

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.

Customer Information Sheet - ACCIDENT CARE INDIVIDUAL INSURANCE POLICY

Unique Identification No. : IRDAI/HLT/SHAI/P-P/V.III/134/2017-18

TITLE	Description	Refer to Policy Clause Number
What am I covered for	a. Table A Benefit: Accidental death	Table A
	b. Table B Benefit: Accidental Death/Permanent disablement arising out of accident	Table B (1 and 2)
	c. Table C Benefit: Accidental Death/Permanent Disablement /Temporary total disablement arising out of accident	Table C (1,2 and 3)
Extended Coverage	a. Educational Grant: Rs.10000/- for one dependent child and Rs.20000/- for two dependent child	III (1)
	b. Ambulance Charges / Transportation expenses of Mortal Remains: lump sum of Rs.5000/- for either ambulance charges or transportation of mortal remains to his/her place of residence	III (2)
	c. Travel expenses for one relative: 1% of the Total sum insured Up to Rs. 50,000/- for the transport expenses to one relative towards the death of the Insured Person	III (3)
	d. Vehicle and/or Residence Modification: 10% of the Table B and Table C sum insured subject to maximum of Rs.50,000/-towards modification of insured person's residential accommodation or vehicle modification where there is an admissible claim under Permanent Total Disability.	III (4)
	e. Purchase of Blood: The company will pay up to 5% of the sum insured under relevant table/tables opted subject to a maximum of Rs.10,000/- whichever is less towards expenses incurred in purchasing of blood.	III (5)
	f. Transportation of Imported Medicines: The Company will pay upto 5% of Total sum insured subject to a maximum of Rs.20,000/- towards the expenses incurred on freight charges for importing medicines to India	III (6)

TITLE	Description	Refer to Policy Clause Number
Optional Benefits	a. Medical Expenses Extension Due to Accident Company will pay amount up to 25% of the valid claim or 10% of the Total sum insured or actual whichever is less, subject to a overall limit of Rs.5,00,000/- per policy period towards medical expenses incurred as an In-patient and as an Out-Patient, provided there is a validclaim under the policy.	IV (a)
	b. Hospital Cash: Cash Benefit of Rs 1000/- for each completed day of Hospitalization(excluding date of admission and date of discharge) arising out of Accident subject to a maximum of 15 days per occurrence and 60 days per policy period	IV (b)
	c. Home Convalescence: The company will pay Rs 500/- for each completed day subject to a maximum of 15 days peroccurrence and 60 days per policy period towards engaging one attendant at residence after discharge from hospital.	IV (c)
What are the Major Exclusions in the policy	I. All Pre-existing conditions	VI (3)
	II. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS	VI (4), VI (5)
	III. War, Biological nuclear and chemical terrorism and nuclear perils	VI (7), VI (9)
	IV. Engaging in Hazardous sports/activities	VI (11)
	The exclusions given above are only a partial list. Please refer the policy clause for the complete list.	
Waiting Periods	Initial Waiting Period Specific Waiting Period	No waiting periods applicable for this policy
Payment Basis – Benefit Basis	Fixed amount on the occurrence of a covered event:	
	Accidental Death	Table A
	Accidental Death/Permanent disablement arising out of accident	Table B
	Accidental Death/Permanent Disablement /Temporary total disablement arising out of accident	Table C
	Educational Grant	III (1)
Payment Basis – Indemnity Basis	Ambulance Charges/Transportation expenses of Mortal Remains	III (2)
	Travel Expenses for one relative	III (3)
	Hospital Cash	IV (b)
	Vehicle and/or Residence modification	III (4)
	Purchase of Blood	III (5)
	Transportation of Imported medicine	III (6)
	Medical expenses extension	IV (a)
Home Convalescence	IV (c)	
Loss Sharing	In case of a claim, this policy required you to share the costs	No cost sharing applicable for this policy
Renewal Conditions	Life long renewal subject to payment of renewal premium in full before the due date	VIII (13)
	Grace period of 30 days for renewing the policy is provided	
Renewal Benefits	Cumulative Bonus : Payable for Accidental Death or Permanent total disablement	V
Cancellation	Policy can be cancelled on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact as declared in proposal form / at the time of claim, or non-co-operation by the insured person, by sending the insured 30 days notice without refund of premium	VIII (8)

