

DIABETES SAFE INSURANCE POLICY

Living with diabetes
need not be
difficult anymore

Unique ID: IRDAI/HLT/SHAI/P-HV.III/173/2016-17

Here is some sweet news for Diabetics! Star Health brings you Diabetes Safe Insurance Policy that covers not just complications of Diabetes (both Type I and Type II) but also regular hospitalization, Personal Accident and Outpatient Expenses as well!

★ Eligibility :

- Any person between 18 years and 65 years of age who is already suffering from Diabetes Mellitus can take this insurance
- Beyond 65 years, only renewal accepted. There is no capping on exit age.
- The policy is available on Individual Basis as well as on Floater Basis.
- Floater policy can be taken only for a family of 2 provided either of the person is a diabetic. Family for the purpose of this policy would mean Self and Spouse only

★ Plan Available and Pre acceptance Medical Screening:

Plan A : Pre-acceptance medical examination is required. All persons irrespective of age must undergo pre acceptance medical screening at Company nominated centres. At present 100% of the cost of the screening is borne by the Company.

Plan B: No pre acceptance medical examination

Change of Plan: Once a plan has been opted, the plan cannot be changed either during the currency of the policy or on renewal.

★ **Sum Insured :** Rs.3,00,000/-, Rs.4,00,000/-, 5,00,000/- & Rs.10,00,000

★ Coverage (for both plan A and plan B)

- Section 1: Covers Hospitalization for complications of Diabetes**
- Section 2: Covers Hospitalization for all other ailments/injuries**

★ The following heads of expenses are payable:

- Room, Boarding and nursing charges
- Single Standard A/c room under Section 1
- Up to 1.5% of the sum insured subject to a maximum of Rs.8500/- per day under Section 2
- Surgeon's fees, Consultant's fees and/or Anesthetist's fees
- Cost of Blood, Oxygen, diagnostic expenses
- Cost of medicines, drugs, implants
- Emergency Ambulance charges up-to a sum of Rs.2000/- per policy period for transportation of insured to the hospital

★ **Pre Hospitalization :** up to 30 days prior to the date of hospitalization

★ **Post Hospitalization:** up to 60 days after discharge from the hospital not exceeding 7% of the hospitalization expenses or Rs 5000/- per hospitalization whichever is less

★ Day care Procedures:

- 405 Day care procedures

Section 3: Outpatient Expenses

The Company will pay the amount of such expenses as are reasonably and necessarily incurred at the network hospitals/diagnostic centers as an Out Patient, under the following heads provided the policy is in force.

- The Cost of Fasting and Post Prandial and HbA1C tests - once every six months – up to Rs.750/- per event up to Rs.1500/- per policy period.
- Other expenses like medical consultation, other diagnostics, medicines and drugs up to the limits given below per policy period.

	Individual(Plan A)			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP * benefit	1000/-	2500/-	3500/-	5500/-
	Floater (Plan A)			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP benefit	2000/-	3500/-	5500/-	7500/-

	Individual(Plan B)			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP benefit	500/-	2000/-	3000/-	5000/-
	Floater (Plan B)			
Sum Insured Rs.	3,00,000	4,00,000	5,00,000	10,00,000
Limit of OP benefit	1500/-	3000/-	5000/-	7000/-

★ OP means Out Patient

Section 4: Personal Accident : If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from an Accident caused by external, violent and visible means and if 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 the Sum Insured mentioned in the Schedule

Note : 1. This Section is applicable for the person specifically mentioned in the Schedule .
2. At any point of time only one person will be eligible to be covered under this Section

★ Special Features under Section 1 (for both Plan A & Plan B)

- Donor expenses for Kidney transplantation surgery
- Dialysis expenses @Rs.1000/- per sitting payable upto 24 months, commencing from the month in which the need for dialysis is recommended, provided policy is in force.
- Claims for complications relating to Diabetes are payable under Section 1 only.
- Claims directly or indirectly relating to any Cardio Vascular System, Renal System, Diseases of eye, Foot Ulcer, Diabetic Peripheral Vascular Diseases and other complications of diabetes are eligible to be payable under Section 1 only, except where specifically provided for.

