> Champion Building, Ground Floor, 15, Parsi Panchayat Road, Andheri (East) Mumbai - 400 069, Phone : 022 - 4973 5814  2. Download Claim Form	1. Our Assistance company ref no. and approval 2. Claim form duly filled in all respects 3. Doctor's advice report 4. All diagnostic reports 5. Original bills/receipts/prescriptions 6. Discharge certificate 7. Policy copy 8. If expenses paid by you proof of payment 9. Any other documents if required 10. Copy of E-ticket 11. Copy of Passport with immigration stamp
<b>Personal Accident</b>	Accidental bodily injury which results in death or disablement	Lumpsum as per the policy schedule	1. Download claim form and fill up in all respects 2. Inform Police 3. In case of PTD, obtain certificate from the treating doctor 4. Where any Third Party (either person or vehicle is involved, please obtain details like name, address, contact no., insurance particulars (policy no and name of the insurance company)	1. Inform our Assistance Company 2. Police report 3. Death Certificate if applicable 4. Postmortem report if applicable 5. Original bills/prescriptions and doctor's advice, where medical treatment has been taken. 6. Copy of E-ticket 7. Copy of Passport with immigration stamp 8. Policy copy
<b>Loss of Checked-in Baggage</b>	Checked in baggage lost by Airlines or carrier	1. The indemnity upto the limit given in the policy subject to production of proof of value. (other conditions apply)  2. Indemnity shall be in excess of the airlines liability	1. Download claim form and fill up in all respects 2. Lodge complaint with carrier 3. Send complete documents to our Service Provider	1. Copy of letter lodging a claim on the carrier 2. Property Irregularity report issued by the carrier 3. Proof of Compensation received from the carrier 4. Proof of value of items contained in a baggage 5. Letter from airlines stating that the baggage is permanently lost. 6. Copy of E-ticket 7. Copy of Passport with immigration stamp 8. Policy copy
<b>Loss of Passport</b>	Passport lost during the insured trip	Reasonable and necessary expenses incurred in obtaining valid travel documents.	1. Download claim form and fill up in all respects  2. Inform Assistance Company and take their assistance	1. Copy of Police Complaint 2. Copy of intimation to the Passport Office 3. Copy of the Lost Passport 4. Expenses incurred in obtaining a Duplicate Passport/Alternative travel documents 5. Policy copy 6. Copy of E-ticket
<b>Delay of Checked in Baggage (This cover is only for Out bound travel)</b>	Delay of checked in baggage beyond 12 hrs from actual arrival date.	Expenses incurred on purchase of toiletries, medicines and clothing	1. Download claim form and fill up in all respects 2. Lodge complaint with carrier  3. Send complete documents to our Service Provider	1. Copy of ticket 2. Copy of Passport with immigration stamp 3. Certificate from carrier 4. Original bills/receipts of emergency consumables purchased due to delay of baggage 5. Policy copy 6. Copy of compensation received from airlines if any

TYPE OF CLAIM	RISK COVERED	EXPENSES PAYABLE	PROCEDURE TO BE FOLLOWED	DOCUMENTS REQUIRED
<b>Flight Delay</b>	<p>1. Flight delayed by more than 6hrs from schedule time of departure.</p> <p>2.Delay is due to Strike, Industrial action, Mechanical breakdown and Inclement weather</p>	<p>1. Accomodation and meals upto 50\$ per day maximum upto the limit provided.</p> <p>2. Additional transportation cost to join the trip by the least expensive class.</p>	<p>1.Download claim form and fill up in all respects</p> <p>2.Send complete documents to our Service Provider</p>	<p>1.Copy of the ticket</p> <p>2.Certificate from airlines stating the reason and duration for delay</p> <p>3.Original bills/receipts on expenses incurred due to delay</p> <p>4. Letter from airlines mentioning Compensation or benefit provided by the airlines.</p> <p>5. Policy copy</p> <p>6. Copy of passport with immigration stamp</p>
<b>Missed Departure/ Connection for pre-booked journey</b>	<p>Missed departure or connection due to an accident or mechanical failure, traffic congestion or inclement weather causing interruption to the mode of transport by which the insured s travelling to the department point of outward journey or intermediate journey</p>	<p>1.Reasonable accommodation and meals upto 50\$ per day.</p> <p>2.Additional transportation cost by least expensive class</p> <p>3.Non-refundable or unused portion of pre-paid expenses(ticket and stay)</p>	<p>1.Download claim form and fill up in all respects</p> <p>2.Send complete documents to our Service Provider</p>	<p>1. Copy of the letter issued to the carrier.</p> <p>2. Copy of letter describing the event.</p> <p>3. Proof of cause for the delay</p> <p>4. Original bills/receipts of the additional expenses incurred.</p> <p>5. Policy copy</p> <p>6. Copy of E-ticket</p> <p>7. Copy of passport with immigration stamp</p>
<b>Trip Cancellation</b>	<p>Accidental bodily injury/death of the insured or his family members</p>	<p>Indemnify the insured or his legal representative for the proportionate value of the unused travel and accommodation costs contracted prior to the commencement of the trip</p>	<p>1.Download claim form and fill up in all respects</p> <p>2.Inform the Travel Agent or Tour Operator and preserve unused ticket or prior agreement entered with the hotel</p>	<p>1. Cause for cancellation and supporting evidence in case of bodily injury – Hospitalisation details</p> <p>2. Death Certificate in case of Death</p> <p>3. Certificate of Quarantine in case of Quarantineable disease</p> <p>4. Copy of the summons served for deposing as a Witness.</p> <p>5. Copy of the ticket</p> <p>6. Copy of any correspondence with the airlines.</p> <p>7. Written confirmation from the insured regarding the reason for death</p> <p>8. Policy copy</p> <p>9.Copy of passport with immigration stamp</p>