TITLE	Description	Refer to Policy Clause Number
Claims	For Cashless Service:	VII (2)
	For Reimbursement of claim:	
Servicing / Grievances / Complaints	Company Officials IRDAI/(IGMS/Call Centre) Ombudsman	VIII (16)
Insured's Rights	Free Look:	VIII(5)
	Implied renewability	VIII (13)
	Migration and Portability	Not Applicable
	Increase in SI during policy term	Not Applicable
	Turn Around Time (TAT) for issue of Pre-Auth and Settlement of Reimbursement	VII (1)
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	VIII(1)
	Disclosure of Material Information during the policy period such as change in occupation	VIII(3)

(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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ACCIDENT CARE INDIVIDUAL INSURANCE POLICY

Unique Identification No. : IRDAI/HLT/SHAI/P-P/V.III/134/2017-18

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

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

I. DEFINITIONS OF WORDS AND EXPRESSIONS

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

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

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

Capital sum insured: means the **sum insured** as specified in the Schedule of this Policy and the Cumulative Bonus as shown in the Schedule

Company means Star Health and Allied Insurance Company Limited

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

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

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium

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

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

Family means Insured Person, spouse, dependent children between 5 months and 25 years of age

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

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

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

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:

- Has qualified nursing staff under its employment round the clock;
- 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;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

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 licence

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.

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

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

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

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

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.

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

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

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

Temporary Total Disablement means the Insured Person is totally disabled from engaging in any occupation or business for a temporary period following a Grievous injury arising solely and directly from an accident.

II. SCOPE OF COVER

The Company hereby agrees, subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay to the Insured person or his nominees or his legal heirs, a sum as compensation for any loss occurring during the Period of Insurance as described under different sections hereunder and as specified in the Schedule to the Policy,

Table-A – ACCIDENTAL DEATH

If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident caused by external, violent and visible means and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.

Table-B – ACCIDENTAL DEATH AND PERMANENT DISABLEMENT

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

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

Table-C – ACCIDENTAL DEATH, PERMANENT DISABLEMENT AND TEMPORARY TOTAL DISABLEMENT: (WEEKLY COMPENSATION)

1. **Accidental Death of Insured Person:** If following an Accident that causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as compensation 100% of the Capital Sum Insured.
2. **Permanent disablement of the Insured Person:** If following an Accident which caused permanent impairment of the Insured's mental or physical capabilities, then the Company will pay the benefits as provided in the Table of Benefits B1 (Permanent Total Disablement) or Table of Benefits B2 (Permanent Partial Disablement) mentioned herein 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.
 - c) Where a covered Accident results in Permanent Disablement falling under Table of benefits B1 (Permanent Total Disablement) and under Table of benefits B2 (Permanent Partial Disablement) then the higher percentage of the sum insured will be paid.
3. **Temporary Total Disablement:** If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in hospitalization, then the insured person will be paid a sum calculated at 1% of the sum insured under Table C per completed week but not exceeding Rs. 15,000/- per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

This benefit is subject to a maximum period of 100 weeks from the date of such Temporary Total Disablement.

In no case shall the compensation exceed the sum insured for this benefit.

The payment shall be made only after the termination of such disablement.

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

Special Conditions (Applicable to all Tables)

1. If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as certified by a Government Doctor will be made in respect of this prior disablement.
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 (150% in case of Permanent Total Disablement)
3. In case of Permanent Partial Disablement claim the Sum Insured under the policy will be reduced by the amount of admissible claim under the policy in respect of the Insured Person to whom such sum shall become payable.
4. 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 to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion hospital will not be held up against the insured.
5. Where a claim for 100% of the Capital Sum Insured (150% for Permanent Total Disablement) is admitted / admissible the coverage under the policy ceases and the policy cannot be renewed for such relevant person.
6. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person

Exclusions:

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

III. ADDITIONAL BENEFITS**1. EDUCATIONAL GRANT:**

The Company will pay as hereinafter mentioned

Following an admissible claim under the policy towards Death/ Permanent Total Disability of the insured person, Educational Grant for a maximum of two dependent children of the Insured, as mentioned below:

- i. If the Insured Person has one dependent child below the age of 18 years, an amount of Rs. 10,000/- is payable.
- ii. If the Insured Person has more than one dependent child below the age of 18 years an amount of Rs. 10,000/- per child but in any case not more than Rs. 20,000/-.

This grant is payable in addition to the sum insured.

2. AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS

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

Either

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

Or

in case of Death

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

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

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

This amount is payable in addition to the sum insured

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

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

This amount is payable in addition to the sum insured.

