



Reach out to the world securely

**STAR**  
**STUDENT TRAVEL** *Protect*  
**INSURANCE**



Star Health and Allied Insurance Company Limited

[www.starhealth.in](http://www.starhealth.in)





## 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

### 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.**



# STAR STUDENT TRAVEL *Protect* INSURANCE POLICY

Unique ID : IRDA/NL-HLT/SHAI/P-TV.I/142/13-14

The Proposal and declaration and Annexure thereto together with any statement, report or other document made by the Insured named in the Schedule leading to the issue of this Policy shall form the basis of this policy and are deemed to be incorporated herein.

In consideration of the payment of the required premium the Company agrees subject to the terms and conditions provided under this Policy to indemnify the Insured Person named in the Schedule or his/her legal representatives up to the sum insured or the appropriate benefit specified in the Schedule.

Provided the insurance hereunder is only with respect to such benefits as are indicated by specific amount set against each benefit mentioned in the Schedule. The Policy, Schedule and any attached enrollment forms endorsements papers and riders shall be read together.

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

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

**ASSISTANCE COMPANY** shall mean **WTA Travel Services, Inc.**, and/or its Registered Branch Offices situated worldwide providing assistance to the Insured.

**AIR TRAVEL** shall mean travel by an airline/aircraft for the purpose of flying therein as a passenger. **Air travel** means being in or on, or boarding an aircraft for the purpose of flying therein or alighting there from following a flight.

**CHECKED IN BAGGAGE** shall mean the baggage handed over by the Insured Person or accepted by an International Airline/Carrier for transportation in the same mode of conveyance as the Insured Person travels and for which the Carrier has issued a Baggage Receipt.

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

**COMMON CARRIER** shall mean an entity licensed to carry passengers for hire on land or water, excluding vehicle rental companies.

**COUNTRY OF RESIDENCE** shall mean the Republic of India

**DAY** means a period of 24 consecutive hours

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

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

**DISEASE** shall mean an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and which are more than temporary indisposition and certified by a **Physician** or Surgeon.

**EMERGENCY DENTAL TREATMENT** means the services or supplies provided by a licensed dentist, **Hospital** or other provider that are medically and immediately necessary to treat dental problems resulting from Injury. However, this definition shall not include any treatment taken for a pre-existing condition.

**EMERGENCY MEDICAL TREATMENT** means the services or supplies provided by a Physician, Hospital or Other Licensed Provider that are Medically Necessary to treat any Illness or other covered condition that is acute (onset is sudden and unexpected), considered life threatening, and one which, if left untreated, could deteriorate resulting in serious and irreparable harm. However, this definition shall not include any treatment taken for a pre-existing condition.

**EMERGENCY MEDICAL EVACUATON** means the medical condition of the Insured Person warrants (a) immediate transportation of the Insured Person from the place he/she is sick/sustains accidental injuries to the nearest hospital for appropriate treatment (b) after treatment the medical condition of the Insured Person warrants transportation to the country where the Trip commenced for the purpose of further medical treatment or recovery (c) or both (a) and (b) above.

For the purpose of this benefit "Transportation" includes air ambulance.

**FAMILY MEMBER/IMMEDIATE FAMILY MEMBER** shall mean the Insured, his/her lawful spouse and **dependent** children (including step children and adopted children), parents, grand-parents, siblings, siblings-in-law who reside in India.

**HOSPITAL** shall mean a medically recognized establishment

- 1) that holds a valid license to practice medicine
- 2) the primary function of which is to provide for the care and treatment of sick or injured persons
- 3) that has a staff of one or more Physicians actually available on the premises at all times
- 4) that provides a 24 hour nursing service and has at least one qualified and registered professional nurse present and on duty at all times
- 5) that has organized diagnostic and surgical facilities either on its own premises or these facilities are available to the Hospital on a pre-arranged basis.
- 6) is not, except incidentally to its primary function, a clinic, nursing home, rest home or convalescent home for the aged, or any similar institution.

---

**ILLNESS** shall mean a sickness, infirmity or disease that causes a loss that begins during Coverage Period and is not a Pre-existing Condition.

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

**INPATIENT** shall mean a person who is confined in a hospital as a registered bed patient and for whom at least one Day's room and board is charged by the Hospital.

