

Star Group Domestic Travel (Taxi)

UIN : SHATGDP18036V011819

The Proposal, Declaration and other documents if any given by the proposer form the basis of this insurance. The Policy, Schedule, Certificate of Insurance and endorsements shall be read together.

In consideration of payment of the premium the **Company** agrees as under subject to the terms and conditions provided herein.

I. DEFINITIONS

ACCIDENT / ACCIDENTAL shall mean a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

AGE means completed years as on the latest birthday as per the English calendar.

BAGGAGE shall mean accompanied baggage containing the insured's personal belongings for the purpose of Insured person's travel. This includes lap top / mobile owned by the Insured person

COMPANY shall mean the Star Health and Allied Insurance Company Limited.

COMMON CARRIER means any public road conveyance which is operating under a valid license from the relevant authority for the transportation of passengers for hire or reward.

CONDITION PRECEDENT: shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

DAY means a period of 24 consecutive hours

DEPENDENT shall mean the lawful spouse of the Insured and any non-earning child (including step child and adopted child) of the Insured

DEDUCTIBLE is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

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, misdescription or non-disclosure of any material fact.

EMERGENCY ACCIDENTAL MEDICAL TREATMENT means the services or supplies provided by a Physician in a Hospital/ Nursing Home to treat any injury as a result of an accident.

GROUP ADMINISTRATOR / PROPOSER means the person/organization who has signed in the proposal form / declaration form and named as such in the Policy Schedule. He may or may not be insured under the policy

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

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

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.

INPATIENT means an Insured Person who is admitted to Hospital and stays there for a minimum period of 24 consecutive hours for the sole purpose of receiving treatment.

INSURED PERSON means the name/s of persons as shown in the Certificate of Insurance

INSURABLE OCCURENCE shall mean an occurrence, loss or damage for which the Insured shall be compensated under this Policy.

MEDICALLY NECESSARY treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *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.

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 there by entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

NUCLEAR, CHEMICAL AND BIOLOGICAL TERRORISM shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear. "Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

OCCURRENCE means an **Accident** including continuous or repeated exposure to substantially same generally harmful conditions that result in bodily **injury** during the Insured journey.

OUT PATIENT TREATMENT means the one in which the Insured Person visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient

PERIOD OF INSURANCE : Insurance commences when the insured person boards the common carrier to commence the journey and ends when the insured person alights the common carrier at the place of destination chosen at the time of booking the trip subject to a maximum of 24 consecutive hours and as shown in certificate of insurance

PERMANENT PARTIAL DISABLEMENT means total loss or loss of use of specific body part as detailed under “**Table of Benefits B3**” following accidental injury to the insured person and certified as such by Medical Practitioner

PERMANENT TOTAL DISABLEMENT shall mean, 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

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 injury involved

STRIKE shall mean stoppage of work (a) announced, organized and sanctioned by a labour union and (b) which interferes with the normal departure and arrival of the Common Carrier. Work slow down and lockouts shall also be included in the definition of the “**STRIKE**”

SUM INSURED shall mean the maximum amount of coverage, as specified in the Schedule to this Policy, that the Insured is entitled to in respect of each benefit and as is applicable under this Policy.

TERRORISM act means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or commission of an act dangerous to human life or property against any individual, property or government with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism. Robberies or other criminal acts primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered **terrorist** Acts. Terrorism does not include general civil protest, unrest, rioting, or an act of war.

TRAVEL means being in or on or boarding the transport vehicle or alighting there from.

VALUABLES shall mean photographic, audio or video Equipment, computer, telecommunication and electrical equipment, telescopes, binoculars, spectacles, sunglasses, antiques, watches, jewellery, furs and articles made of or containing precious stones, metals etc.

II. COVERAGE

Section 1: Accidental Death of Insured Person (Mandatory Cover): If the common carrier in which the insured person is travelling meets with an accident resulting in death of insured person within 12 Calendar months from the date of Accident, then the Company will pay as compensation to the legal heirs / nominee, the amount stated as sum insured in the Certificate of Insurance.