<b>Hijack</b>	<p>Amount paid for delay in trip caused due to Hijack beyond 12 hrs</p>	<p>Lumpsum as stated in the schedule for each day of delay.</p>	<p>1.Download claim form and fill up in all respects</p> <p>2.Send complete documents to our Service Provider</p>	<p>Proof of Hijack if available</p>
<b>Personal Liability</b>	<p>Legal liability for death/bodily injury to a Third Party or Loss/damage of property of Third Party</p>	<p>The amount of award upto the limit mentioned in the schedule</p>	<p>1.Download claim form and fill up in all respects</p> <p>2.Engage a Lawyer with the consent of the Company</p> <p>3.All correspondences without Prejudice</p> <p>4.No commitment on any benefit or enter into agreement</p>	<p>1. Inform the Assistance Co</p> <p>2. Description of the incident</p> <p>3. Proof of Judicial decision</p> <p>4. Witness statement</p> <p>5. Victim Statement</p> <p>6. Copy of the Police complaint given by the Victim</p> <p>7. Your report to the Police</p> <p>8. Legal Notice/summons</p> <p>9. Lawyer's opinion about the incident and your liability</p> <p>10.Policy copy</p> <p>11.Copy of E-ticket</p> <p>12.Copy of Passport with immigration stamp</p>
<p align="center"><b>STAR STUDENT TRAVEL PROTECT INSURANCE POLICY</b></p> <p>1.Emergency Medical Expenses 2.Emergency Medical Transportation Expenses 3.Transportation of Mortal Remains 4.Dental Emergency</p>			<p>5.Personal Accident 6.Loss of Checked-in Baggage 7.Loss of Passport 8.Personal Liability</p>	<p align="center"><b>Please refer the relevant row above for Processing the claim</b></p>

TYPE OF CLAIM	RISK COVERED	EXPENSES PAYABLE	PROCEDURE TO BE FOLLOWED	DOCUMENTS REQUIRED
<b>Bail Bond</b>	False arrest or wrongful detection by Police or judicial authority whilst abroad (for bailable offences only)	Appropriate expenses towards the bail amount is payable to the authorities concerned	Seek help from the Assistance company for further advices or contact Star Health at Toll free no.	Seek help from the Assistance company for further advices or contact Star Health at Toll free no.
<b>Compassionate Visit</b>	Hospitalisation for more than 7 consecutive days for a medical condition requiring the presence of one immediate family member	One round trip economy class air ticket, accommodation upto the limit mentioned in the schedule	1.Download claim form and fill up in all respects  2.Send complete documents to our Service Provider	1. Assistance Company clearance 2. Duly filled Claim form 3. Recommendation by the attending doctor mentioning the requirement of presence of one adult family member near the insured bedside. 4. Proof of admission / Discharge summary 5. Policy copy 6. Copy of E-ticket 7. Copy of passport with immigration stamp
<b>Study Interruption</b>	1. Accidental death of one immediate family member or sponsor. 2.Hospitalisation of the insured student for more than one consecutive month for covered injury or sickness  3.Emergency medical transportation of insured student	Tuition fees already paid to the educational institution less refund, subject to the limit mentioned in the schedule	1.Download claim form and fill up in all respects  2.Send complete documents to our Service Provider	1.Proof of payment of tuition fee along with the terms and conditions 2.Request letter from the insured seeking refund of fees for the period not attended 3.Response from the institution
<b>Sponsor Protection</b>	Accidental death of the insured's sponsor stated in the policy	Tuition fee incurred for the remaining period of education upto the maximum limit mentioned in the schedule	1.Download claim form and fill up in all respects  2.Send complete documents to our Service Provider	1.Death certificate of the sponsor 2.Certificate from physician or medical practitioner stating the cause of death of the sponsor  3.Evidence of payment of tuition fee
<b>STAR CORPORATE TRAVEL PROTECT INSURANCE POLICY</b>			<b>STAR Health &amp; Caring Insurance Insurance Specialist</b>	
1.Emergency Medical Expenses 2.Emergency Medical Transportation Expenses 3.Transportation of Mortal Remains 4.Dental Emergency 5.Personal Accident 6.Loss of Checked-in Baggage 7.Loss of Passport 8.Delay of Checked-in Baggage 9.Flight Delay 10.Missed Departure connection 11.Hijack Distress 12.Personal Liability			<b>Please refer the relevant row above for Processing the claim</b>	
<b>Deputation of Substitute Employee</b>	Recommendation by the attending doctor for Emergency evacuation of the insured person due to illness/accident.  Insured is substituted by an employee of the same organization for the said purpose	Expenses incurred towards travel cost of the employee who substitute the insured upto the limit mentioned in the schedule  *(Prior approval of Assistance company is must)	Seek help from the Assistance company for further advices or contact Star Health at Toll free no	1. Our Assistance company ref no. and approval 2. Claim form duly filled in all respects 3. Doctor's advice report 4. All diagnostic reports 5. Original bills/receipts/prescriptions 6. Discharge certificate 7. Policy copy 8. proof of payment 9. substitute employee's copy of ticket