



## 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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### Customer Information Sheet - STAR OUTPATIENT CARE INSURANCE POLICY

Unique Identification No. : SHAHLIP20064V011920

S.No.	Title	Description	Refer to Policy Clause Number
	Product Name	Star Outpatient Care Insurance Policy	
1	What am I covered (Applicable for Silver, Gold and Platinum Plan)	<p>a. Outpatient Consultation expenses incurred at any Networked Facility In India</p> <p>b. Non Allopathic treatment Expenses</p> <p>c. Diagnostics, Physiotherapy and Pharmacy Expenses incurred at any Networked Facility in India</p> <p>d. Dental treatment expenses to a natural tooth or teeth arising out of accidents</p> <p>e. Ophthalmic Treatment expenses arising out of accidental injuries</p>	<p>I (a)</p> <p>I (b)</p> <p>I (c)</p> <p>I (d)</p> <p>I (e)</p>
2	What are the Major Exclusions in the policy (Applicable for Silver, Gold and Platinum Plan)	<p>I. Pregnancy, childbirth, family planning, miscarriage</p> <p>II. Domiciliary treatment, treatment outside India</p> <p>III. Change of Sex, Sub-Fertility, corrective &amp; cosmetic dental surgeries</p> <p>IV. Substance abuse, self-inflicted injuries</p> <p>V. War, terrorism, civil war or breach of law</p> <p>VI. Hospital registration charges, admission charges, telephone charges and such other charges</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	<p>IV (15)</p> <p>V (16)</p> <p>IV (11),IV (14) and IV (16)</p> <p>IV (3), and IV (4)</p> <p>IV (6)</p> <p>IV (18)</p>
3	Waiting Periods	<p>Initial Waiting Period : 30 days</p> <p>Pre existing Waiting period : 48 months (Silver Plan)</p> <p>Pre existing waiting period : 24 months (Gold Plan)</p> <p>Pre existing waiting period: 12 months (Platinum Plan)</p>	<p>III (a)</p> <p>III (b)</p> <p>III (c)</p> <p>III (d)</p>
4	Payment basis	<p>Reimbursement of covered expenses up to specified limits</p> <p>Fixed amount on the occurrence of a covered event</p>	<p>I (a,b,c,d,e)</p> <p>Nil</p>

S.No.	Product Name	Description	Refer to Policy Clause Number
5	Loss Sharing	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the followings Sublimits 1. Room/ICU charges 2. For the following specified diseases: 3. Deductible of Rs..... per claim / per year /both 4. % of each claim as Co-payment	Nil Nil Nil Nil
6	Renewal Conditions	Lifelong Renewal Grace period of 30 days for renewing the policy is provided	V (5)
7	Renewal Benefits	Renewal Benefits: At the time of renewal, the insured person is eligible for a discount of 25% of the premium after every block of two continuous claim free years.	V (6)
8	Cancellation	The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in the proposal form and/or claim form at the time of claim and non co-operation of the insured by sending the Insured 30 days notice	V (12)
9	Claims	For Cashless Service: For Reimbursement of claim:	V (4)
10	Policy servicing /Grievances /Complaints	Company Officials IRDAI/(IGMS/Call Centre): Ombudsman (Note: Please provide the contact details Toll free number/e-mail)	V (20) and V (22)
11	Insured's Rights	Free Look:	V (10)
		Implied renewability	V (5)
		Migration and Portability	V (9) and V (13)
		Increase in SI during policy term	Nil
		Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	Nil
12	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	V (3)
		Disclosure of Material Information during the policy period such as change in occupation (Note: If applicable, please provide details of the format & to whom the form is to be sent)	Not Applicable

**LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document, the terms and conditions mentioned in the policy document shall prevail**



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## STAR OUTPATIENT CARE INSURANCE POLICY Unique Identification No. : SHAHLIP20064V011920

The proposal, declaration and other documents if any given by the proposer shall be the basis of this Contract and is deemed to be incorporated herein.

