



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam,  
Chennai - 600 034. ★ Phone : 044 - 28288800 ★ Email : support@starhealth.in  
Website : www.starhealth.in ★ CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No. : 129

### 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.



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### ACCIDENT CARE (GROUP) INSURANCE POLICY Unique Identification No. : IRDAI/HLT/SHAI/P-H/V.II/102/2015-16

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
WHAT AM I COVERED FOR	a. Table A Benefit: Accidental death	Table A
	b. Table B Benefit: Accidental Death/Permanent disablement arising out of accident	Table B (1 and 2)
	c. Table C Benefit: Accidental Death/Permanent Disablement/Temporary total disablement arising out of accident	Table C (1, 2 and 3)
	a. Ambulance Charges / Transportation expenses of Mortal Remains: lump sum of Rs.5000/- for either ambulance charges or transportation of mortal remains to his/her place of residence	Section III (1)
	b. Travel expenses for one relative: 1% of the Total sum insured Up to Rs 50,000/- for the transport expenses to one relative towards the death of the Insured Person	Section III (2)
	c. Vehicle / Residence Modification: 10% of the Table B and Table C sum insured subject to maximum of Rs.50,000/- towards modification of insured person's residential accommodation or vehicle modification where there is an admissible claim under Permanent Total Disability.	Section III (3)
	d. Purchase of Blood: The company will pay up to 5% of the Total sum insured subject to maximum of Rs.10,000/- towards expenses incurred in purchasing of blood.	Section III (4)
	e. Transportation of Imported Medicines: The Company will pay upto 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India	Section III (5)
OPTIONAL BENEFITS	a. Medical Expenses Extension Due to Accident Company will pay amount up to 25% of the valid claim or 10% of the Total sum insured or actual whichever is less, subject to a overall limit of Rs.5,00,000/- per policy period towards medical expenses incurred as an In- patient and as an Out-Patient, provided there is a valid claim under the policy.	Section IV (a)
	b. Hospital Cash: Cash Benefit of Rs 1000/- for each completed day of Hospitalization(excluding date of admission and date of discharge) arising out of Accident subject to a maximum of 15 days per occurrence and 60 days per policy period	Section IV (b)
	c. Home Convalescence: The company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards engaging one attendant at residence after discharge from hospital.	Section IV (c)
WHAT ARE THE MAJOR EXCLUSIONS IN THE POLICY	I. All Pre-existing conditions	Section V (3)
	II. Intentional self injury and use of intoxicating drugs / alcohol / AIDS / HIV	Section V (4), V (5)
	III. War, Biological nuclear and chemical terrorism and nuclear perils	Section V (7), V (9.D)
	IV. Engaging in Hazardous sports/activities	Section V (11)
	The exclusions given above are only a partial list. Please refer the policy clause for the complete list.	

TITLE	DESCRIPTION	CLAUSE NO. OF THE POLICY
WAITING PERIODS	Initial Waiting Period Specific Waiting Period	No waiting periods applicable for this policy
PAYOUT BASIS	Fixed amount on the occurrence of a covered event	Table A, Table B, Table C, III (1) to III(5)
COST SHARING	In case of a claim, this policy required you to share the costs	No cost sharing applicable for this policy
RENEWAL CONDITIONS	Life long renewal subject to payment of renewal premium in full before the due date	Section VIII (14)
	Grace period of 30 days for renewing the policy is provided	
CANCELLATION	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, by sending the insured 30 days notice without refund of premium.	8 (7)

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Key Feature Document and the policy document the terms and conditions mentioned in the policy document shall prevail



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## ACCIDENT CARE (GROUP) INSURANCE POLICY

Unique Identification No. : IRDAI/HLT/SHAI/P-H/V.II/102/2015-16

The proposal, declaration and other documents if any given by the proposer form the basis of this policy of insurance

The Company by this Policy agrees, subject to the terms and conditions as set out in the Schedule with all its Parts, that on proof to the satisfaction of the Company, of the compensation having become payable, as set out in the Schedule, upon the happening of an event, to pay the Sum Insured/ appropriate Benefit.

### SECTION I. DEFINITIONS OF WORDS AND EXPRESSIONS

In this Policy, the following words and expressions shall have the following meanings, as set forth, unless the context otherwise requires:

**Accident/Accidental** means a sudden, unforeseen and involuntary event caused by external visible and violent means.

**Admissible claim** means any claim payable under Section II

**Age** means the age of the insured person on his/her completed years as recent birthday as per the English Calendar

**Company** means Star Health and Allied Insurance Company Limited

**Condition Precedent** shall mean a policy term or condition upon which the insurer's liability under the policy is conditional upon.