**INSURED** shall mean the person or persons named in the Schedule attached to the policy.

**INSURABLE EVENT** shall mean an event, loss or damage for which the Insured shall be compensated under this Policy.

**MEDICALLY NECESSARY or MEDICAL NECESSITY** means the services or supplies provided by a **Hospital, Physician** or Other Licensed Provider that are required to identify or treat the Insured's **Illness or Injury** and which, as determined by the **Company / Assistance Company**, are:

1. consistent with the symptom or diagnosis and treatment of the Insured's condition, disease, **Illness**, ailment or Injury;
2. appropriate with regard to standards of good medical practice;
3. not solely for the convenience of the Insured, a **Physician** or other provider;
4. the most appropriate supply or level of service that can be safely provided to The Insured.

When applied to the care of an Inpatient, it further means that the Insured's medical symptoms or condition requires that the services cannot be safely provided to the Insured as an Outpatient.

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

**PERIOD OF INSURANCE** shall mean the period commencing from the moment the date and time of final departure for a destination that is out side of the Country of Residence or the first day of insurance whichever is later and terminating on the last day of the number of days specified in the Schedule or return to immigration/customs of the Country of Residence on completion of the trip whichever is earlier.

---

---

**PHYSICIAN** shall mean a person who is qualified to practice medicine or is a Surgeon or an Anesthetist who has a valid license issued by the appropriate authority for the same, provided that this person is not the Insured Person or a member of the Insured Person's family.

**POLICY** shall mean the Insured's proposal / application, preamble the schedule, the Company's covering letter to the Insured and any endorsement attaching to or forming part hereof, either at inception or during the period of insurance.

**PRE-EXISTING CONDITION/DISEASE** shall mean any condition/disease for which care treatment or advice was recommended by or received from a Physician in the immediately preceding 12 month period prior to date of commencement of travel or a condition for which hospitalization or surgery was undergone within 5 year period immediately preceding the date of commencement of travel

**REASONABLE AND NECESSARY EXPENSES** shall mean charges for medical treatment or suppliers or medical services that are medically necessary to treat the Insured's condition. In no event shall such charges exceed the charges prevalent in the relevant geographic area where the services are availed as determined by insurer and such charges does not include charges that would not have been made if no insurance existed.

**SERVICE PROVIDER** shall mean any person, organization or institution providing services to the insured for an **Insurable event**.

**SOUND NATURAL TEETH** means natural teeth that are either unaltered or are fully restored to their normal function and are disease free and have no decay.

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

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

---



---

**TRIP** shall mean a journey out of the Country of Residence and back during the policy period.

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

#### **PART 4: COVERAGE**

This is not a general health insurance policy. Coverage under this section is intended for use by the Insured in the event of a sudden and unexpected sickness or accident arising when the Insured is outside the Republic of India.

#### **SECTION 1**

#### **EMERGENCY MEDICAL EXPENSES, EMERGENCY MEDICAL TRANSPORTATION AND TRANSPORTATION OF MORTAL REMAINS**

The Company will indemnify the Insured or his/her legal representative up to a maximum amount specified in the Schedule of Benefits in the aggregate in respect of: -

The following expenses reasonably and necessarily incurred in the Country or Countries visited and recommended by the attending **physician** if the Insured shall sustain accidental Bodily **Injury** or suffer **illness** which first manifests itself during the Insured trip specified in the schedule and subject to deductible specified in the schedule

- 1.1 a. the services of the **Physician**
  - b. **Hospital** confinement and use of operating room
  - c. Anesthetics (including administration) X-ray examinations or treatments and laboratory tests
  - d. Ambulance service
  - e. drugs medicines and therapeutic services and supplies
  - f. Life saving unforeseen emergency measures, or measures solely designed to relieve acute pain, provided to the Insured by medical practitioners for **Disease/Accident** arising out of a Pre-existing Condition but not otherwise provided for.
-

- 
- 1.2 Any extra expenses for transportation and medical treatment including medical services and medical supplies incurred in connection with the **Emergency Medical Evacuation** of the Insured provided that—
- the same is recommended by the attending physician
  - in the view of the **Company** and/or the **Assistance Company**,
  - the Insured is capable of being transported to the country of residence and arranged by the Assistance Company
- 1.3 Following the death of the Insured during an Insured Trip in terms of this Policy, the **Company** shall compensate for the costs of transporting the remains of the deceased Insured back to the country of residence or, up to an equivalent amount, for a local burial or cremation in the country where the death occurred, subject to the maximum limit as specified in the Schedule attached. Such expenses include expenses for embalming, cremation and coffin.