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

If during the period stated in the Schedule, the insured person shall contract any disease or suffer from any illness or sustain bodily injury through accident and if such disease or illness or injury shall require the insured Person/s, upon the advice of a duly **Qualified Medical Practitioner** to incur medical expenses at any **Networked Facility** in India as an **Out-patient**, then the **Company** will pay to the **Insured Person/s**, up-to the **Sum Insured** mentioned in the schedule, the amount of such expenses as are **reasonably and necessarily** incurred in respect of the following:-

### I. Coverage (Applicable for Silver Plan, Gold Plan and Platinum plan)

- Outpatient Consultation expenses incurred at any Networked Facility** In India
- Non Allopathic treatment Expenses** : Outpatient medical consultation and treatment expenses incurred under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines in any institute recognized by the government of India and/or accredited by the Quality Council of India/National Accreditation Board on Health
- Diagnostics, Physiotherapy and Pharmacy Expenses** incurred at any Networked Facility in India for treatment as an Outpatient
- Dental treatment expenses** to a natural tooth or teeth arising out of accidents incurred at any Networked Facility in India as an Outpatient
- Ophthalmic Treatment expenses** arising out of accident incurred at any Networked Facility in India as an Outpatient

### II. Definitions

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

**Any one Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken

**AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems

**Sum Insured:** means the sum insured opted for and for which the premium is paid.

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

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

**Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

**Dependent Child** means a child (natural or legally adopted) between the age of 31 days and 25 years who is financially dependent and does not have his or her independent source of income.

**Diagnosis** means Diagnosis by a registered **medical practitioner**, supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

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

**Family** means **Self, Spouse and up to 4 Dependent children.**

**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

**Illness** means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

**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 person/s shown in the schedule of the Policy.

**Medical Advise** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

**Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**Medically Necessary** means any treatment, tests, medication or stay in hospital or part of a stay in a hospital which – is required for the medical management of the illness or injury suffered by the Insured – must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity – must have been prescribed by a Medical Practitioner – must conform to the professional standards widely accepted in international medical practice or by the medical community In India.

**Networked Facility** means hospitals, day care centers, clinics, diagnostic centers, pharmacy that the Company has mutually agreed with to provide medical services.

**Network Hospital** 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.

**Notification of claim** is the process of notifying a claim to the insurer by specifying the timelines as well as the address / telephone number to which it should be notified.

**Outpatient treatment** means the one in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of Medical Practitioner. The Insured is not admitted as a day care or in-patient

**Pre-Existing Disease** means any Condition, ailment or injury or related condition (s) for which the insured person had signs or symptoms, and/or was diagnosed, and/or received medical advice / treatment within 48 months prior to the insured person's first policy with any Indian insurer.

**Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

**Qualified Medical Practitioner** is 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 the scope and jurisdiction of license.

**Reasonable and Customary charges.** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved

**Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre existing diseases, time bound exclusions and for all waiting periods.

**Unproven/Experimental treatment:** Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

### III. Waiting period:

The Company shall not be liable under this policy directly or indirectly for;

- Applicable for All Plans:** Treatment taken for any diseases during the first 30 days from the commencement date of this policy
- Applicable for Silver Plan:** Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed; since first inception of this policy.
- Applicable for Gold Plan:** Pre Existing Diseases as defined in the policy until 24 consecutive months of continuous coverage have elapsed; since first inception of this policy.
- Applicable for Platinum Plan:** Pre Existing Diseases as defined in the policy until 12 consecutive months of continuous coverage have elapsed; since first inception of this policy

**Waiting periods (a), (b), (c) and (d) are subject to Portability Regulations.**

**IV. Exclusions (Applicable for all the plans):**

The Company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of:

1. Congenital External Condition / Defects / Anomalies
2. Convalescence, general debility, run-down condition or rest cure, Nutritional deficiency states.
3. Intentional self injury
4. Use of intoxicating substances, substance abuse, drugs / alcohol, smoking and tobacco chewing
5. Venereal Disease and Sexually Transmitted Diseases (other than HIV)
6. Injury/disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operations (whether war be declared or not)
7. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
8. Expenses incurred on weight control services including surgical procedures such as Bariatric Surgery and /or medical treatment of obesity.
9. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician of the hospital where the insured underwent treatment as an outpatient.
10. Unconventional, Untested, Unproven, Experimental therapies.
11. All types of Cosmetic, Aesthetic treatment of any description, all treatment for Priapism and erectile dysfunctions, Change of Sex.
12. Hospital record charges and such other charges
13. Inoculation or Vaccination (except for post-bite treatment and for medical treatment for therapeutic reasons).
14. Dental treatment or surgery unless necessitated due to accidental injuries. (Dental implants are not payable).
15. Treatment arising from or traceable to pregnancy, childbirth, family planning, miscarriage, abortion and complications of any of these (other than ectopic pregnancy).
16. Treatment for Sub-Fertility, Assisted Conception and or other related complications of the same.
17. Hearing aids, walkers and crutches, wheel chairs, Nutritional Supplements, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis [CAPD], infusion pump and such other similar aids, Cochlear implants and procedure related expenses
18. Hospital registration charges, admission charges, telephone charges and such other charges

**V. Conditions (Applicable for all the plans):**

1. The premium under this policy shall be payable in advance. No receipt of premium shall be valid except 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.
2. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person.
3. The Company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
4. Claiming process and documents to be submitted in support of claim:

**Cashless Procedure:**

- a. Call the 24 hour help-line for assistance - 1800 425 2255/1800 104 2277
- b. Produce the ID Card issued by the Company at the Network Facility Helpdesk
- c. For List of Network Hospitals please visit our website link <https://www.starhealth.in/network-hospitals>

**Reimbursement Procedure:**

- a. Duly completed claim form, and
- b. Certificate from the attending doctor regarding the diagnosis
- c. Prescription of the treating doctor
- d. Receipt from the treating doctor / hospital / Physiotherapist
- e. Receipt from Pharmacy / chemists
- f. Receipts and reports for tests done

In case of Accidents and emergency treatments, insured person can claim for Outpatient consultation expenses, Diagnostics and Pharmacy expenses in non network hospitals also.

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

5. **Renewal:** The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non cooperation of the insured. 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 with reference to waiting periods III (a,b,c,d) will be allowed.

**Note:**

1. The actual period of cover will start only from the date of payment of premium.
2. Renewal premium is subject to change with prior approval from Regulator

6. **Renewal Discount:** At the time of renewal, the insured person is eligible for a discount of 25% of the premium after every block of two continuous claim free years
7. **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
8. **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.
9. **Migration :** At the time of renewal, the insured person has the option to migrate to a suitable alternate health insurance policy offered by the company with continuity of benefits.
10. **Free Look Period:** At the time of inception of the policy, the Insured will be allowed a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case , the premium refund shall be as follows :  
If the Insured has not made any claim during the free look period, the Insured shall be entitled to –
  - 1) a refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured persons and the stamp duty charges or
  - 2) where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover or
  - 3) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
  - 4) Free look period shall not be applicable at the time of renewal.
11. **Disclosure to information norms:** The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of non disclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim
12. **Cancellation:** The Company may cancel this policy on grounds of non co-operation of the insured by sending the Insured 30 days notice by registered letter at the Insured person's last known address in which case the refund of premium will be on pro-rata basis. 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
Up to one month	30% of the policy premium
Exceeding one month up to 3 months	40% of the policy premium
Exceeding 3 months up to 6 months	60% of the policy premium
Exceeding 6 months up to 9 months	80% of the policy premium
Exceeding 9 months	Full of the policy premium

13. **Portability:** This policy is portable. If the insured is desirous of porting this policy, application in the appropriate form should be made to the Company at least 45 days before but not earlier than 60 days from the date when the renewal is due. For details contact "portability@starhealth.in" or call Telephone No +91-044-40178440
14. **Automatic Expiry:** The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:
  - ✓ Upon the death of the Insured Person.
  - ✓ Upon exhaustion of the sum insured under the policy
15. **Arbitration:** 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 referable to arbitration, as herein before 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 here under 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 here under.
16. All claims under this policy shall be payable in Indian currency. All treatments under this policy shall have to be taken In India.
17. **Relief under Section 80-D:** Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the premium paid by any mode other than cash.