**Covered Medical Expenses** means reasonable charges, whether as an In Patient or an out Patient, which is usually and customarily incurred for services and supplies for any Accident to the Insured Person, covered under the policy.

**Dependent Child** means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

**Disclosure of information norm** means the policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Grace Period** means the specified period of time immediately following premium due date during which the payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received

**Grievous Injury** means emasculation, permanent privation of the sight of either eye, permanent privation of hearing of either ear, privation of any member or joint, destruction or permanent impairing of the powers of any member or joint, permanent disfigurement of head or face, fracture or dislocation of a bone or tooth.

**Hazardous Sport / Hazardous Activities** means engaging whether professionally or otherwise in any sport or activity, which is potentially dangerous to the Insured Person (whether trained, or not). Such Sport/Activity including but not limited to Winter sports, Ice hockey, Skiing, Skydiving, Parachuting, Ballooning, Scuba Diving, Bungee Jumping, Mountain Climbing, Riding or Driving in Races or Rallies, caving or pot holing, hunting or equestrian activities, diving or under-water activity, rafting or canoeing involving rapid waters, yachting or boating outside coastal waters, jockeys, horseback, Polo, Circus personnel, army/navy/air force personnel and policemen whilst on duty, persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals.

**Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**Insured Person** means the name/s of persons shown in the schedule of the Policy.

**Policy** means the insurance contract, the Policy Schedule and any other endorsements riders and any other attached enrollment forms.

**Relative** means spouse, children, parents, siblings or in-laws

**Sum insured** means the amount of insurance for which the premium is paid.

**Standard type aircraft/Sea Craft** means an aircraft/sea-craft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline.

**Temporary Total Disablement** means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period.

### SECTION II SCOPE OF COVER

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 sections hereunder and as specified in the Schedule to the Policy,

#### TABLE-A- ACCIDENTAL DEATH

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means 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 compensation 100% of the Capital Sum Insured.

#### TABLE-B- ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

If the Insured Person meets with an Accident, which leads to disablement or subsequent death, the Company will provide insurance coverage to the Insured in the following manner:

- Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
- Permanent disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 or Table of Benefits B2 mentioned herein, depending upon the degree of disablement provided that:
  - The disablement occurs within 12 Calendar months from the date of the Accident.
  - The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.
  - Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid.

#### TABLE-C - ACCIDENTAL DEATH, PERMANENT DISABLEMENT AND TEMPORARY TOTAL DISABLEMENT: (WEEKLY COMPENSATION)

- Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
- Permanent disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 or Table of Benefits B2 mentioned herein depending upon the degree of disablement provided that:
  - The disablement occurs within 12 Calendar months from the date of the Accident
  - The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.
  - Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid.
- Temporary Total Disablement:** 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 hospitalization, then the insured person will be paid a sum calculated at 1% of the sum insured under Table C per completed week but not exceeding Rs.15,000/- per completed week or part thereof, in all, under all Personal Accident policies taken with the company, if such injury be the sole and direct cause of Temporary Total Disablement.

This benefit is subject to a maximum period of 100 weeks 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.

All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy.

#### SPECIAL CONDITIONS (APPLICABLE TO ALL TABLES)

- If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
- If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured (150% in case of Permanent Total Disablement)
- In case of Permanent Partial Disablement claim the Sum Insured under the policy will be reduced by the amount of admissible claim under the policy in respect of the Insured Person to whom such sum shall become payable.
- In the event of Permanent Disablement, the Insured Person will be under obligation:
  - To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.
  - To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.

**EXCLUSIONS:**

- 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 amount specified in the Schedule
- b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or Permanent Total Disablement, as mentioned in Table of Benefits B1. This would not apply to payment under Education Grant, Ambulance Charges / Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood, Transportation of Imported Medicine.
- c) Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.
- d) Any exclusion mentioned in the 'General Exclusions' of this Policy.

