

**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 TRAUMA CARE INSURANCE POLICY (INDIVIDUAL)**

Unique Identification No. : IRDA/NL-HLT/SHAI/P-P.V.I/136/13-14

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
BASIC COVERAGE FOR SECTION I	a. Greivous injury by accident	SECTION I
BASIC COVERAGE FOR SECTION II	a In- patient Treatment Covers hospitalisation expenses for period more than 24 hrs.	SECTION II
MAJOR EXCLUSIONS SECTION	1 Any hospital admission primarily for investigation/diagnostic purposes	3(7)
	2. Refractive error correction/ hearing impairment correction, corrective and cosmetic dental surgery, weight control services including surgical procedures for treatment of obesity, medical treatment for weight control/loss programs	
	3. Intentional self injury and use of intoxicating drugs/alcohol/HIV or AIDS HIV	3(5),3(6)
	4. War, terrorism and nuclear perils	3(2)
	5. Naturopathy Treatment	3(9)
	6 Hospital registration charges, admission charges, record	3(10)
	7. Pre existing diseases	3(1)
	8. Engaging in Hazardous sports/activities (applicable for section II)	3(16)
	THE EXCLUSIONS GIVEN ABOVE IS ONLY A PARTIAL LIST. PLEASE REFER THE POLICY CLAUSE FOR THE COMPLETE LIST.	

TITLE	DESCRIPTION	CLAUSE No. OF THE POLICY
RENEWAL CONDITION	Life long renewal subject to payment of renewal premium in full before the due date.	4(10)
	Grace period of 30 days for renewing the policy is provided	
CANCELLATION	Policy can be cancelled on grounds of misrepresentation, fraud, non disclosure of materialfact 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	4(11)
MATERIALITY	Any material change to be intimated to the company	4(8)

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



## STAR HEALTH AND ALLIED INSURANCE COMPANY LIMITED

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600 034.

Phone : 044 - 2828 8800

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

# ACCIDENT TRAUMA CARE INSURANCE POLICY (INDIVIDUAL)

Unique Identification No. : IRDA/NL-HLT/SHAI/P-P.V.I/136/13-14

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

In consideration of the premium paid and subject to the terms and conditions as set out in the Schedule with all its parts the Company by this policy agrees as provided herein

## 1. DEFINITIONS

**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 on last birthday as per the English Calendar

**Capital sum insured:** means the maximum amount of coverage per benefit as specified in the Schedule to this Policy that the Insured Person is entitled to in respect of each benefit under Section I

**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, which are usually and customarily incurred for services and supplies for any Accident to the Insured Person covered under the policy

**Diagnosis** means Diagnosis by a registered medical practitioner, supported by clinical, endoscopic, laproscopic, radiological, histological, histopathological, diagnostic imaging modalities and laboratory evidence and also surgical evidence wherever applicable, acceptable to the Company.

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

**Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods 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.

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

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

**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 includes 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 activities, army/navy/air force activities and police activities, works in underground mines, explosives, magazines, works involving electrical installation with high-tension supply, nuclear installations, handling hazardous chemicals and occupations of similar hazard.

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

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

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

**Medical Practitioner** means 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.

**Network** means all such hospitals, day care centers or other providers that the insurance company has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the insurer and subject to amendment from time to time.

**Non-Network** Any hospital, day care centre or other provider that is not part of the network

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

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

**Room rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hrs) basis and shall include associated medical expenses.

**Qualified Nurse** means a person who holds a certificate of recognized Nursing Council and who is employed on recommendations of the attending medical practitioner.

**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 .

**Surgery/Surgical Operation** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

**Work place accident** means accidents occurring within the work premises.

## 2. COVERAGE

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, but not exceeding the sum insured stated there against.