#### PROVIDED ALWAYS THAT

- This insurance shall only apply in respect of costs and expenses incurred within 12 months of the date of the incident-giving rise to a claim within the validity of the policy period and should be reported/filed with the Company/Assistance Company within 30 days after **occurrence**
- In-patient **hospital**, clinic or nursing home expenses must be notified to and authorized by the Assistance Company within 48 hours of admission.
- Emergency Repatriation may only be authorized by the Company and/or the Assistance Company.

#### SECTION 2

##### DENTAL EMERGENCY ASSISTANCE

The **Company** shall compensate the Insured for expenses incurred on acute anesthetic treatment to a natural tooth or teeth or the services or supplies provided by a licensed dentist, **Hospital** or other provider that are medically and immediately necessary to treat dental problems resulting from Injury, during Insured **Trip** but not exceeding the **Sum Insured** for the coverage as mentioned in the schedule, subject to the deductibles specified in the schedule attached.

---

---

However, this definition shall not include any treatment taken for a pre-existing condition.

**Special Exclusions applicable for the Sections 1 & 2 of the policy in addition to the “General Exclusions” of the Policy**

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

1. A health condition where the person whose condition gives rise to a claim is at the time of traveling receiving or on a waiting list for treatment in a hospital or nursing home or has received a terminal prognosis
2. Medical treatment to be obtained abroad if that is the sole reason or one of the reasons for the insured trip
3. A medical condition existing prior to commencement of this insurance
4. Non-emergency services, supplies, or charges (examples are those for cosmetic surgery, physical exams, allergies, hearing aids, eyeglasses, contact lenses, palliative or cosmetic foot care, experimental treatment, or other services which are not Medically Necessary to provide Emergency Medical Care)
5. Treatment that in the opinion of a medical practitioner approved by the Company and/or Assistance Company could reasonably be delayed until return of the Insured to his/her country of residence
6. For charges in excess of reasonable and necessary charges as per the determination by the Company or the Assistance Company.
7. Treatment relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic' surgery in any form or manner) unless necessitated by a covered accident during the Insured Trip
8. Treatment received in unlicensed facilities or given by unlicensed health care providers
9. Treatment given by a Family Member whether or not a licensed provider
10. Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

- 
11. Any costs related to diagnosis or treatment of mental, nervous or emotional disorders except while confined to the hospital and then the benefits are limited to 50% of covered expenses up-to 30 continuous days hospitalization as in-patient.
  12. Pregnancy, childbirth, miscarriage abortion or any consequences thereof
  13. Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy
  14. Any medical check-ups during pregnancy or treatment of the pregnancy
  15. Rehabilitation and/or physiotherapy or the costs of prostheses/ prosthetics (artificial limbs) etc.
  16. Treatment or services provided in government hospital for which no charge is made or any medical services rendered at any other source free of charge.
  17. Medical expenses incurred as the result of alcohol and/or drug abuse addiction or overdose.
  18. Well child care including examinations and immunizations.
  19. Routine physical or other examination where there is no objective indication or impairment in normal health.
  20. Medical expenses covered under any worker's compensation or similar policy.
  21. Any expenses incurred in India unless approved by the **Assistance Company** in advance.
  22. Any illness accident or cost of treatment for any illness/accident occurring or incurred outside the country of study except in respect of direct journeys to an form as set out in the Emergency Medical Transportation benefit.

NOTE: Where the cost of medical services is more than \$100 prior approval of the Assistance Company is required.

---

**SECTION 3****PERSONAL ACCIDENT**

If an Insured sustains **accidental bodily injury** at any time during the period of insurance caused solely and directly by external violent and visible means and such injury shall within 12 months from the date of the accident be the sole and direct cause (apart from illness or disease directly resulting from or medical or surgical treatment rendered necessary by such injury) of death or disablement the Company will pay to the Insured or his/her legal representatives the under mentioned percentages of the sum insured which is specified in the schedule as per the Table of Benefits.

**TABLE OF BENEFITS**

Benefits (expressed in percentage of Sum Insured)

1.	Death	100
2.	Loss of sight of both eyes	100
3.	Loss of both hands or both feet	100
4.	Loss of speech and hearing in both ears	100
5.	Loss of one hand and one foot	100
6.	Loss of one hand or one foot and sight of one eye	100
7.	Loss of either hand or foot	50
8.	Loss of sight of one eye	50
9.	Loss of speech	50
10.	Loss of hearing in both ears	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 THAT

The aggregate liability of the **Company** under this Section shall not exceed 100% of the sum insured of the relevant benefit under the Plan.