OPTIONAL COVERS (Available only if specifically opted and shown in the policy schedule / certificate of insurance)

1. **Permanent Total Disablement :** If following an Accident to the common carrier which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "**Table of Benefits B 2**" under "Schedule of Benefits" depending upon the degree of disablement provided that:

- a) The disablement occurs within 12 Calendar months from the date of the Accident.
- b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident.

2. **Permanent Partial Disablement:** If following an Accident to the common carrier which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "**Table of Benefits B 3**" under "Schedule of Benefits", depending upon the degree of disablement provided that:

- a) The disablement occurs within 12 Calendar months from the date of the Accident.
- b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.

Provided always that the policy will not pay more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident. In case of multiple disability from the same accident, the policy will pay the highest of the compensation.

Special Conditions (Optional Cover 1 and 2)

1. If the Accident affects any physical or mental function of the Insured Person, 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.

2. 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

3. In the event of Permanent Disablement, the Insured Person will be under obligation:

- a) To have himself/herself examined by doctors appointed by the Company / and the Company will pay the costs involved thereof.

- b) 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.

Special Exclusions (Applicable for Section 1, Optional Cover 1 and 2)

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

1. Any payment in case of more than one claim during the period of Insurance by which the maximum liability of the Company would exceed the limit applicable for this Section as per the Schedule of Benefits.
 2. Any injuries/conditions which are Pre-existing
 3. Any claim which arises out of 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.
 4. Any claim which arises out of Accidents whilst the insured is engaged in any criminal or illegal act.
 5. Mental disorder, anxiety or depression, venereal disease or the use of drugs (other than drugs taken in accordance with treatment prescribed or directed by a registered medical practitioner but not for the treatment of drug addiction),
 6. Any claim for Death or Permanent Disablement of the Insured Person (a) from intentional self-injury / suicide or attempted suicide or (b) caused by the insured person whilst the he/she is under the influence of intoxicating liquor or drugs or (c) from self-endangerment unless in self-defense or to save human life
 7. Provoked murder or assault or any attempt thereat
3. **Repatriation Of Mortal Remains** : Following an admissible claim under Section 1, the Company shall pay for repatriation of mortal remains of the insured person from the place of death to the Insured's place of residence up to the limits mentioned in the Certificate of Insurance, **provided, the death of the insured person occurred in a location that is not the place of residence of the insured person.**
4. **Accidental Hospitalization Expenses** : The Company will indemnify the Insured person up to the limits mentioned in the Certificate of Insurance in respect of Hospitalisation Expenses reasonably and necessarily incurred as an in-patient, for treatment of injuries sustained following an accident to the Common Carrier during the period of travel.

Special Exclusions

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

1. Intentional self injury
2. Injury directly or indirectly caused by or arising from use of intoxicating substances, substance abuse, drugs/alcohol, smoking and tobacco chewing
3. Injury 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)
4. Injury directly or indirectly caused by or contributed to by nuclear weapons/materials
5. Charges incurred on diagnostics that are not consistent with the treatment for which the insured is admitted in the hospital / nursing home. Admission primarily for diagnostic purpose with no positive existence of injury and no further treatment is indicated.
6. 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