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

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

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

This amount is payable in addition to the sum insured

IV. OPTIONAL BENEFITS

If the additional premium is paid by the Insured person and shown in the Schedule of the policy, the following benefits, as applicable, are payable under the policy in addition to the sum insured.

a. MEDICAL EXPENSES EXTENSION DUE TO ACCIDENT:

The Company will pay any medical expenses necessarily and reasonably incurred and expended by the Insured Person, either as an In Patient or as an Out Patient, in connection with the accident as specified in the policy for which a claim has been admitted by the Company, 25% of the valid claim or 10% of the Total sum insured or actuals whichever is less, subject to an overall limit of Rs.5,00,000/- per policy period. Where the policy term is more than one year, this benefit is applicable for each year. Subject to General Exclusion of this policy sufficient proof for the treatment taken should to be submitted to the Company.

This benefit is optional and is effective only if

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

This amount is payable in addition to the sum insured

b. Hospital Cash:

If during the policy period the insured person sustains accidental injuries resulting in hospitalization as an in-patient, the Company will pay Cash Benefit of Rs 1000/- for each completed day of Hospitalization provided such hospitalization happens within 30 days from the date of accident. The maximum period for which the benefit is payable is 15 days per occurrence and 60 days per policy period. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward.

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

This amount is payable in addition to the sum insured.

This benefit is optional and is effective only if

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

c. Home Convalescence:

The Company will pay Rs 500/- for each completed day subject to a maximum of 15 days per occurrence and 60 days per policy period towards the cost of engaging one attendant at residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Where the policy term is more than one year, this benefit limit is applicable for each year. This benefit cannot be cumulated or carried forward

This amount is payable in addition to the sum insured.

This benefit is optional and is effective only if

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

V. CUMULATIVE BONUS

Compensation payable for an admissible claim for Death or Permanent Total disablement arising out of accidental injuries shall be increased by 5% thereof in respect of each completed year during which the policy shall have been in force prior to the occurrence of an accident for which the capital sum insured becomes payable but the amount of such increase shall not exceed 50% of the sum insured stated in the schedule. The cumulative bonus is applicable to that part of the sum insured which is renewed continuously without break.

The Cumulative Bonus will not be lost if the policy is renewed within 30 days. Cumulative bonus is not applicable for the Additional Benefits Or Optional Benefits

VI. GENERAL EXCLUSIONS (APPLICABLE TO ALL SECTIONS OF THE POLICY)

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

1. Any payment, in case of more than one claim under the Policy, during any one period of insurance by which the maximum liability of the Company in that period would exceed the capital sum insured payable under this Policy except in case of Permanent Total Disability claim, in which case the amount payable is 150% of the sum insured. This exclusion will not apply to payments made under medical expenses extension, Hospital cash, Home Convalescence, Educational Grant, Ambulance Charges /Transportation of mortal remains, Travel expenses of the one Relative and Expenses for Vehicle and /or residence Modification, Purchase of Blood and Transportation of Imported Medicine.
2. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
3. Any injuries/conditions which are Pre-existing.
4. Any claim for Death or Disablement of the Insured Person from (a) intentional self-injury / suicide or attempted suicide or (b) whilst under the influence of intoxicating liquor or drugs or (c) self-endangerment unless in self-defense or to save life.
5. Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.
6. Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on an aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.
7. Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kings princes and people of whatever nation, condition or quality whatsoever.
8. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
 - B. Nuclear weapons material
 - C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - D. Nuclear, chemical and biological terrorism
10. Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.
11. Participation in Hazardous Sport / Hazardous Activities
12. Persons who are physically and mentally challenged, unless specifically agreed and endorsed in the policy.
13. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

VII. GENERAL CONDITIONS (APPLICABLE TO ALL SECTIONS UNDER THIS POLICY)

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

1. Obligations of the Insured Person: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case

1. Claim intimation:

Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected.