**SECTION III: ADDITIONAL BENEFITS:****1. AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS**

Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay during the policy period

Either

- a) Towards ambulance charges for emergency treatment to go to the hospital in case of injury

Or

in case of Death

- b) Towards transportation of the mortal remains of the insured person (including the cost of embalming and coffin charges) to the residence of the insured,

The limit of Company's liability towards either Ambulance charges or Transportation of mortal remains is Rs.5,000/- only during the policy period. This lump sum amount is payable in addition to the sum insured and applicable for each person covered under the policy.

**2. TRAVEL EXPENSES FOR ONE RELATIVE** Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his / her residence, the Company will pay upto 1% of the Total sum insured for the transport expenses to one relative of the Insured Person Provided such payment shall not exceed a sum of Rs.50,000/-

Total sum insured for the purpose of this benefit means the total of the sum insured under each Table A,B and C (wherever opted)

This amount is payable in addition to the sum insured and applicable for each person covered under the policy

**3. VEHICLE AND/OR RESIDENCE MODIFICATION:** The Company will pay upto 10% of Table B and Table C sum insured subject to a maximum of Rs.50,000 /- towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement.

This benefit is applicable only where there is an admissible claim for Permanent Total Disablement

This amount is payable in addition to the sum insured and applicable for each person covered under the policy.

**4. PURCHASE OF BLOOD:** The Company will pay up to 5% of the sum insured under relevant table / tables opted subject to a maximum of Rs.10,000 /- whichever is less towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy. This amount is payable in addition to the sum insured and applicable for each person covered under the policy.

**5. TRANSPORTATION OF IMPORTED MEDICINES:** The Company will pay up to 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India, provided that:

- a. There is an admissible claim under the policy.
- b. The medicines, formulations or alternatives of the imported medicines are not available in India, and
- c. The medicines are necessary for the medical/surgical treatment of the Insured person in a Hospital following the Accident.
- d. The medicines which are imported should be permissible under Government Regulation
- e. The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

This amount is payable in addition to the sum insured and applicable for each person covered under the policy.

**SECTION IV: OPTIONAL BENEFITS:**

If the additional premium is paid and shown in the Schedule of the policy, the following benefits, as applicable, will be available under the policy:

**a. MEDICAL EXPENSES:**

The Company will pay any medical expenses necessarily and reasonably incurred for treatment of injuries arising out of accident.

- a) As an in-patient or as an out-patient
- b) For an admissible claim under the policy

- c) Up to 25% of the valid claim or 10% of the sum insured or actual whichever is less, subject to an overall limit of Rs. 500000/- per person
- d) This benefit is optional and effective only when additional premium is paid and specifically shown in the policy schedule

The amount payable under this optional benefit is in addition to the sum insured and per policy period

**b. HOSPITAL CASH:**

If during the policy period the insured sustains accidental injuries resulting in his hospitalization as an in-patient, the Company will pay Cash Benefit of Rs 1000/- for each completed day of Hospitalization provided such hospitalization happens within 30 days from the date of accident. The maximum period for which the benefit is payable is 15 days per occurrence and 60 days per policy period..

For the purpose of cash benefit the days of admission and discharge will not be taken into account.

This amount is payable in addition to the sum insured and applicable for each person covered under the policy.

This benefit is optional and is effective only if

1. Specifically opted for by paying additional premium,
2. Shown in the Policy Schedule
3. There is an admissible claim under the policy.

**c. HOME CONVALESCENCE:**

The company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician.

This amount is payable in addition to the sum insured and applicable for each person covered under the policy.

This benefit is optional and is effective only if

1. Specifically opted for by paying additional premium,
2. Shown in the Policy Schedule
3. The hospitalization is arising out of Accident.
4. There is an admissible claim under the policy.

**SECTION V: GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS OF THE POLICY):**

The Company shall not be liable to make any payments in respect of:

1. Any payment, in case of more than one claim under the Policy, during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital sum insured payable under this Policy except in case of Permanent Total Disability claim, in which case the amount payable is 150% of the sum insured. This exclusion will not apply to payments made under Medical Expenses Extension, Hospital cash, Home Convalescence, Ambulance Charges /Transportation of mortal remains, Expenses for Vehicle and /or residence Modification, Travel expenses for one relative, Purchase of blood and Transportation of imported medicines
2. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
3. Any injuries/conditions which are Pre-existing conditions
4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save 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 an 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 detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation 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:
  - 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 and 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. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
  13. Any loss arising out of 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.
  14. **OTHER EXCLUDED EXPENSES AS DETAILED IN THE WEBSITE WWW.STARHEALTH.IN**