This insurance shall not apply in respect of death or disablement directly or indirectly caused by or arising out of the Insured being affected by a drug unless the drug is taken under the direction of a legally qualified medical practitioner provided such direction is not for the treatment of drug addiction

#### Special Exclusion applicable for Section 3 of the policy in addition to the "General Exclusions" of the Policy

The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of:

- 1) **Accidents** due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- 2) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- 3) Any payment under this Benefit whereby the **Company's** liability would exceed the sum payable in the event of death.
- 4) Any other claim after a claim for death has been admitted by the **Company** and becomes payable.
- 5) Any claim which arises out of an **accident** connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi engine, commercial aircraft.
- 6) Any claim arising out of an **accident** related to pregnancy or childbirth, venereal disease or infirmity.

---

**SECTION 4****LOSS OF CHECKED-IN BAGGAGE**

If the **checked-in baggage**, the property of the Insured (not hired or entrusted to him) or any part thereof shall be lost by an Airline/Carrier, the **Company** will by payment or at their option by reinstatement indemnify the Insured in respect of such loss up to the maximum amount as specified in the schedule of benefits, subject to the deductibles in the schedule attached.

**PROVIDED ALWAYS THAT**

1. The Insured shall exercise reasonable care for the safety of his property as if he was uninsured.
2. Any loss of **checked-in baggage** in transit must be notified immediately to the Airline/Carrier (as appropriate) and a claim lodged with the Airline/Carrier (as applicable) and their written report must be obtained and produced in support of any claim in all such cases.
3. The liability of the **Company** is in excess of the liability of the Airline/Carrier subject to the excesses and limits applicable per article.
4. Maximum amount payable per checked-in baggage, in case more than one bag has been checked-in, is 50 % of the applicable **Sum Insured**. In case of only one bag being checked-in, the amount payable is 100% of the applicable **Sum Insured**.
5. In the event of a claim in respect of a pair or set of articles the **Company** shall be liable only for the value of that part of the pair or set which is lost.
6. No one article, pair or set of articles shall be deemed of greater value than US\$ 100, if not supported by bills of purchase.
7. Cover only applies to loss, damage or destruction occurring during the Insured **Trip**.

In the event that the **Company** makes any payment or reimbursement under this benefit, it is a condition of such payment that any recovery from any carrier by the Insured, or on behalf of the Insured, under the terms of the Convention for the Unification of Certain Rules Relating to International Carriage by Air, 1929 ("Warsaw Convention") shall become the property of the **Company**.

Special Exclusions applicable for Section 4 of the policy in addition to the "General Conditions" of the policy:

---

- 
- (a) Any partial loss of the Items contained within the checked-in baggage.
  - (b) Items contained within the **checked-in baggage**, which are valued in excess of US \$ 100 without appropriate proof.
  - (c) Losses arising from any delay, detention, confiscation by customs officials or other public authorities.
  - (d) Items other than personal effects carried by the Insured if not declared and endorsed by the insurer specifically.
  - (e) Eyeglasses, sunglasses, contact lenses, hearing aids, artificial teeth and limbs; Tickets, keys, money, securities, bullion, stamps, credit cards, documents (travel or otherwise) mobile phones and deeds;
  - (f) Property shipped as freight or shipped prior to The Insured's **Trip** departure date;
  - (g) Rugs or carpets of any type;
  - (h) More than USD500 aggregate for all jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios and other electronic items without submission of original receipts.
  - (i) The liability of the Airline/Carrier and the deductible specified in the policy.
  - (j) Any **checked-in baggage** loss in the Republic of India.

## SECTION 5

### LOSS OF PASSPORT

The **Company** will pay in the event of the Insured losing his/her passport during the Insured Trip up to the amounts specified in the benefit schedule, subject to the specified deductibles, in respect of **reasonable and necessary expenses** incurred in obtaining a new passport or valid travel documents to return to the country of residence.

**Special Exclusions** applicable for Section 5 of the policy in addition to the "General Exclusions" of the policy



The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the insured:

1. Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
2. Loss of the passport due to theft unless it has been reported to the police authorities within 24 hours of the Insured becoming aware of the theft and a written police report being obtained in that regard.
3. Loss of the passport due to it being left unattended or forgotten by the Insured in a public place or public transport, hotel or apartment.
4. Loss or theft of the passport from a private place or from a private vehicle unless it was kept in a locked hotel room or apartment and forcible and violent entry was used to gain access to it.