7. Naturopathy Treatment.
 8. Hospital registration charges, record charges telephone charges and such other charges.
 9. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathic.
 10. Expenses incurred for treatment of diseases/illness/accidental injuries which doesnot warrant hospitalization.
 11. Other expenses as detailed in the website www.starhealth.in under the head "Other Excluded expenses"
 5. **Ambulance Charges and Emergency Medical Evacuation:** Subject to an admissible claim under optional cover 4, the Company shall pay up to the limits mentioned in the Certificate of Insurance towards
 1. Ambulance charges to go to nearest hospital for emergency treatments or
 2. The cost of emergency medical evacuation if the treatment facility is not available in the nearest hospital. Recommendation by the treating doctor for evacuating the insured to another hospital with required equipment from where the insured is primarily admitted is required to be submitted for an admissible claim under this Section
 6. **Hospital Cash:** If during the period of insurance the insured person sustains accidental injuries, due to an accident to the Common Carrier, resulting in hospitalization as an in-patient, the Company shall pay cash benefit mentioned in the Certificate of Insurance for each completed day up to a maximum of 7 days, provided there is an admissible claim under the policy .
 7. **Out Patient Treatment:** If the Insured Person suffers any Injury due to an Accident to the common carrier during the Period of Insurance and that Injury solely and directly requires the Insured Person to undergo OutPatient treatment for injuries, treatment of fractures, burns or Dental Treatment, then the Company will reimburse the costs incurred on Out Patient Treatment subject to the following :-
 - A. The Out Patient Treatment undertaken is Medically Necessary Treatment
 - B. The Company will reimburse only those Medical Expenses that are Reasonable and Customary.
 - C. The Company shall not be liable to make any payment in respect of Medical Expenses incurred on the treatment of any Illness or which relate to any Pre-Existing Disease.
 8. **Missed Flight:** The Company will reimburse the cost of additional travel expenses incurred up to the limit specified in the Certificate of Insurance or the actuals whichever is lower due to:
 - a) Delayed arrival of the Common Carrier to the departure airport of the booked and confirmed journey of the insured person
 9. **Hotel Accommodation:** The Company will reimburse the cost of accommodation expenses incurred up to the limit specified in the Certificate of Insurance or the actuals whichever is lower due to:
 1. Insured Person missing the flight due to delayed arrival of the common carrier to the departure airport of the booked and confirmed journey of the insured person.
 2. Subject to a valid claim under the optional cover no.8 - Missed Flight.
- The Company shall not be liable to reimburse in respect of**
- a. Any expenses incurred by the insured person whilst the insured person's residence is located in the same city/ town, wherein the departure airport of the booked and confirmed journey of the insured person is located.

Condition / Exclusion applicable for Optional cover 8 and 9:

1. Destination specified while booking a trip should be the departure Airport for an admissible claim under these optional covers. If the destination is changed to places other than Airport during the trip, claim under these optional covers is not admissible.
2. The trip to the Airport of departure should commence adequately in advance to reach the Airport as per the timeline rules of the Airline Authority or 90 minutes before the schedule departure time of the Aircraft, whichever is higher.
3. Benefit under these optional covers is available only for domestic flights.

The Company shall not be liable to reimburse any expenses in respect of:

- a) Any loss which will be paid or refunded by the Common Carrier, hotel, agent or any other provider of travel and/or accommodation.
- b) Any such delay caused due to, arising out of or in consequence of any acts or omissions of the Insured Person.

10. Loss Of Baggage :

The Company will indemnify the insured person up to the limits mentioned in the certificate of insurance towards the loss of accompanied baggage arising out of an accident to the common carrier in which the insured person is travelling.

PROVIDED ALWAYS THAT:

- a) The liability of the Company shall be in excess of the liability of the Common Carrier
- b) The baggage should be totally lost
- c) Total loss of the baggage must be notified to the Police and their written report (FIR) must be produced in support of the claim.

Special Exclusions

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

- (a) Any loss of the items contained within the baggage without the baggage itself being lost.
- (b) Losses arising from any delay, detention, confiscation by public authorities.
- (c) Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs; Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise), deeds;
- (d) Property shipped as freight or shipped prior to the Insured's departure date;
- (e) Jewelry, other valuables, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers (other than lap tops), radios and other electronic items.