### SECTION VI: GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS UNDER THIS POLICY)

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim:

1. Obligations of the Insured Person: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.  
This condition is precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in this condition depending upon the merits of the case.
2. Claim intimation: Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.
3. Documents to be submitted for reimbursement claims:

#### Claim Documentation:

Duly completed claim form and

#### For Death Claims:-

- ◆ Death Certificate
- ◆ Post-mortem Certificate, if conducted
- ◆ FIR (wherever required)
- ◆ Police Investigation report / Panchanama (wherever required)
- ◆ Viscera Sample Report / Chemical analysis report (wherever required)
- ◆ Forensic Science Laboratory report (wherever required)
- ◆ Legal Heir Certificate
- ◆ Succession Certificate (wherever required)

#### For Disability Claims:

- ◆ Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its percentage.

**Note:** The Company authorized doctor may examine the insured if required

- ◆ Certificate from the employer confirming leave of absence from duty

#### Travel expenses for one relative

- ◆ Proof of expenses incurred (original)

#### Vehicle and/or residence modification

- ◆ Certificate from the doctor confirming the Disability and the requirement of modification
- ◆ Estimate from Workshop
- ◆ Cash receipt for having carried the modification
- ◆ Estimate from civil engineer
- ◆ Cash receipt for completion of the civil work modification

#### Purchase of blood:

- ◆ Original receipt for purchase of blood (wherever applicable)

#### Transportation of imported medicines:

- ◆ Prescription of the treating doctor with confirmation that the medicine is not available in India.
- ◆ Original receipt for the freight incurred for import of the medicine, along with a copy of invoice

#### Ambulance charges / transportation expenses of mortal remains

- ◆ Death Certificate or
- ◆ Proof of hospitalisation
- ◆ Proof of utilized services of either Ambulance or Mortuary Van

#### For Claim under Optional benefits:

#### Medical expenses due to accident:

- ◆ Original Discharge Summary (wherever applicable)
- ◆ Original Medical Reports
- ◆ Original Invoices/Bills,
- ◆ Original Payment Receipts

#### Hospital Cash and Home Convalescence

- ◆ Discharge Summary (Where original is required for other purposes, a certified copy may be submitted)
- ◆ Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment.
- ◆ Cash receipt for payment made to the attendant

**Note:** The Company reserves the right to call for additional documents wherever required.

4. **Claims Settlement:** Benefits payable under this policy will be paid within 7 days from the time of receipt of all documents the Company requires.

**Note:** In case of delay in payment of any claim that has been admitted as payable under the Policy terms and conditions, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, the Company shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is approved by the Company. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate

5. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
6. Geographical Scope: The insurance cover applies Worldwide.

### SECTION VII: ADDITIONAL CONDITIONS

NUMBER OF PERSONS	DISCOUNT
2-100	5%
101-1000	10%
1001- 5000	12.5%
5001-10000	15%
> 10000	20%

This policy is eligible for group discount at the following scales subject to the claims experience under the expiring policy being less than 80%.

Where the policy is taken for the first time the Group discount will be based on the Group size only.

The discount is not cumulative. The applicable scale of discount is to be reckoned in accordance with the group size at the inception of the policy. Increase/ decrease in the Group size following additions / deletions during the policy period will not alter the Group discount.

Inclusions of persons into the Group can be made on payment of additional premium on pro-rata basis.

Refund for deletion of persons from the Group can be made on pro-rata basis subject to there being "No claim" in respect of such persons.

### Section VIII: STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form or at the time of claim, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
3. **Material change:** The Insured Person or the Group policy holder or administrator shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.
4. **Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's death or payment of the Capital Sum Insured. In case of family cover, the surviving members would continue to have the cover for their respective sum insured, till the expiry date of the policy.
5. **Duties of the insured on occurrence of loss** On the occurrence of any loss, within the scope of cover under the Policy the Insured Person / representative shall file / submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions. If the Insured Person/representative does not comply with the provisions of this Clause or other obligations cast upon the Insured Person/representative under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited.
6. **Fraudulent claims:** If any claim 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 behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited and the policy will be cancelled without any refund of premium.
7. **Cancellation / termination:** The Company may cancel this policy on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material fact at the inception of the risk / at the time of claim by sending 30 days notice by registered letter at the insured person / group policyholder or administrator's last known address in which case no refund will be allowed. The insured may at any time cancel this policy and in such event the Company shall allow refund after retaining premium at Company's short-period rate only (Table given below), provided no claim has occurred up-to the date of cancellation:

PERIOD ON RISK	RATE OF PREMIUM TO BE RETAINED
For a period not exceeding 15 days	10% of the Annual Premium
For a period not exceeding 1 month	15% of the Annual Premium
For a period not exceeding 2 months	30% of the Annual Premium
For a period not exceeding 3 months	40% of the Annual Premium
For a period not exceeding 4 months	50% of the Annual Premium
For a period not exceeding 5 months	60% of the Annual Premium
For a period not exceeding 6 months	70% of the Annual Premium
For a period not exceeding 7 months	75% of the Annual Premium
For a period not exceeding 8 months	80% of the Annual Premium
Exceeding 8 months	Full Annual Premium

8. **Currency for payments:** All claims payable shall be paid in Indian Rupee only.
9. **Important Note:** The sum insured mentioned in the policy is for each relevant insured person. The terms, conditions and exclusions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.  
The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the Company for necessary compliance by all stake holders.
10. **Policy Disputes:** Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.
11. **Arbitration clause**  
If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.  
It is clearly agreed and understood that no difference or dispute shall be referred to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.  
It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.  
It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
12. **Modification of the terms of the policy :**  
The company reserves the right to modify the policy terms and conditions or modify the

premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured has option to continue with the existing policy terms and conditions and premium for a period of one year from the date of renewal. Any renewal falling beyond the three month period will be on the revised terms only.

13. **Withdrawal of the policy :**

The Company reserves the right to withdraw the product with prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance and the insured shall have the option to choose to be covered by an equivalent or similar policy offered by the Company.

14. **Renewal Clause**

The insurance in respect of each relevant person covered under this policy will be renewed except on grounds of misrepresentation / fraud committed.

A grace period of 30 days from the date of expiry of the policy is available for renewal. If renewal is made within this 30 days period the continuity of benefits will be allowed. However the actual period of cover will start only from the date of payment of premium. In other words no protection is available between the policy expiry date and the date of payment of premium for renewal.

Every renewal premium (which shall be paid and accepted) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer. However in respect of Permanent Partial Disability claims the Company would exclude such disability on renewal in respect of such relevant person.

Where a claim for Permanent Total Disability is admitted / admissible, the policy is not renewable for such relevant person.

Renewal premium is subject to change with prior approval from the Regulator. Change of options/plans within same product is permissible only at the time of renewal.

15. **Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to **Star Health and Allied Insurance Company Limited**, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Toll Free Fax No.: 1800-425-5522, Toll Free No.:1800-425-2255 / 1800-102-4477, E-Mail : support@starhealth.in.

16. **Customer Service:** If at any time the Insured Person requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

17. **Grievances**

In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

**Grievances Department:** Star Health and Allied Insurance Company Limited, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, Phone: 044-28243921 during normal business hours. or Send e-mail to [grievances@starhealth.in](mailto:grievances@starhealth.in). Senior Citizens may Call 044-28243923.

In the event of the following grievances:

- any partial or total repudiation of claims by an insurer;
- any dispute regard to premium paid or payable in terms of the policy;
- any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- delay in settlement of claims;
- non-issuance of any insurance document to customer after receipt of the premium.

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.