## SECTION 6

### PERSONAL LIABILITY

If the insured in his/her private capacity shall become legally liable for

- (a) bodily **injury** or **illness** (fatal or non-fatal) (hereinafter referred to as injury) to any person (other than a person in the Insured's service or any member of his/her family or household)
- (or)
- (b) loss of or damage to property (not belonging to nor held in trust by or in the custody or control of the Insured or any member of his/her family or household or servants) caused by an **occurrence** during the period of insurance then in respect of such **injury** loss or damage the Company will indemnify the Insured or, in the event of his/her death, his/her legal representative against all sums which he/she shall become legally liable to pay as compensation and all legal costs awarded to any claimant, maximum up to the limits specified in the schedule attached hereto.

For the purpose of this Section **occurrence** would mean one **occurrence** or series of occurrences consequent upon or attributable to one source or original cause, irrespective of the number of claimants inclusive of legal costs and expenses, being a combined limit for injury and loss of or damage to property.

The Company may at any time pay to the Insured (or, in the event of his/her death, his/her legal representative) in connection with any claim or series of claims notified hereunder the limit

---

of liability state above (after deduction of any sum or sums already paid by the Company whether as costs and expenses or as compensation) or any lesser amount for which such claim or claims can be settled and upon such payment being made the **Company** shall be under no further liability in connection therewith and shall (except with respect to any subrogation action) relinquish the conduct and control of such claim or claims.

**PROVIDED ALWAYS THAT**

The **Company** shall have complete control over the conduct of any legal proceedings and the selection, appointment and control of any Solicitor or other legal adviser.

**Special Exclusions applicable for Section 6 of the policy in addition to the "General Exclusions" of the policy**

The **Company** shall not be liable for:

- 1) Legal expenses incurred without their written consent.
- 2) Any claim which arises by virtue of an agreement but which would not have arisen in the absence of such agreement.
- 3) Any claim for injury, loss or damage arising directly or indirectly from
  - 3.1 the Insured's ownership or use of aircraft, mechanically propelled watercraft / vessels (other than rowing boats, punts or canoes),
  - 3.2 domestic animals or firearms other than sporting guns;
  - 3.3 the Insured's occupation (except temporarily for the purpose of the **trip**) or ownership of any land or buildings other than the occupation of any temporary residence.
  - 3.4 the pursuit or exercise of any trade or profession, or from racing of any kind
  - 3.5 willful or malicious acts of the Insured
  - 3.6 Liability for which indemnity is provided under the terms of any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other policy or policies had this insurance not been effected.

- 
- 4) Liability arising out of the rendering of or the failure to render professional services
  - 5) Liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles all other motorized land conveyances,
  - 6) Liability arising out of the transmission of a communicable disease by insured
  - 7) Liability arising out of sexual molestation, corporal punishment, or physical or mental abuse
  - 8) Bodily injury to any person eligible to receive any benefits voluntarily provided or required to be provided by insured under any worker's compensation law, non-occupational disability law or occupational diseases law or similar law
  - 9) Suits or legal actions arising from the insured's **family member** against the insured

## SECTION 7

### BAIL BOND

The Company will pay up to the Sum Insured indicated in the Schedule towards the cost of bail bond, following false arrest or wrongful detention of the Insured Person by the police/judicial authorities of the place at which he has specified in the proposal form whilst abroad and if the offence for which he is arrested or detained is bailable, then the amount up to the maximum specified against this benefit in the Schedule to the policy, will be provided to the appropriate authority/court as the bail amount towards the arrest or detention, subject to the terms and conditions and the exclusions below.

The deductible excess in respect of this benefit, if any, shall be of an amount as specified in the Schedule to this Policy.

#### Terms and Conditions

The Company will pay or arrange to pay through Assistance Company to the court directly on behalf of the Insured, the bail amount. This cover would be for bail-able offences only.

The Insured shall appear in the court on the date specified by the court for trial and judgment.

---

---

If the bail bond is forfeited due to the misconduct or negligence or any wrongful act of the Insured or otherwise by breach of the terms of such bail bond, the amount of the bail bond will require being repaid by the Insured to the Company within 1 month after the bail bond is forfeited and if the Company so deems necessary (whether on expiry of such 1 month or otherwise), the Insured will be liable to repay the bail amount together with the interest rate of 18% p.a. accruing from the date of payment by the Company to the court until receipt thereof from the Insured, and the costs and expenses reasonably incurred by the Company in such behalf.

In case of death of the Insured, at the first instance, the Immediate Family Member, and in case where there is no immediate family member, the sponsor, if any, will be liable to produce the death certificate or the necessary documents, as per the local law, in the court within 1 month (of such death) for the release of the bail amount to the Assistance Company. In case they fail to do so, the Insured hereby agrees that the Company would have full right and authority to recover the bail amount from the estate of the Insured, or the parents/guardians of the Insured, and if applicable, the Sponsor.