★ Special Features under Section 2 (for both Plan A & Plan B)

- Claim for Cataract surgery is payable under section 2 only

★ Waiting Period

Plan A

Section 1:

- There are no waiting periods

Section 2:

- 30 days waiting period except for accidents
- 24 months waiting period for specified illness/diseases/treatment.
- 48 months waiting period for claims arising out of Pre Existing Diseases

Plan B

Section 1:

- 15 Months Waiting period for diseases directly or indirectly relating to Cardio Vascular System, Renal System, Diseases of eye, Diabetic Peripheral Vascular Diseases and Foot Ulcer

- 30 days waiting period except for accidents
- 24 months waiting period for any transplant and related surgery

Section 2

- 30 days waiting period except for accidents
- 24 months waiting period for specified illness/diseases/treatment.
- 48 months waiting period for claims arising out of Pre Existing Diseases

★ Sublimits: Payable under Section 2 only (both Plan A and Plan B)

- For Cataract:**

Sum Insured Rs.	Cataract Limits
3,00,000 to 5,00,000	Rs.20,000/- per eye per person and Rs.30,000/- per policy period
10,00,000	Rs.30,000/- per eye person and Rs.40,000/- per policy period

★ Sublimits: Payable under Section 1 only (for Plan B only)

- For diseases relating to Cardio Vascular System**

Sum Insured	Maximum Liability of the Company per policy period (Rs.)
Rs.3,00,000/-	Rs.2,00,000/-
Rs.4,00,000/-	Rs.2,50,000/-
Rs.5,00,000/-	Rs.3,00,000/-
Rs.10,00,000/-	Rs.4,00,000/-

- Cost of artificial limbs due to amputation up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy. (Both Plan A and Plan B- under Section 1 and Section 2)

★ Exclusions

Applicable for Section 1 and Section 2 (Both Plan A and Plan B)

- 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)
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- All expenses arising out of any condition directly or indirectly caused due to or associated with Human T-cell Lympho Tropic Virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS and sexually transmitted diseases.

- Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these (other than ectopic pregnancy), family planning treatment. All types of treatment for infertility and its complications there of
- Expenses incurred on weight control services including surgical procedures for treatment of obesity, medical treatment for weight control, treatment for, genetic and other endocrine disorders, Sleep Apnea
- Convalescence, general debility, run-down condition or rest cure, nutritional deficiency states, psychiatric, mental and behavioral disorders, Venereal diseases and Sexually transmitted diseases, venereal disease, intentional self injury and use of intoxicating drugs /alcohol, smoking and tobacco chewing
- Congenital External diseases/conditions defects or anomalies
- Expenses incurred on High Intensity Focused Ultra Sound, Uterine Fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy(EECP) and related therapies, Chelation Therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, photodynamic therapy and such other therapies similar to those mentioned herein under exclusion no.8
- Expenses incurred on Lasik Laser or Refractive Error Correction and its complications, all treatment for eye disorders requiring intra-vitreous injections and related procedures.
- Charges incurred at Hospital or Nursing Home primarily for diagnostic, Radiology or laboratory Tests not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at hospital/nursing home.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- Naturopathy Treatment, unconventional, untested/unproven, experimental therapies.
- Stem cell Therapy, Artificial Pancreas, Chondrocyte Implantation, Immunotherapy without proper indication
- Hospital registration charges, admission charges, record charges, telephone charges and such other charges
- Expenses incurred for treatment of diseases/illness/accidental injuries by systems of medicines other than Allopathy
- Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunction

- Cost of spectacles and contact lens, hearing aids, Cochlear implants and procedures, walkers and crutches, wheel chairs, CPAP, BIPAP, Continuous Ambulatory Peritoneal Dialysis, infusion pump and such other similar aids.