**LIST OF OMBUDSMAN OFFICE DETAILS**

6th Floor, Jeevan Prakash Bldg., Tilak Marg, Relief Road, Ahmedabad - 380001. Phone: 079 - 25501201-02-05-06 Email ID : bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in <b>JURISDICTION : Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</b>	Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664. Email:bimalokpal.chennai@ecoi.co.in <b>JURISDICTION : Tamil Nadu, Pondicherry Town and Karaikal</b>	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Fax: 0755 -2769203, Tel.: 0755 - 2769201 / 2769202. Email: bimalokpal.bhopal@ecoi.co.in <b>JURISDICTION : Madhya Pradesh, Chattisgarh.</b>	6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 -2231310 Email:bimalokpal.lucknow@ecoi.co.in <b>JURISDICTION : Districts of Uttar Pradesh : Laitpur, 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, Ambedkar nagar, Sultanpur, Maharajganj, Santkabinagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</b>
Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg,Jaipur - 302 005. Tel.: 0141 - 2740363 Email:Bimalokpal.jaipur@ecoi.co.in <b>JURISDICTION : Rajasthan.</b>	1st Floor,Kalpna Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email:bimalokpal.patna@ecoi.co.in <b>JURISDICTION : Bihar,Jharkhand.</b>	62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455, Fax: 0674 -2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in <b>JURISDICTION : Orissa.</b>	2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road,Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email:bimalokpal.ernakulam@ecoi.co.in <b>JURISDICTION : Kerala, Lakshadweep, Mahe - a part of Pondicherry.</b>
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 -26106552 / 26106960, Fax: 022 - 26106052 Email:bimalokpal.mumbai@ecoi.co.in <b>JURISDICTION : Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</b>	Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 -2732937 Email:bimalokpal.guwahati@ecoi.co.in <b>JURISDICTION : Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</b>	Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email:bimalokpal.pune@ecoi.co.in <b>JURISDICTION : Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</b>	2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email:bimalokpal.delhi@ecoi.co.in <b>JURISDICTION : Delhi.</b>
Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, I <sup>st</sup> Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email : bimalokpal.bengaluru@ecoi.co.in <b>JURISDICTION : Karnataka.</b>	Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email:bimalokpal.noida@ecoi.co.in <b>JURISDICTION : State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffar nagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Sharnli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiram nagar, Saharanpur.</b>	S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 -2708274 Email: bimalokpal.chandigarh@ecoi.co.in <b>JURISDICTION : Punjab, Haryana,Himachal Pradesh, Jammu &amp; Kashmir, Chandigarh.</b>	
6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599 Email:bimalokpal.hyderabad@ecoi.co.in <b>JURISDICTION : Andhra pradesh, Telangana, Yanam and part of Territory of Pondicherry.</b>		Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 -22124341. Email:bimalokpal.kolkata@ecoi.co.in <b>JURISDICTION : West Bengal,Sikkim, Andaman &amp; Nicobar Islands.</b>	 <b>STAR</b> Health Insurance Personal & Caring The Health Insurance Specialist

PERMANENT TOTAL DISABLEMENT	TABLE OF BENEFITS B1
Benefits	Percentage of Sum Insured
1. Permanent Total Disablement	150%#
2. Total and irrevocable loss* of	
(I) Sight of both eyes	100%
(ii) Physical separation of two entire hands	100%
(iii) Physical separation of two entire foot	100%
(iv) One entire hand and one entire foot	100%
(v) Sight of one eye and loss of one hand	100%
(vi) Sight of one eye and loss of one entire foot	100%
(vii) Use of two hands	100%
(viii) Use of two foot	100%
(ix) Use of one hand and one foot	100%
(x) Sight of one eye and use of one hand	100%
(xi) Sight of one eye and use of one foot	100%
(xii) Sight of one eye	50%
(xiii) Physical separation of one entire hand	50%
(xiv) Physical separation of one entire foot	50%
(xv) Use of one hand without physical separation	50%
(xvi) Use of one foot without physical separation	50%

\*Loss of foot / hand means total severance through or above the ankle/ wrist joints respectively. Loss of eye means entire and irrevocable loss of sight. Thumb and index finger means severance through or above the joint that meets the hand at the palm.

# payable only when the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disability shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

PERMANENT PARTIAL DISABLEMENT	TABLE OF BENEFITS B2
Benefits	Percentage of Sum Insured
1. Loss of toes all	All 20
Loss of Great toe	both phalanges 5
Loss of Great toe	one phalanx 2
Other than Great, if more than	
One toe lost, for each toe	For each toe 1
2. Loss of hearing both ears	Both ears 75
Loss of hearing one ear	One ear 30
3. Loss of four fingers and thumbs of One hand	40
4. Loss of four fingers	35
Loss of thumb both phalanges	Both phalanges 25
	One phalanx 10
5. Loss of index finger three phalanges	Three phalanges 10
	Two phalanges 8
	One phalanx 4
6. Loss of middle finger	Three phalanges 6
	Two phalanges 4
	One phalanx 2
7. Loss of ring finger	Three phalanges 5
	Two phalanges 4
	One phalanx 2
8. Loss of little finger	Three phalanges 4
	Two phalanges 3
	One phalanx 2
9. Loss of metacarpals	First or second 3
	Additional (third fourth or fifth) 2
10. Any other Permanent partial disablement	Percentage as assessed by the Medical Board or by the government doctor

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