2. Documents to be submitted for reimbursement claims:

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 Science Laboratory report (wherever required)
- Legal Heir Certificate
- Succession Certificate (wherever required)

For Disability Claims:

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

Note: The Company authorized doctor may examine the insured if required Certificate from the employer confirming leave of absence from duty

Travel expenses for one relative

- Proof of expenses incurred (original)

Vehicle and/or residence modification

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

Purchase of blood:

- Original receipt for purchase of blood (wherever applicable)

Transportation of imported medicines:

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

Educational grant

- Death Certificate
- Certificate from the school in which the child / children is/are studying, confirming their study

Ambulance charges / transportation expenses of mortal remains

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

For Claim under Optional benefits:**Medical expenses due to accident:**

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

Hospital Cash and Home Convalescence

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

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

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

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

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

VIII. STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY)

1. **Incontestability and Duty of Disclosure:** The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form or at the time of claim, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.
2. **Observance of terms and conditions:** The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.
3. **Material change:** The Insured Person shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.
4. **Automatic Termination of Insurance:** This policy shall automatically terminate upon the Insured Person's death or payment of the Capital Sum Insured. In case of family cover, the surviving members would continue to have the cover for their respective sum insured, till the expiry date of the policy.
5. **Free Look Period:** A free look period of 15 days from the date of receipt of the policy is available to the insured to review the terms and conditions of the policy. In case the insured is not satisfied with the terms and conditions, the insured may seek cancellation of the policy and in such an event the Company shall allow refund of premium paid after adjusting the stamp duty charges and proportionate risk premium for the period concerned provided no claim has been made until such cancellation.

Free look Period is not applicable at the time of renewal of the policy.

6. Duties of the insured on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy the Insured Person / representative shall file / submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.

If the Insured Person/representative does not comply with the provisions of this Clause or other obligations cast upon the Insured Person/representative under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited.

7. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his behalf to obtain any benefit under this Policy shall be forfeited and the policy will be cancelled without any refund of premium.

8. Cancellation/termination

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 or non-co-operation of the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address and no refund of premium will be made. 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

*Short period scales:

For policy with one year term	
Period on Risk	Rate of premium to be retained
For a period not exceeding 15 days	10% of the Annual Premium
For a period not exceeding 1 month	15% of the Annual Premium
For a period not exceeding 2 months	30% of the Annual Premium
For a period not exceeding 3 months	40% of the Annual Premium
For a period not exceeding 4 months	50% of the Annual Premium
For a period not exceeding 5 months	60% of the Annual Premium
For a period not exceeding 6 months	70% of the Annual Premium
For a period not exceeding 7 months	75% of the Annual Premium
For a period not exceeding 8 months	80% of the Annual Premium
Exceeding 8 months	Full Annual Premium

For policy with two year term	
Period on Risk	Rate of premium to be retained
Up to 1 year	65% of the premium
Up to 2 years	Full Premium
For policy with three year term	
Period on Risk	Rate of premium to be retained
Up to 1 year	45% of the premium
Up to 2 years	85% of the premium
Up to 3 years	Full Premium

- 9. Currency for payments:** All claims payable shall be paid in Indian Rupee only.
- 10. Important Note:** The terms, conditions and exclusions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

Note 1: It is hereby made clear that in policies which are issued for a period of two or three years, the sum insured and the other benefits shall be limited to the sum mentioned for each of the year, without any carry over benefit thereof.

Note 2: In so far as the benefits which are relatable to policy periods, such benefits shall be available for each year but limited to such sums mentioned for each year.

Note 3: Where the policy is issued covering the family, the benefits are applicable individually for each person covered

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

- 11. 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.

12. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referred to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

It is also further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not, within three years from the date of such disclaimer have been made the subject matter of a suit in a Court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

13. Renewal Clause

The policy will be renewed except on grounds of misrepresentation / fraud committed.

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

Every renewal premium (which shall be paid and accepted in respect of this policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result to enhance the risk of the Company under the insurer.

Where a claim for 100% of the Capital Sum Insured is admitted / admissible, the policy cannot be renewed for such relevant person.

Where a claim for less than 100% of the Sum Insured is admitted / admissible, the Company would exclude such disability on renewal in respect of such relevant person.

In the event of this policy being withdrawn / modified with revised terms and/or premium with the prior approval of the Competent Authority, the insured will be intimated three months in advance and accommodated in any other equivalent insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

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

- 14. 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, Chennai-600034., Toll Free Fax No.: 1800-425-5522, Toll Free No.:1800-425-2255 / 1800-102-4477, E-Mail : support@starhealth.in.

15. 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.

16. 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 44-28288821 during normal business hours. Or Send e-mail to grievances@starhealth.in. Senior Citizens may Call 044-28288897.