Note : Cost of artificial limbs following amputation is payable up-to 10% of Sum Insured provided the claim for such amputation is admissible under the policy

- Any specific time-bound or life time exclusions applied, specified and accepted by the insured.

- Other expenses as detailed under the table " Other Excluded Expenses"

Applicable for Section 2 (Applicable for Both Plan A & Plan B)

- Pre Existing Diseases as defined in the policy until 48 consecutive months of continuous coverage have elapsed, since inception of the first policy with any Indian Non-Life Insurer.
- Any disease contracted by the insured person during the first 30 days from the commencement date of the policy. This exclusion shall not apply in case of the insured person having been covered under any health insurance policy (Individual or Group insurance policy) with any of the Indian Non Life Insurance companies for a continuous period of preceding 12 months without a break.
 - Cataract and diseases of the Anterior and Posterior Chamber of the Eye, Retinal detachment, Glaucoma, Diseases of ENT, Diseases related to Thyroid, Prolapse of intervertebral disc (other than caused by accident), Varicose veins and Varicose ulcers, all Diseases of Prostate, Stricture Urethra, all Obstructive Uropathies, benign prostatic hypertrophy, stapedectomy, all types of Hernia, Epididymal Cyst, Benign Tumours of Epididymis, Spermatocele, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, and Congenital Internal disease / defect
 - Desmoid Tumour of anterior abdominal wall, Gall Bladder and Pancreatic diseases and All treatments (conservative, interventional, laparoscopic and open) for Hepato Pancreato Biliary diseases including Gall Bladder and Pancreatic Calculi. All types of management for Kidney and Genitourinary Tract Calculi.
 - All treatments (conservative, interventional, laparoscopic and open) related to all Diseases of Uterus, Fallopian Tubes, Cervix and Ovaries, Uterine Bleeding, Pelvic Inflammatory Diseases., Benign breast diseases, Umbilical Sinus, Umbilical Fistula.

- Conservative, operative treatment of all types of intervention for diseases related to tendon, ligament, Fascia, bones and joint including Arthroscopy and Arthroplasty [other than caused by accident]
- Degenerative disc and vertebral diseases including Replacement of bones and joints and degenerative diseases of the musculo-skeletal system
- Subcutaneous benign lumps, sebaceous cyst, dermoid cyst, Mucous Cyst lip/cheek, Carpel Tunnel Syndrome, Trigger Finger, lipoma, neurofibroma, ganglion and similar pathology
- Any transplant and related surgery.

This waiting period shall not however apply in the case of the Insured person/s having been covered under any Individual health insurance scheme with any of the Indian Insurer for a continuous period of preceding 24 months without any break.

If these are pre-existing at the time of proposal they will be covered subject to Exclusion No 1 above.

- Circumcision, Preputioplasty, Frenuloplasty, Inoculation or Vaccination (except for post-bite treatment and for medical treatment other than for prevention of diseases.)
- Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable)

Exclusion applicable for Section 4

- Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
- Any claim arising out of Accident of the Insured Person from
 - Intentional self injury / suicide or attempted suicide or
 - Whilst under the influence of intoxicating liquor or drugs or
 - Self endangerment unless in self defense or to save human life.
- 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.
- 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 therefrom.

- 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.
- 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.
- Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - 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.
 - Nuclear weapons material
 - The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - Nuclear, chemical and biological terrorism
- 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.
- Participation in Hazardous Sport/ Hazardous Activities
- Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
- 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.
- Any claim arising out of an accident related to pregnancy or childbirth, infirmity, whether directly or indirectly.

★ Special Features Common for Plan A and Plan B (Section 1 and Section 2):

- Automatic Restoration of Basic Sum Insured by 100% upon exhaustion of the Basic Sum Insured.

★ Free Look

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 same if not acceptable.