### SECTION I:

- a. If at any time during the Period of Insurance, the Insured Person shall sustain any **grievous** 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 the Capital Sum Insured as compensation subject to the other terms and conditions of the policy mentioned herein.
- b. If following an Accident ,which caused permanent impairment of the Insured's mental or physical capabilities ,within 12 calendar months of its occurrence then the Company will pay the benefits as provided in the Table of Benefits depending upon the degree of disablement.

DEATH AND PERMANENT TOTAL DISABLEMENT		TABLE A
BENEFITS		PERCENTAGE OF SUM INSURED
1	Death	100%
2	Permanent Total Disablement	100%
3	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%

DEATH AND PERMANENT TOTAL DISABLEMENT			TABLE A
BENEFITS			PERCENTAGE OF SUM INSURED
(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 feet		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.

Provided always the policy will not pay under more than one of the above sub-clauses in respect of the same accident whereby the Company's liability would exceed 100% of the sum insured.

## SECTION II:

If the **Insured Person** shall sustain any **grievous** bodily injury through **accident** other than **work place accidents** and if such accident requires the Insured Person upon the advice of a duly qualified **medical practitioner** to incur Hospitalization expenses for medical/surgical treatment at any **Nursing Home / Hospital** in India as an **inpatient** the Company will pay to the Insured Person the amount of such expenses as are **reasonably and necessarily** incurred up-to the limits indicated but not exceeding the sum insured under Section II stated in the schedule hereto in any one policy period.

- Room, Boarding Expenses as provided by the Hospital / Nursing Home not exceeding 2% of the sum insured.
- Nursing expenses.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, diagnostic imaging modalities, cost of Pacemaker and similar expenses

### Special Conditions applicable for both the Sections

- If the Accident affects any physical or mental function, which was already impaired prior to the accident, a deduction as recommended by our panel Doctor will be made in respect of this prior disablement.
- In the event of Permanent Disablement, the Insured Person will be under obligation:
  - To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
  - To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay.

## 3. EXCLUSIONS

The Company shall not be liable to make any payments under this policy in respect of any claim in connection with or in respect of:

- All injuries / conditions which are Pre Existing

2. Injury directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations, whether war be declared or not.
3. 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 & Biological Terrorism.
4. Cost of spectacles and contact lens, hearing aids, walkers, crutches wheel chairs, artificial limbs and such other aids.
5. Accidents caused due to intentional self injury,
  - a. insanity
  - b. the Insured Person is found to be under the influence of intoxicating drugs/alcohol self-endangerment unless in self-defense or to save life.
  - c. Suicide /or attempted suicide
  - d. mental disorder
6. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph 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 HIV/AIDS.
7. Charges incurred at Hospital or Nursing Home primarily for Diagnostic, X-ray or laboratory Examinations not consistent with or incidental to the diagnosis and treatment of the injury, for which confinement is required at hospital / nursing home.
8. Expenses on vitamins and tonics unless forming part of treatment for injury as certified by the attending Physician
9. Naturopathy Treatment.
10. Hospital registration charges, record charges telephone charges and such other charges.
11. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathic.
12. 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 100% of the Capital Sum Insured.
13. Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.
14. Any claim for accidents occurring whilst the Insured Person is engaging in Air Travel other than as a fare-paying passenger. 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.
15. Participation of the Insured Person in riots, strike or any subversive activity. Any claim of which a contributing cause was the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law
16. Participation of the Insured Person in **Hazardous Sport / Hazardous Activities**
17. Other expenses as detailed elsewhere in the policy.

#### 4. CONDITIONS

The conditions below apply throughout this insurance. Failure to comply with them may be prejudicial to a claim: No waiver of any terms, provisions, conditions, and endorsements of this policy shall valid unless made in writing and signed by an authorized official of the Company.