In the event of the following grievances:

- a. any partial or total repudiation of claims by an insurer;
- b. any dispute 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, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 -25501201/02/05/06 Email:bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
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:bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 -2769203 Email:bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 -2596429 Email:bimalokpal.bhubaneswar@gbic.co.in	Orissa.
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:bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
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:bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
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	Delhi.
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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
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	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 -2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 -22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
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	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 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	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P.-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State 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, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
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	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane exclud ing Mumbai Metropolitan Region.

Permanent Total Disablement

Table of Benefits B1

Table of Benefits B 1		
Benefits		Percentage of Sum Insured
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	150%
2.	Total and irrevocable loss of	
(i)	Sight of both eyes	100%
(ii)	Physical separation of two entire hands	100%
(iii)	Physical separation of two entire foot	100%
(iv)	One entire hand and one entire foot	100%
(v)	Sight of one eye and loss of one hand	100%
(vi)	Sight of one eye and loss of one entire foot	100%
(vii)	Use of two hands	100%
(viii)	Use of two foot	100%
(ix)	Use of one hand and one foot	100%
(x)	Sight of one eye and use of one hand	100%
(xi)	Sight of one eye and use of one foot	100%
(xii)	Sight of one eye	50%
(xiii)	Physical separation of one entire hand	50%
(xiv)	Physical separation of one entire foot	50%
(xv)	Use of one hand without physical separation	50%
(xvi)	Use of one foot without physical separation	50%

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

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

Sl. No.	Other Excluded Expenses	
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	NOT PAYABLE
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	NOT PAYABLE
3	BABY FOOD	NOT PAYABLE
4	BABY UTILITES CHARGES	NOT PAYABLE
5	BABY SET	NOT PAYABLE
6	BABY BOTTLES	NOT PAYABLE
7	BRUSH	NOT PAYABLE