The amount will be refunded to the Company or Assistance Company by the court with which it was deposited as soon as the court releases the bail amount with which the deposit was made. In no case the amount will be paid out to the Insured.

The judgment shall have no bearing on the refund of the deposit to the Company or Assistance Company. If the court imposes any penalty or fine on the Insured at the time of interim order or final judgment, then in that case the Insured will not be at the liberty to get the fine deducted or adjusted from the bail amount which was deposited by the Company or Assistance Company.

**Special Exclusions applicable for Section 7 of the policy in addition to the "General Exclusions" of the policy**

The Company shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the Insured in connection with or in respect of all non-bailable offences as per the local Law of the country in which the incident has taken place or occurred whilst the Insured's trip abroad or on account of any exclusion mentioned in the "General Exclusions" section of this policy.

---

**SECTION 8****COMPASSIONATE VISIT**

The Company shall pay compensation, to the Insured in the event of Compassionate Visit by one Immediate Family Member, up to the amount stated in the Schedule to the Policy, as per the terms and conditions and the exclusions below.

**Terms & Conditions**

In the event the Insured is Hospitalized for more than (7) consecutive days, and his medical condition forbids his repatriation and no adult member of his immediate family is present, the Company or Assistance Company, after obtaining confirmation of need for a companion from their panel doctor, will provide a round trip economy class air ticket, or first class railway ticket, to allow one Immediate Family Member, during the entire period of insurance, to be at his bedside for the duration of his stay in the hospital.

Additionally, the company will refund the cost of stay of one immediate family member, up to the amount stated in the policy schedule. In any event, the Company's total liability for round trip transport and for daily allowances (accommodation and transportation only) shall not exceed the maximum amount stated in the Schedule under this Policy.

In the event parent(s), spouse / child of the Insured is Hospitalized for more than (7) consecutive days, the Company or Assistance Company, after obtaining confirmation of need for a companion from their panel doctor, will provide a round trip economy class air ticket, or first class railway ticket, to allow the Insured to be at the bedside of his parent(s), spouse / child for the duration of his/her stay in the hospital in the country of residence.

In any event, the Company's total liability for round-trip transport shall not exceed the maximum amount stated in the Schedule under this Policy.

This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

---

**SECTION 9****STUDY INTERRUPTION**

The Company shall pay the insured, compensation in the event of Study Interruption up to the amount stated in the Schedule to the Policy, subject to the terms and conditions and the exclusions below:

**Terms & Conditions**

The Study interruption has arisen on the following grounds:

- a. In the event of Hospitalization of the Insured of more than one consecutive month from either a covered Injury or sickness or in the case of terminal sickness or in the case of a medical repatriation, or
- b. in case of accidental death of any one immediate family member or the sponsor during the entire policy period,

which leads the Insured to discontinue his / her studies for the remaining part of the current school semester for which Tuition has been paid, the Company shall reimburse the Insured, the Tuition fees which has already been advanced to the educational institution less possible/actual refunds, up to the amount stated in the Policy Schedule.

In the event of a claim, the Insured shall make a request to the institution, in writing, seeking a written response from the institute towards any amount due to the insured by way of refunds, both of which shall require being provided to the Company. Only the figures shown on an official invoice(s) from the educational institution for payment of said Tuition Fees in conjunction with the refund statement, if any, shall be used for calculating any reimbursement paid by the Company. It cannot exceed the maximum amount stated in the Schedule of benefits under this policy.

**Special Exclusions applicable for Section 9 of the policy in addition to the "General Exclusions" of the policy**

This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from:

- (a) Routine physical check up and / or any related thereto;
- (b) A trip, the purpose of which was to obtain medical care;

- 
- (c) Cosmetic or plastic surgery except as a result of an accident;
  - (d) Elective surgery;
  - (e) Any costs related to diagnosis or treatment of mental, nervous or emotional disorders except while confined to the hospital and then the benefits are limited to 50% of covered expenses up-to 30 continuous days hospitalization as in-patient.
  - (f) Alcoholism or drug addiction, or use of any drug or narcotic agent;
  - (g) Any treatment provided by a family member;
  - (h) Specific named hazards, hang gliding, mountaineering, rock climbing, sky diving, professional or amateur racing and piloting an aircraft;
  - (i) Accidents due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same
  - (j) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
  - (k) Any other claim after a claim for death has been admitted by the Company and becomes payable.
  - (l) Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured is flying as a passenger on a multi engine, commercial aircraft.
  - (m) Any claim due to pregnancy or childbirth, venereal disease or infirmity.