III. COMMON EXCLUSIONS APPLICABLE TO ALL SECTIONS (Including Optional Covers)

This insurance does not cover:

1. Any claim relating to events occurring before the commencement of Insurance or otherwise outside the period of insurance
2. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvarkottam High Road,
Nungambakkam, Chennai - 600 034. Phone: 044 - 2828 8800

CIN: U66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

- 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.
3. Any claim which arises out 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 detainments of all kings princes and people of whatever nation, condition or quality whatsoever.
 4. Claims increased by the Insured Person's own act or omission.
 5. Consequential loss of any nature whether direct or indirect
 6. Loss, damage or destruction:
 - (i) arising from confiscation or detention by customs or other official authorities;
 - (ii) which at the time of the happening of such loss, damage or destruction is insured by or would, but for the existence of this insurance, be insured under the terms of any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other policy or policies had this insurance not been effected.

IV. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS AND OPTIONAL COVERS UNLESS STATED OTHERWISE)

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except acknowledged on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
2. **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.
3. Written notice of **accidents** proceedings or any other events which may give rise to a claim should be given to the **Company** immediately but in any case not exceeding 30 days from date of occurrence. All certificates, information and evidence required by the **Company** shall be furnished at the expense of the Insured or his legal representatives.

If the Insured does not comply with the provisions of this Clause or other obligations cast upon the Insured 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.

4. **Claim Procedures**

The Insured / Legal heir is requested to submit the following documents in support of the respective claim. The documents mentioned here are the minimum documents necessary for claims processing. If the **Company** need additional information the same may be called for when required.

Duly completed claim form and

For Death Claims:-

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

For Disability Claims:

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

Note: The Company authorized doctor may examine the insured person/s if required

Repatriation of mortal remains

- Death Certificate
- FIR (wherever required)
- Proof of utilization of services of Mortuary Van
- Proof of expenses incurred (original)

Accidental Hospitalization Expenses:

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

Emergency Ambulance charges

- FIR (wherever required)
- Proof of hospitalization
- Proof of utilization of Ambulance services

Emergency Medical Evacuation:

- FIR (wherever required)
- Recommendation by the treating doctor for evacuating the insured to another hospital with required equipments

Hospital Cash

- Discharge Summary (Where original is required for other purposes, a certified copy may be submitted)

Out Patient Treatment

- Medical Practitioner prescription
- Bills
- Letter from treating Medical Practitioner mentioning the details of treatment

Missed Flight

- Original bill towards additional travel tickets

Hotel Accommodation:

- Original bill towards hotel accommodation

Loss of Baggage

- Copy of letter lodging complaint with police authorities duly acknowledged
- Proof of Compensation received from the carrier

The Company shall pay interest as per Insurance Regulatory and Development Authority of India Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy

5. Geographical Scope : Republic of India
6. No refund of premium will be allowed once travel has commenced.
7. All claims that are payable to the Insured Person shall be paid in Indian currency only.
8. The Insured shall act in a prudent manner and exercise reasonable care for the safety and supervision of his property as if uninsured.
9. In the event of a claim for Medical Expense or Personal **Accident** a medical adviser or advisers appointed by the **Company** shall be allowed to examine the Insured as often as the **Company** shall consider necessary.
10. The due observance and fulfillment of all the terms and conditions of this insurance by the Insured or anyone acting on his/her behalf in so far as they relate to anything to be done or complied with by the Insured or anyone acting on his/her behalf shall be a condition precedent to any liability of the **Company** to make any payment under this insurance.
11. **Role of Group Administrator / Proposer**
The Group administrator / Proposer shall play a facilitative role between the Insurer and the Insured Person. Such role includes
 - 1) Furnish to the Company detailed list of Insured Person/s.
 - 2) To facilitate Insured Person / s in availing all insurance related services including cashless facility wherever required.
 - 3) Furnish the required information in the event of claim
12. **Cancellation/Termination:** Cancellation is possible only before the commencement of the Trip and is subject to no refund of premium.
13. **Renewal condition:** The policy may be renewed subject to mutual consent and mutually agreed terms and conditions. The Company, however, shall not be bound to give notice that the policy is due for renewal
14. **Important Note:**
 - a. The terms conditions and exceptions 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 denial of claim.
 - b. The Policy Schedule, Certificate of Insurance and Endorsement are to be read together with the policy clause

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c. The attention of the policy holder is drawn to our website www.starhealth.in for anti fraud policy of the Company for necessary compliance.