If the insured has not made any claim during the free look period, the insured shall be entitled to

- 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;
- 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;
- Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Free look cancellation is not applicable at the time of renewal of the policy

★ **Renewal and Grace Period:**

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 exclusion no.1, 2 and 3 under section 2 will be allowed. Any diseases/illness contracted or injury sustained during the grace period will be deemed as pre-existing and will be subject to waiting period as per exclusion No.1 under section 2 from the date of payment of renewal premium.

- Note:**
- The actual period of cover will start only from the date of payment of premium.
 - Renewal premium is subject to change with prior approval from Regulator.

★ **Enhancement of Sum Insured**

The sum insured can be enhanced at the time of renewal of this policy subject to no claim being lodged or paid under this policy, Both the acceptance for enhancement and the amount of enhancement will be at the discretion of the Company. Where the sum insured is enhanced, the amount of such additional sum insured shall be subject to the following terms

A Waiting period as under shall apply afresh from the date of such enhancement for the increase in the sum insured, that is, the difference between the previous sum insured and the increased current sum insured.

- First 30 days as under Exclusion No. 2 of Section 2
- 24 months with continuous coverage without break (with grace period) in respect of diseases / treatments falling under exclusion No.3 of Section 2
- In respect of Plan A:** 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Exclusion No.1 of Section 2 and

- In respect of Plan B:** 48 months of continuous coverage without break (with grace period) in respect of Pre-Existing diseases as defined, under Exclusion No.1 of Section 2. However under Section 1 this waiting period will be 15 months
- 48 months of continuous coverage without break (with grace period) for diseases / conditions diagnosed / treated irrespective of whether any claim is made or not in the immediately preceding three policy periods

The above applies to each relevant insured person.

★ **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.

★ **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.

★ **Automatic Expiry of the Policy:** 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. This also means that in case of family floater policy, the cover for the surviving members of the family will continue, subject to other terms of the policy.
- Upon exhaustion of the Limit of coverage under the policy as a whole

★ **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form and / or claim form at the time of claim, and non-cooperation of the insured person, by sending the insured 30 days notice by registered letter at the insured person's last known address. No refund of premium will be made except where the cancellation is on the grounds of non co-operation of the insured, 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	25% of the annual premium
Exceeding one month up to 3 months	40% of the annual premium
Exceeding 3 months up to 6 months	60% of the annual premium
Exceeding 6 months up to 9 months	80% of the annual premium
Exceeding 9 months	full annual premium

★ **Portability:** This policy is portable. If the insured is desirous of porting this policy to another Insurer towards renewal, application in the appropriate form should be made to the Company at least before 45 days from the date when the renewal is due.

Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal, the existing policy will be extended on the request of the Insured person, for a period not less than one month on pro rata premium. Such extended cover will be cancelled only on the written request by the Insured Person, subject to a minimum pro rata premium for one month. If the Insured Person requests in writing to continue the policy with the Company without porting, it will be allowed by charging the regular premium with the same terms as per the expiring policy. In case of a claim made by the Insured person and admitted by the Company during such extension, the policy will be extended for the remaining period by charging the regular premium. Portability is not possible during the policy period. For details contact "portability@starhealth.in" or call Telephone No +91-044-28288869.

★ **Claims Procedure**

- Call the 24 hour help-line for assistance-1800-425-2255 / 1800-102-4477. Inform the ID/Policy number for easy reference.
- In case of planned hospitalization, inform 24 hours prior to admission in the hospital.
- In case of emergency hospitalization information to be given within 24 hours after hospitalization.
- Cashless facility wherever possible in network hospitals
- In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents

★ **Tax Benefit:** Payment of premium by any mode other than cash for this insurance is eligible for relief under Section 80D of the Income Tax Act 1961

★ **The Company:**

Star Health and Allied Insurance Company Ltd commenced its operations in 2006 with the business interests in Health Insurance, Travel and Personal Accident. As an exclusive Health Insurance Company and the first of its kind in India, the Company is committed in setting international benchmarks in service and personal caring. .