**IMMEDIATE FAMILY MEMBER** for the purpose of this Section shall mean spouse, children and parents only.

---

---

**SECTION 10****SPONSOR PROTECTION**

The Company shall pay towards Sponsor Protection up-to the amount as specified in the Schedule, as per the terms and conditions and the exclusions below.

**Terms & Conditions**

In the event of a covered accident to the Insured's Sponsor as stated in the Enrolment Form resulting in Death, the Company shall reimburse the Insured the Tuition Fee incurred for the remaining period of this education up to the maximum limit stated in the Schedule of benefits. In the event of a claim, only the figures shown on official invoice(s) from the educational institution and voucher(s) of payment of the said Tuition fees, shall be used for calculating any reimbursement paid by the Company.

The claim would be payable by the company upon submission of an official death certificate and a statement from a physician (which physician should not be a relative or spouse of the Insured or the Sponsor) stating cause of death, as proof of death, of the Sponsor, by the Insured.

Simultaneous claims under 'study interruption' and 'sponsor protection' is not permitted.

This Benefit does not cover any other loss, directly or indirectly, in whole or in part, including loss caused by or resulting from any exclusion mentioned in the 'General Exclusions' section of this Policy.

**GENERAL EXCLUSIONS****EXCLUSIONS APPLICABLE TO ALL SECTIONS EXCEPT WHERE STATED OTHERWISE**

This insurance does not cover loss directly or indirectly occasioned by happening through or in consequence of:

1. travel against medical advice or
2. Any Pre-Existing Condition whether physical or mental defect or infirmity



- 
3. any travel with the intention of receiving medical treatment or
  4. after a terminal prognosis has been made or
  5. if the Insured is aware of any circumstances that could reasonably be expected to give rise to a claim
  6. **Accidents** whilst engaged in
    - a. any form of racing or endurance tests, motor rallies and competitions, hang gliding, rock climbing or mountaineering (reasonably requiring the use of ropes or glides), pot holing, bungee jumping, parachuting, any kind of race other than on foot or water and/or winter sports, rafting or canoeing involving white water rapids, underwater activities requiring the use of artificial breathing apparatus, professional organized sports, rugby league or union, hazardous pursuits or occupation, aerial activities, parascending or aviation (other than as a fare-paying passenger in a certified multi-engine aircraft flown in the course of licensed operations for the transportation of passengers).
    - b. Winter Sports or the use of dry ski slopes
    - c. Manual work of any kind
    - d. Direct participation in riot or civil commotion.
    - e. The Insured engaging in any criminal or illegal act.
    - f. Claims increased by the Insured's own act or omission
    - g. Deliberate exposure to exceptional danger (except in an attempt to save human life)
  7. Suicide or willfully self-inflicted injury or illness, mental disorder, anxiety or depression, venereal disease, alcoholism, drunkenness or the use of drugs (other than drugs taken in accordance with treatment prescribed or directed by a registered medical practitioner but not for the treatment of drug addiction), self exposure to peril (except in an attempt to save human life).
-

- 
8. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, insurrection or military or usurped power, an act (whether on behalf of any organization, body or persons or group of persons) activities or directed towards the overthrow or influencing of the Government de jure or de facto or any provincial or local authority with force or by means of fear, terrorism or violence
  9. The Insured engaging in or taking part in armed forces, naval or air force service or operations and/ or Flying or other aerial activity except as a passenger in a fully licensed aircraft operated by a licensed commercial air carrier or recognized air charter Company (the word "passenger" does not include any member of the aircrew or a technician working in or upon an aircraft);
  10. Loss or destruction of or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss directly or indirectly caused by or contributed to by or arising from nuclear fission, nuclear fusion or radio-active contamination.
  11. Any legal liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from
    - (i) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion combustion shall include any self-sustaining process of nuclear fission.
    - (ii) The radioactive, toxic, explosive or other hazardous properties of any explosive unclear assembly or nuclear component thereof.
    - (iii) Pressure waves caused by aircraft and other aerial devices traveling at sonic or supersonic speeds
  12. Any loss covered directly or indirectly from any injury, illness, death expenses or other liability attributable HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) or AIDS Related complex(ARC) however caused and/or mutant derivatives, variations or treatment thereof however caused.
  13. Claims arising from pregnancy
  14. Losses arising from accidents on two wheeled vehicles unless the driver is duly qualified and are in possession of a current license valid in the country where the vehicle is operated. Notwithstanding the foregoing, underwriters will not be liable for claims arising from accidents (as passenger or driver) on two wheeled vehicles of 125 cc or over.
  15. Claims relating to any ownership (part, time-share or otherwise) of land or building
-