15. **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.
16. **Arbitration clause** : If any dispute or difference of any nature or kind shall arising out of or relating to this contract of insurance shall 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 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.

17. **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. Fax no: 044-28302200, Toll free no: 1800-425-2255, Toll free fax no: 1800-425-5522 Email: support@starhealth.in
18. **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
19. **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, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034. or Call 044-28243921 during normal business hours. or send e-mail to 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 the Company
- 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 Insured Person is located

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, 6th floor, Jeevan Prakash Building, Near S.V. College, Relief Road, Ahmedabad 380001, Tel 079-25501201-02-05-06. Email:- bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu</p>
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:-080-26652048/26652049 Email:- bimalokpalbhopal@airtelbroadband.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769201/202 Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- ioobbsr@dataone.in</p>	<p>State of Orissa.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- ombchd@yahoo.co.in</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- insombud@md4.vsnl.net.in</p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>

<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239633/23237532 Fax:- 011-23230858 Email:- bimalokpal.delhi@gbic.co.in</p>	<p>State of Delhi</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@gbic.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>
<p>GUWAHATI 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:- bimalokpal.guwahati@gbic.co.in</p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in</p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@gbic.co.in</p>	<p>State of Rajasthan.</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>
<p>LUCKNOW 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:- bimalokpal.lucknow@gbic.co.in</p>	<p>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, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabimagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI Office of the Insurance Ombudsman,</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>

STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvarkottam High Road,
Nungambakkam, Chennai - 600 034. Phone: 044 - 2828 8800

CIN: U66010TN2005PLC056649 Email: support@starhealth.in Website: www.starhealth.in IRDAI Regn. No: 129

<p>3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in</p>	
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P-201301 Tel: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@gbic.co.in</p>	<p>States of 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, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.Tel:0612-2680952 Email:- bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand.</p>
<p>PUNE 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 -41312555 Email:- bimalokpal.pune@gbic.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Schedule of Benefits

Table of Benefits B 2	
Benefits	Percentage of Sum Insured
<p>1. Permanent Total Disablement 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</p>	100%
<p>2. Total and irrevocable loss of</p> <ul style="list-style-type: none"> (i) Sight of both eyes (ii) Physical separation of two entire hands (iii) Physical separation of two entire foot (iv) One entire hand and one entire foot (v) Sight of one eye and loss of one hand (vi) Sight of one eye and loss of one entire foot (vii) Use of two hands (viii) Use of two foot (ix) Use of one hand and one foot (x) Sight of one eye and use of one hand (xi) Sight of one eye and use of one foot (xii) Sight of one eye (xiii) Physical separation of one entire hand (xiv) Physical separation of one entire foot (xv) Use of one hand without physical separation (xvi) Use of one foot without physical separation 	<p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>100%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p> <p>50%</p>

Table of Benefits B3 (Permanent Partial Disablement)		
	Benefits	Percentage Of Sum Insured
1	Loss of toes 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	1
2	Loss of hearing both ears	75
	Loss of hearing 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
	Loss of thumb both phalanges (One phalanx)	10
5	Loss of index finger three phalanges	10
	Loss of index finger two phalanges	8
	Loss of index finger One phalanx	4
6	Loss of middle finger three phalanges	6
	Loss of middle finger Two phalanges	4
	Loss of middle finger One phalanx	2
7	Loss of ring finger Three Phalanges	5
	Loss of ring finger Two Phalanges	4
	Loss of ring finger One Phalanx	2
8	Loss of little finger Three phalanges	4
	Loss of little finger Two phalanges	3
	Loss of little finger One phalanx	2
9	Loss of metacarpals	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