8	COSY TOWEL	NOT PAYABLE
9	HAND WASH	NOT PAYABLE
10	MOISTURISER PASTE BRUSH	NOT PAYABLE
11	POWDER	NOT PAYABLE
12	RAZOR	PAYABLE
13	SHOE COVER	NOT PAYABLE
14	BEAUTY SERVICES	NOT PAYABLE
15	BELTS/ BRACES	PAYABLE FOR SURGERY OF THORACIC OR LUMBAR SPINE
16	BUDS	NOT PAYABLE
17	BARBER CHARGES	NOT PAYABLE
18	CAPS	NOT PAYABLE
19	COLD PACK/HOT PACK	NOT PAYABLE
20	CARRY BAGS	NOT PAYABLE
21	CRADLE CHARGES	NOT PAYABLE
22	COMB	NOT PAYABLE
23	DISPOSABLES RAZORS CHARGES (for site preparations)	PAYABLE
24	EAU-DE-COLOGNE / ROOM FRESHNERS	NOT PAYABLE
25	EYE PAD	NOT PAYABLE
26	EYE SHEILD	NOT PAYABLE
27	EMAIL / INTERNET CHARGES	NOT PAYABLE
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	NOT PAYABLE
29	FOOT COVER	NOT PAYABLE
30	GOWN	NOT PAYABLE
31	LEGGINGS	PAYABLE WHERE SURGERY ITSELF IS PAYABLE.
32	LAUNDRY CHARGES	NOT PAYABLE
33	MINERAL WATER	NOT PAYABLE
34	OIL CHARGES	NOT PAYABLE
35	SANITARY PAD	NOT PAYABLE
36	SLIPPERS	NOT PAYABLE
37	TELEPHONE CHARGES	NOT PAYABLE
38	TISSUE PAPER	NOT PAYABLE
39	TOOTH PASTE	NOT PAYABLE
40	TOOTH BRUSH	NOT PAYABLE
41	GUEST SERVICES	NOT PAYABLE
42	BED PAN	NOT PAYABLE
43	BED UNDER PAD CHARGES	NOT PAYABLE
44	CAMERA COVER	NOT PAYABLE
45	CLINIPLAST	NOT PAYABLE
46	CREPE BANDAGE	NOT PAYABLE
47	CURAPORE	NOT PAYABLE
48	DIAPER OF ANY TYPE	NOT PAYABLE
49	DVD, CD CHARGES	NOT PAYABLE (HOWEVER IF CD IS SPECIFICALLY SOUGHT THEN PAYABLE)
50	EYELET COLLAR	NOT PAYABLE
51	FACE MASK	NOT PAYABLE
52	FLEXI MASK	NOT PAYABLE
53	GAUSE SOFT	NOT PAYABLE
54	GAUZE	NOT PAYABLE
55	HAND HOLDER	NOT PAYABLE
56	HANSAPLAST/ ADHESIVE BANDAGES	NOT PAYABLE
57	INFANT FOOD	NOT PAYABLE
58	SLINGS	REASONABLE COSTS FOR ONE SLING IN CASE OF UPPER ARM FRACTURES WILL BE CONSIDERED
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	NOT PAYABLE
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	NOT PAYABLE
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	NOT PAYABLE
62	HORMONE REPLACEMENT THERAPY	NOT PAYABLE
63	HOME VISIT CHARGES	NOT PAYABLE
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	NOT PAYABLE
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	NOT PAYABLE
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	NOT PAYABLE
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	NOT PAYABLE
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	NOT PAYABLE
69	DONOR SCREENING CHARGES	NOT PAYABLE
70	ADMISSION/REGISTRATION CHARGES	NOT PAYABLE
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	NOT PAYABLE
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	NOT PAYABLE
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/DIRECTLY OR INDIRECTLY	NOT PAYABLE
74	STEM CELL IMPLANTATION/ SURGERY and Storage	NOT PAYABLE EXCEPT BONE MARROW TRANSPLANTATION IF COVERED BY POLICY
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	PAYABLE UNDER OT CHARGES, NOT PAYABLE SEPARATELY
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	RENTAL CHARGED BY THE HOSPITAL PAYABLE. PURCHASE OF INSTRUMENTS NOT PAYABLE.
77	MICROSCOPE COVER	PAYABLE UNDER OT CHARGES, NOT SEPARATELY.