1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company.
2. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person, 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. The Company shall be released from any obligation to pay insurance benefits if any of the term and conditions are breached.
3. Upon the happening of any event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 24 hours from the time of Death, injury, Hospitalisation. Claim must be filed within 15 days from the date of discharge from the Hospital

**Note:** this is a condition precedent to admission of liability under the policy.

However the company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

4. The Insured Person shall obtain and furnish the Company with all original receipts, bills, discharge summary, Death Certificate, Viscera Sample Report/ Forensic Science Laboratory report, First Information Report, Post Mortem Report, Legal Heir Certificate, Succession Certificate and other documents upon which a claim is based and shall also give the Company such additional information and/or other documents as may be required for processing the claim.

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

5. If the Company requests that bills/ vouchers / Reports in a language, other than English be accompanied by an appropriate translation then the costs of such translation must be borne by the Insured Person.
6. Any medical practitioner authorized by the company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company at company's cost.
7. The company shall not be liable to make any payment under the policy in respect of any claim if information furnished at the time of proposal is found to be incorrect or false or such claim is in any manner fraudulent or supported by any fraudulent means or device, misrepresentation whether by the Insured Person or by any other person acting on his behalf.
8. **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.
9. **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 cancellation is not applicable at the time of renewal of the policy

10. **Renewal:** 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. However in respect Permanent Partial Disability claims the Company would exclude such disability on renewal in respect of such relevant person. Where a claim for Permanent Total Disability has been paid the renewal will be restricted to Death only cover.

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 health insurance policy offered by the Company, if requested for by the Insured Person, at the relevant point of time.

11. **Cancellation:** The Company may cancel this policy on grounds of misrepresentation, fraud, moral hazard, non disclosure of material fact or non-co-operation by the insured person, by sending the Insured 30 days notice by registered letter at the Insured person's last known address. The insured may at any time cancel this policy and in such event the Company shall allow refund of 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	1/3 <sup>rd</sup> of the annual premium
Up to three Months	½ of the annual rate premium
Up to six months	3/4 <sup>th</sup> of the annual rate premium
Exceeding six months	full annual rate premium

**12. Automatic Termination:**

The insurance under this policy shall terminate immediately on the earlier of the following events:

- Upon the death of the Insured Person at the expiration of the period for which the premium has been paid or on the expiration date shown in the policy schedule whichever is earlier.
- Upon payment of 100% Capital sum insured under Section I

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

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as 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.

14. All claims under this policy shall be payable in Indian currency. All medical/surgical treatments under this policy shall have to be taken in India.
15. **Package Charges :** The Company's liability in respect of package charges will be restricted to 80% of such amount. (Package charges refer to charges that are not advertised in the Schedule of the Hospital)
16. **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.
17. **Important Note:** The attention of the policy holder is drawn to our website [www.starhealth.in](http://www.starhealth.in) for anti fraud policy of the company for necessary compliance by all stake holders.

The terms conditions and exceptions that appear in the policy or in any endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.

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

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

19. **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
20. **Grievances** In case the Insured Person is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

**Grievance Department:**

Star Health and Allied Insurance Company Limited, No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai-600034. Or Call 044-28288821 during normal business hours. Or Send e-mail to [grievances@starhealth.in](mailto: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 in regard to premium paid or payable in terms of the policy;
- c) any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d) delay in settlement of claims;
- e) non-issuance of any insurance document to customer after receipt of the premium

the Insured Person may approach the Insurance Ombudsman, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.



## LIST OF OMBUDSMAN

OFFICE DETAILS	JURISDICTION
<b>AHMEDABAD</b> 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.
<b>BENGALURU</b> 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.
<b>BHOPAL</b> 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.
<b>BHUBANESHWAR</b> 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.
<b>CHANDIGARH</b> 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.
<b>CHENNAI</b> 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).
<b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 -23230858Email:bimalokpal.delhi@gbic.co.in	Delhi.
<b>GUWAHATI</b> 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.
<b>HYDERABAD</b> 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
<b>JAIPUR</b> 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.
<b>ERNAKULAM</b> 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.
<b>KOLKATA</b> 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.
<b>LUCKNOW</b> 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.
<b>MUMBAI</b> 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.
<b>NOIDA</b> 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, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,
<b>PATNA</b> 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.
<b>PUNE</b> 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 excl uding Mumbai Metropolitan Region.