★ **Star Advantages**

- No third Party Administrator, direct in-house claim settlement.
- Faster & hassle-free claim settlement.
- Cashless hospitalization wherever possible.
- Network of more than 6000 hospitals across India.
- 24x7 Toll Free Helpline.
- Information on health through free health magazine.
- Maintain personal health records in electronic format

Prohibition of Rebates:

Section 41 of Insurance Act 1938 : No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Premium Chart
INDIVIDUAL**

PLAN A				
Age in years / Sum Insured in Rs.	300000	400000	500000	1000000
18-30	8270	10340	11895	15465
31-35	8910	11140	12815	16660
36-40	9765	12210	14045	18260
41-45	11590	14490	16665	21665
46-50	15385	19235	22125	28765
51-55	19415	24270	27915	36290
56-60	24155	30195	34725	45145
61-65	31365	39210	45095	58625
66-70	41960	52450	60320	78420
71-75	53935	67420	77535	100800
76-80	67375	84220	96855	125915
Above 80	82335	102920	118360	153870

PLAN B				
Age in years / Sum Insured in Rs.	300000	400000	500000	1000000
18-30	10195	12745	14660	19060
31-35	11315	14145	16270	21155
36-40	13190	16490	18965	24655
41-45	15790	19740	22705	29520
46-50	18905	23635	27185	35345
51-55	24050	30065	34575	44950
56-60	30250	37815	43490	56540
61-65	42345	52935	60880	79145
66-70	55955	69945	80440	104575
71-75	68055	85070	97835	127190
76-80	87715	109645	126095	163925
Above 80	105860	132325	152175	197830

Service Tax Extra

**Premium Chart
FLOATER (2A)**

PLAN A				
Age in years / Sum Insured in Rs.	300000	400000	500000	1000000
18-30	12070	15090	17355	22565
31-35	12985	16235	18675	24280
36-40	14200	17750	20415	26540
41-45	16810	21015	24170	31425
46-50	22230	27790	31960	41550
51-55	27985	34985	40235	52310
56-60	34760	43450	49970	64965
61-65	45055	56320	64770	84205
66-70	60195	75245	86535	112500
71-75	77300	96625	111120	144460
76-80	96505	120635	138735	180360
Above 80	117875	147345	169450	220285

PLAN B				
Age in years / Sum Insured in Rs.	300000	400000	500000	1000000
18-30	14565	18210	20945	27230
31-35	16160	20200	23230	30200
36-40	18840	23550	27085	35215
41-45	22555	28195	32425	42155
46-50	27005	33760	38825	50475
51-55	34355	42945	49390	64210
56-60	43210	54015	62120	80760
61-65	60495	75620	86965	113055
66-70	79935	99920	114910	149385
71-75	97220	121525	139755	181685
76-80	125305	156635	180135	234180
Above 80	151230	189040	217400	282620

Service Tax Extra

"IRDAI OR ITS OFFICIALS DO NOT INVOLVE IN ACTIVITIES LIKE SALE OF ANY KIND OF INSURANCE OR FINANCIAL PRODUCTS NOR INVEST PREMIUMS. IRDAI DOES NOT ANNOUNCE ANY BONUS" THOSE RECEIVING SUCH PHONE CALLS ARE REQUESTED TO LODGE A POLICE COMPLAINT ALONG WITH DETAILS OF PHONE CALL AND NUMBER"

The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wordings before concluding a sale.
Or
Visit Website: www.starhealth.in

Buy this Insurance Online at www.starhealth.in and Avail Discount
Call Toll-free: 1800-425-2255 / 1800-102-4477, sms STAR to 56677
Fax Toll Free No: 1800-425-5522 ★ Email : support@starhealth.in
CIN : U66010TN2005PLC056649 ★ IRDAI Regn. No: 129



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Insurance is the subject matter of solicitation

The Health Insurance Specialist

Diabetes Safe Insurance

Diabetes Safe Insurance

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