78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	PAYABLE UNDER OT CHARGES, NOT SEPARATELY	ADMINISTRATIVE OR NON-MEDICAL CHARGES		
79	SURGICAL DRILL	PAYABLE UNDER OT CHARGES, NOT SEPARATELY	107	ADMISSION KIT	NOT PAYABLE
80	EYE KIT	PAYABLE UNDER OT CHARGES, NOT SEPARATELY	108	BIRTH CERTIFICATE	NOT PAYABLE
81	EYE DRAPE	PAYABLE UNDER OT CHARGES, NOT SEPARATELY	109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	NOT PAYABLE
82	X-RAY FILM	PAYABLE UNDER RADIOLOGY CHARGES, NOT AS CONSUMABLE	110	CERTIFICATE CHARGES	NOT PAYABLE
83	SPUTUM CUP	PAYABLE UNDER INVESTIGATION CHARGES, NOT AS CONSUMABLE	111	COURIER CHARGES	NOT PAYABLE
84	BOYLES APPARATUS CHARGES	PART OF OT CHARGES, NOT SEPARATELY	112	CONVENYANCE CHARGES	NOT PAYABLE
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	PART OF COST OF BLOOD, NOT PAYABLE	113	DIABETIC CHART CHARGES	NOT PAYABLE
86	Antiseptic or disinfectant lotions	NOT PAYABLE-PART OF DRESSING CHARGES	114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	NOT PAYABLE
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	NOT PAYABLE-PART OF DRESSING CHARGES	115	DISCHARGE PROCEDURE CHARGES	NOT PAYABLE
88	COTTON	NOT PAYABLE-PART OF DRESSING CHARGES	116	DAILY CHART CHARGES	NOT PAYABLE
89	COTTON BANDAGE	NOT PAYABLE-PART OF DRESSING CHARGES	117	ENTRANCE PASS / VISITORS PASS CHARGES	NOT PAYABLE
90	MICROPORE/ SURGICAL TAPE	NOT PAYABLE	118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	TO BE CLAIMED BY PATIENT UNDER POST HOSP IF ADMISSIBLE
91	BLADE	NOT PAYABLE	119	FILE OPENING CHARGES	NOT PAYABLE
92	APRON	NOT PAYABLE-PART OF HOSPITAL SERVICES / DISPOSABLE LINEN TO BE PART OF OT/ICU CHARGES	120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	NOT PAYABLE
93	TORNIQUET	NOT PAYABLE(SERVICE IS CHARGED BY HOSPITALS, CONSUMABLES CANNOT BE SEPARATELY CHARGED)	121	MEDICAL CERTIFICATE	NOT PAYABLE
94	ORTHOBUNDLE, GYNAEC BUNDLE	PART OF DRESSING CHARGES	122	MAINTAINANCE CHARGES	NOT PAYABLE
95	URINE CONTAINER	NOT PAYABLE	123	MEDICAL RECORDS	NOT PAYABLE
ELEMENTS OF ROOM CHARGE			124	PREPARATION CHARGES	NOT PAYABLE
96	LUXURY TAX	ACTUAL TAX LEVIED BY GOVERNMENT IS PAYABLE. PART OF ROOM CHARGE FOR SUB LIMITS	125	PHOTOCOPIES CHARGES	NOT PAYABLE
97	HVAC	PART OF ROOM CHARGE NOT PAYABLE SEPARATELY	126	PATIENT IDENTIFICATION BAND / NAME TAG	NOT PAYABLE
98	HOUSE KEEPING CHARGES	PART OF ROOM CHARGE NOT PAYABLE SEPARATELY	127	WASHING CHARGES	NOT PAYABLE
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	PART OF ROOM CHARGE NOT PAYABLE SEPARATELY	128	MEDICINE BOX	NOT PAYABLE
100	TELEVISION & AIR CONDITIONER CHARGES	PAYABLE UNDER ROOM CHARGES NOT IF SEPARATELY LEVIED	129	MORTUARY CHARGES	PAYABLE UPTO 24 HRS, SHIFTING CHARGES NOT PAYABLE
101	SURCHARGES	PART OF ROOM CHARGE NOT PAYABLE SEPARATELY	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	NOT PAYABLE
102	ATTENDANT CHARGES	NOT PAYABLE-PART OF ROOM CHARGES		EXTERNAL DURABLE DEVICES	
103	IM IV INJECTION CHARGES	PART OF NURSING CHARGES, NOT PAYABLE	131	WALKING AIDS CHARGES	NOT PAYABLE
104	CLEAN SHEET	PART OF LAUNDRY/HOUSEKEEPING NOT PAYABLE SEPARATELY	132	BIPAP MACHINE	NOT PAYABLE
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	PATIENT DIET PROVIDED BY HOSPITAL IS PAYABLE	133	COMMUNE	NOT PAYABLE
106	BLANKET/WARMER BLANKET	NOT PAYABLE-PART OF ROOM CHARGES	134	CPAP/ CAPD EQUIPMENTS	DEVICE NOT PAYABLE
			135	INFUSION PUMP – COST	DEVICE NOT PAYABLE
			136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	NOT PAYABLE
			137	PULSEOXYMETER CHARGES	DEVICE NOT PAYABLE
			138	SPACER	NOT PAYABLE
			139	SPIROMETRE	DEVICE NOT PAYABLE
			140	SPO2 PROBE	NOT PAYABLE
			141	NEBULIZER KIT	NOT PAYABLE
			142	STEAM INHALER	NOT PAYABLE
			143	ARMSLING	NOT PAYABLE
			144	THERMOMETER	NOT PAYABLE (PAID BY PATIENT)
			145	CERVICAL COLLAR	NOT PAYABLE
			146	SPLINT	NOT PAYABLE
			147	DIABETIC FOOT WEAR	NOT PAYABLE
			148	KNEE BRACES (LONG/ SHORT/ HINGED)	NOT PAYABLE
			149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	NOT PAYABLE