## OTHER EXCLUDED EXPENSES

SI. No.	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		32	LAUNDRY CHARGES	Not Payable
1	HAIR REMOVAL CREAM	Not Payable	33	MINERAL WATER	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable	34	OIL CHARGES	Not Payable
3	BABY FOOD	Not Payable	35	SANITARY PAD	Not Payable
4	BABY UTILITES CHARGES	Not Payable	36	SLIPPERS	Not Payable
5	BABY SET	Not Payable	37	TELEPHONE CHARGES	Not Payable
6	BABY BOTTLES	Not Payable	38	TISSUE PAPER	Not Payable
7	BRUSH	Not Payable	39	TOOTH PASTE	Not Payable
8	COSY TOWEL	Not Payable	40	TOOTH BRUSH	Not Payable
9	HAND WASH	Not Payable	41	GUEST SERVICES	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable	42	BED PAN	Not Payable
11	POWDER	Not Payable	43	BED UNDER PAD CHARGES	Not Payable
12	RAZOR	Payable	44	CAMERA COVER	Not Payable
13	SHOE COVER	Not Payable	45	CLINIPLAST	Not Payable
14	BEAUTY SERVICES	Not Payable	46	CREPE BANDAGE	Not Payable / Payable by the patient
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine	47	CURAPORE	Not Payable
16	BUDS	Not Payable	48	DIAPER OF ANY TYPE	Not Payable
17	BARBER CHARGES	Not Payable	49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
18	CAPS	Not Payable	50	EYELET COLLAR	Not Payable
19	COLD PACK/HOT PACK	Not Payable	51	FACE MASK	Not Payable
20	CARRY BAGS	Not Payable	52	FLEXI MASK	Not Payable
21	CRADLE CHARGES	Not Payable	53	GAUSE SOFT	Not Payable
22	COMB	Not Payable	54	GAUZE	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable	55	HAND HOLDER	Not Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable	56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
25	EYE PAD	Not Payable	57	INFANT FOOD	Not Payable
26	EYE SHEILD	Not Payable	58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
27	EMAIL / INTERNET CHARGES	Not Payable	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable	59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
29	FOOT COVER	Not Payable	60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
30	GOWN	Not Payable	61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.	62	HORMONE REPLACEMENT THERAPY	Not Payable
			63	HOME VISIT CHARGES	Not Payable

## OTHER EXCLUDED EXPENSES

64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable	83	SPUTUM CUP	Payable under Investigation charges, not as consumable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable	84	BOYLES APPARATUS CHARGES	Part of OT charges, not separately
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable	85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable	86	Antiseptic or disinfectant lotions	Not Payable Part of Dressing Charges
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable	87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable- Part of Dressing Charges
69	DONOR SCREENING CHARGES	Not Payable	88	COTTON	Not Payable Part of Dressing Charges
70	ADMISSION/REGISTRATION CHARGES	Not Payable	89	COTTON BANDAGE	Not Payable Part of Dressing Charges
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable	90	MICROPORE/ SURGICAL TAPE	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable	91	BLADE	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERINGFROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable as per HIV/AIDS exclusion	92	APRON	Not Payable Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
74	STEM CELL IMPLANTATION/ SURGERY and Storage	Not Payable except Bone Marrow Transplantation where covered by policy	93	TORNIQUET	Not Payable(service is charged by hospitals, consumables cannot be separately charged)
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	94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.	95	URINE CONTAINER	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges, not separately.	ELEMENTS OF ROOM CHARGE		
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately	96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
79	SURGICAL DRILL	Payable under OT Charges, not separately	97	HVAC	Part of room charge not payable separately
80	EYE KIT	Payable under OT Charges, not separately			
81	EYE DRAPE	Payable under OT Charges, not separately			
82	X-RAY FILM	Payable under Radiology Charges, not as consumable			