**18. IMPORTANT NOTE**

- a) Where the policy is issued on floater basis, the sum insured floats amongst the insured members
- b) The Policy Schedule and any 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
- c) The terms conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract, must be complied with and applies to each relevant insured person. Failure to comply with may result in the claim being denied.
- d) 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.

**19. 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.

**20. 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, Vallurvar Kottam High Road Nungambakkam Chennai 600034 Fax 04428319100 Toll Free Fax No. 1800 425 5522 E-Mail [support@starhealth.in](mailto:support@starhealth.in)

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

**21. 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

**22. 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.

**Grievance Department:** Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Vallurvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28243925 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:

- a. any partial or total repudiation of claims by an insurer;
- b. any dispute in regard to premium paid or payable in terms of the policy;
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d. delay in settlement of claims;
- e. 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 Insurance Ombudsman**

<p><b>AHMEDABAD</b></p> <p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></p> <p><b>JURISDICTION:</b> Gujarat and Union Territories of Dadra &amp; Nagar Haveli and Daman and Diu.</p>	<p><b>BENGALURU</b></p> <p>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: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Karnataka.</p>	<p><b>BHOPAL</b></p> <p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.: 0755-2769200/201/202 Fax: 0755-2769203 Email: <a href="mailto:bimalokpalbhupal@gbic.co.in">bimalokpalbhupal@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Madhya Pradesh and Chattisgarh.</p>	<p><b>BHUBANESHWAR</b></p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674-2596461 / 2596455 Fax: 0674-2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Orissa.</p>
<p><b>CHANDIGARH</b></p> <p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172-2706196/5861 / 2706468 Fax: 0172-2708274 Email: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union territory of Chandigarh.</p>	<p><b>CHENNAI</b></p> <p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044-24333668 / 24335284 Fax: 044-24333664 Email: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>	<p><b>DELHI</b></p> <p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239611/7539/7532 Fax: 011-23230858 Email: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Delhi</p>	<p><b>ERNAKULAM</b></p> <p>Office of the Insurance Ombudsman, 2nd floor, Pullinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/2359338 Fax: 0484-2359336 Email: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p><b>GUWAHATI</b></p> <p>Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361- 2132204 / 2132205 Fax: 0361-2732937 Email: <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>	<p><b>HYDERABAD</b></p> <p>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.: 040-65504123/23312122 Fax: 040-23376599 Email: <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>	<p><b>JAIPUR</b></p> <p>Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.: 0141-2740363 Email: <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Rajasthan.</p>	<p><b>KOLKATA</b></p> <p>Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.: 033-22124339 / 22124340 Fax: 033-22124341 Email: <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></p> <p><b>JURISDICTION:</b> West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>
<p><b>LUCKNOW</b></p> <p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522-2231330 / 2231331 Fax: 0522-2231310 Email: <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p> <p><b>JURISDICTION:</b> District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>	<p><b>MUMBAI</b></p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106928/360/889 Fax: 022-26106052 Email: <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>	<p><b>NOIDA</b></p> <p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Sharnli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p><b>PATNA</b></p> <p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email: <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Bihar and Jharkhand.</p>
<p><b>PUNE</b></p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320 Email: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a></p> <p><b>JURISDICTION:</b> Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>	<div style="text-align: center;">  <p><b>STAR</b> Health Insurance Personal &amp; Caring <i>The Health Insurance Specialist</i></p> </div>		

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