150	LUMBO SACRAL BELT	ESSENTIAL AND WILL BE PAID SPECIFICALLY FOR CASES WHO HAVE UNDERGONE SURGERY OF LUMBAR SPINE IF SURGERY IS COVERED	171	ZYTEE GEL	PAYABLE WHEN PRESCRIBED
151	NIMBUS BED OR WATER OR AIR BED CHARGES	PAYABLE FOR ANY ICU PATIENT REQUIRING MORE THAN 3 DAYS IN ICU, ALL PATIENTS WITH PARAPLEGIA/ QUADRIPLÉGIA FOR ANY REASON AND AT REASONABLE COST OF APPROXIMATELY RS.200/DAY	172	VACCINATION CHARGES	ROUTINE VACCINATION NOT PAYABLE/POST BITE VACCINATION PAYABLE
152	AMBULANCE COLLAR	NOT PAYABLE	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
153	AMBULANCE EQUIPMENT	NOT PAYABLE	173	AHD	NOT PAYABLE- PART OF HOSPITAL'S INTERNAL COST
154	MICROSHEILD	NOT PAYABLE	174	ALCOHOL SWABES	NOT PAYABLE-PART OF HOSPITAL'S INTERNAL COST
155	ABDOMINAL BINDER	ESSENTIAL AND SHOULD BE PAID IN POST SURGERY PATIENTS OF MAJOR ABDOMINAL SURGERY INCLUDING TAH, LSCS, INCISIONAL HERNIA REPAIR, EXPLORATORY LAPAROTOMY FOR INTESTINAL OBSTRUCTION, LIVER TRANSPLANT ETC.	175	SCRUB SOLUTION/STERILLIUM	NOT PAYABLE-PART OF HOSPITAL'S INTERNAL COST
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION			OTHERS		
156	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DISINFECTANTS ETC	NOT PAYABLE	176	VACCINE CHARGES FOR BABY	NOT PAYABLE
156	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\DISINFECTANTS ETC	NOT PAYABLE	177	AESTHETIC TREATMENT / SURGERY	NOT PAYABLE
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	POST HOSPITALIZATION NURSING CHARGES NOT PAYABLE	178	TPA CHARGES	NOT PAYABLE
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	PATIENT DIET PROVIDED BY HOSPITAL IS PAYABLE	179	VISCO BELT CHARGES	NOT PAYABLE
159	SUGAR FREE Tablets	PAYABLE-SUGAR FREE VARIANTS OF ADMISSIBLE MEDICINES ARE NOT EXCLUDED	180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY IT, ORTHOKIT, RECOVERY KIT, ETC]	NOT PAYABLE
160	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	PAYABLE WHEN PRESCRIBED	181	EXAMINATION GLOVES	NOT PAYABLE
161	Digestion gels	PAYABLE WHEN PRESCRIBED	182	KIDNEY TRAY	NOT PAYABLE
162	ECG ELECTRODES	UPTO 5 ELECTRODES ARE REQUIRED FOR EVERY CASE VISITING OT OR ICU, FOR LONGER STAY IN ICU, MAY REQUIRE A CHANGE AND AT LEAST ONE SET EVERY SECOND DAY MUST BE PAYABLE.	183	MASK	NOT PAYABLE
163	GLOVES	STERILIZED GLOVES PAYABLE/UNSTERILIZED GLOVES NOT PAYABLE	184	OUNCE GLASS	NOT PAYABLE
164	HIV KIT	PAYABLE - PAYABLE PRE OPERATIVE SCREENING	185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	NOT PAYABLE
165	LISTERINE/ ANTISEPTIC MOUTHWASH	PAYABLE WHEN PRESCRIBED	186	OXYGEN MASK	NOT PAYABLE
166	LOZENGES	PAYABLE WHEN PRESCRIBED	187	PAPER GLOVES	NOT PAYABLE
167	MOUTH PAINT	PAYABLE WHEN PRESCRIBED	188	PELVIC TRACTION BELT	SHOULD BE PAYABLE IN CASE OF PIVD REQUIRING TRACTION AS THIS IS GENERALLY NOT REUSED
168	NEBULISATION KIT	IF USED DURING HOSPITALIZATION IS PAYABLE REASONABLY	189	REFERAL DOCTOR'S FEES	NOT PAYABLE
169	NOVARAPID	PAYABLE WHEN PRESCRIBED	190	ACCU CHECK (Glucometry/ Strips)	NOT PAYABLE PRE HOSPITALIZATION OR POST HOSPITALIZATION/ REPORTS AND CHARTS REQUIRED/ DEVICE NOT PAYABLE
170	VOLINI GEL/ ANALGESIC GEL	PAYABLE WHEN PRESCRIBED	191	PAN CAN	NOT PAYABLE
			192	SOFNET	NOT PAYABLE
			193	TROLLY COVER	NOT PAYABLE
			194	UROMETER, URINE JUG	NOT PAYABLE
			195	AMBULANCE	PAYABLE-AMBULANCE FROM HOME TO HOSPITAL OR INTERHOSPITAL SHIFTS IS PAYABLE/RTA AS SPECIFIC REQUIREMENT IS PAYABLE
			196	TEGADERM / VASOFIX SAFETY	PAYABLE-MAXIMUM OF 3 IN 48 HRS AND THEN 1 IN 24 HRS
			197	URINE BAG	PAYABLE WHERE MEDICALLY NECESSARY TILL A REASONABLE COST-MAXIMUM 1 PER 24 HRS
			198	SOFTOVAC	NOT PAYABLE
			199	STOCKINGS	ESSENTIAL FOR CASE LIKE CABG ETC, WHERE IT SHOULD BE PAID

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