## OTHER EXCLUDED EXPENSES

98	HOUSE KEEPING CHARGES	Part of room charge not payable separately	120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately	121	MEDICAL CERTIFICATE	Not Payable
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied	122	MAINTAINANCE CHARGES	Not Payable
101	SURCHARGES	Part of room charge not payable separately	123	MEDICAL RECORDS	Not Payable
102	ATTENDANT CHARGES	Not Payable Part of Room Charges	124	PREPARATION CHARGES	Not Payable
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable	125	PHOTOCOPIES CHARGES	Not Payable
104	CLEAN SHEET	Part of Laundry / Housekeeping not payable separately	126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable	127	WASHING CHARGES	Not Payable
106	BLANKET/WARMER BLANKET	Not payable part of room charges	128	MEDICINE BOX	Not Payable
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>			129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
107	ADMISSION KIT	Not Payable	130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
108	BIRTH CERTIFICATE	Not Payable	<b>EXTERNAL DURABLE DEVICES</b>		
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable	131	WALKING AIDS CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable	132	BIPAP MACHINE	Not Payable
111	COURIER CHARGES	Not Payable	133	COMMODOE	Not Payable
112	CONVENYANCE CHARGES	Not Payable	134	CPAP/ CAPD EQUIPMENTS	Device not Payable
113	DIABETIC CHART CHARGES	Not Payable	135	INFUSION PUMP - COST	Device not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable	136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable	137	PULSEOXYMETER CHARGES	Device not Payable
116	DAILY CHART CHARGES	Not Payable	138	SPACER	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable	139	SPIROMETRE	Device not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible	140	SPO2 PROBE	Not Payable
119	FILE OPENING CHARGES	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 should be paid specifically for cases who have undergone surgery of lumbar spine.

## OTHER EXCLUDED EXPENSES

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 / quadriplegia for any reason and at reasonable cost of approximately Rs.200/day	161	Digestion gels	Payable when prescribed
152	AMBULANCE COLLAR	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.
153	AMBULANCE EQUIPMENT	Not Payable	163	GLOVES	Sterilized Gloves payable/ unsterilized gloves not payable
154	MICROSHEILD	Not Payable	164	HIV KIT	Payable - payable pre operative screening
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.	165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>			166	LOZENGES	Payable when prescribed
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable or hospital use in OT or ward or for dressings in hospital	167	MOUTH PAINT	Payable when prescribed
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable	168	NEBULISATION KIT	If used during hospitalization is payable reasonably
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable	169	NOVARAPID	Payable when prescribed
159	SUGAR FREE Tablets	Payable-Sugar free variants of admissible medicines are not excluded	170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
160	CREAMS POWDERS LOTIONS (TOILETERIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	Payable when prescribed	171	ZYTEE GEL	Payable when prescribed
			172	VACCINATION CHARGES	Routine Vaccination not payable/Post Bite Vaccination payable
			<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
			173	AHD	Not Payable Part of Hospital's internal Cost
			174	ALCOHOL SWABES	Not Payable Part of Hospital's internal Cost
			175	SCRUB SOLUTION/STERILLIUM	Not Payable Part of Hospital's internal Cost

## OTHER EXCLUDED EXPENSES

OTHERS			
176	VACCINE CHARGES FOR BABY	Not Payable	required/Device not payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable	
178	TPA CHARGES	Not Payable	
179	VISCO BELT CHARGES	Not Payable	
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable	
181	EXAMINATION GLOVES	Not Payable	
182	KIDNEY TRAY	Not Payable	
183	MASK	Not Payable	
184	OUNCE GLASS	Not Payable	
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable	
186	OXYGEN MASK	Not Payable	
187	PAPER GLOVES	Not Payable	
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused	
189	REFERAL DOCTOR'S FEES	Not Payable	
190	ACCU CHECK ( Glucometry/ Strips)	Not Payable pre hospitalization or post hospitalization/ Reports and Charts	
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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