- 
16. Consequential loss of any nature whether direct or indirect
  17. Claims relating directly or indirectly as a result of bankruptcy or liquidation
  18. Provoked murder or assault, intentional self-injury or any attempt thereat
  19. The Company shall not be liable for any sums recovered by or on behalf of the Insured by reason of any reciprocal arrangements under any other Insurance Scheme.
  20. Congenital anomalies or any complications or conditions arising there from
  21. This insurance shall not cover Loss, damage or destruction:
    - (i) Arising from confiscation or detention by customs or other official authorities;
    - (ii) Which at the time of the happening of such loss, damage or destruction is insured by or would, but for the existence of this insurance, be insured under the terms of any other existing policy or policies except in respect of any excess beyond the amount which would have been payable under the terms of such other policy or policies had this insurance not been effected.

## GENERAL CONDITIONS

### APPLICABLE TO ALL SECTIONS UNLESS STATED OTHERWISE

1. Minimum age of the insured person/s shall not be less than 15 years and maximum age shall not be more than 40 years
2. The policy applies to incidents outside the Republic of India at the country of study unless specifically stated otherwise
3. Policy start date should be on or before the trip start date. However the policy will be valid only if the Insured Journey commences within 14 days of the first day of insurance as indicated in the policy Schedule.

- 
4. Written notice of accidents proceedings or any other events which may give rise to a claim should be given to the Assistance Company immediately but in any case not exceeding 30 days after return of the insured back to country of residence. All certificates, information and evidence required by the Company or the Assistance Company shall be furnished at the expense of the Insured or his legal representatives.
  5. No refund of premium will be allowed once cover under any Section has commenced.
  6. Except with the written consent of the Company, no person is entitled to admit liability on their behalf or to give any representations or other undertakings binding upon them. The Company shall be entitled to conduct all proceedings arising out of or in connection with claims in the name of the Insured and to instruct Solicitors of their own choice for this purpose.
  7. If at anytime during the period of insurance the visa status of the Insured person changes , the Insured Person must notify the Company or claims administrator in writing within 14 days. Failure to do so may render this insurance void.
  8. In the event of death of the Insured, the Company shall have the right to have a post-mortem at their own expense.
  9. No payments will be made under Section 1, 2, 3, without the appropriate Medical Certificate.
  10. All claims that are payable to the Insured Person shall be paid in Indian currency only.
  11. No sum payable under this policy shall carry interest.
  12. The Insured shall act in a prudent manner and exercise reasonable care for the safety and supervision of his property as if uninsured.
  13. It is a condition of this insurance that if medical services are required the Insured Person consult first with the school, college, campus doctor/s.
  14. In the event of a claim for Medical Expense or Personal Accident a medical adviser or advisers appointed by the Company or the Assistance Company shall be allowed to examine the Insured as often as the Company or the Assistance Company shall consider necessary.
  15. The due observance and fulfillment of all the terms and conditions of this insurance by the Insured or anyone acting on his/her behalf in so far as they relate to anything to be done or complied with by the Insured or anyone acting on his/her behalf shall be a condition precedent to any liability of the Company to make any payment under this insurance.
-

- 
16. The Company may at their own expense take proceeding in the name of the Insured to recover compensation from any Third Party in respect of any indemnity provided under this insurance and any amounts so recovered shall belong to the Company. The Insured shall render all such reasonable assistance to the Company or the Assistance Company as the Company may require.
17. This insurance shall be construed and have effect under the Laws of The Republic of India.

### **EMERGENCY ASSISTANCE**

It is a condition precedent to liability hereunder that in the event that an insured person suffers illness or injury or is in any event to be hospitalized, the insured person or their representative must inform the **Assistance Company** immediately for assistance or advice. The insured person or his/her representative should furnish to the Assistance Company as much information concerning the illness or accident as is available, including the name of the treating doctor, name and telephone number of the hospital, the complete overseas travel insurance policy number and its date of issue and any other information required by them relevant to proceed the claim under this policy.

### **Standard Terms and Conditions**

#### **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, 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 or any one acting on his behalf to obtain any benefit under this Policy.

#### **2. Reasonable Care**

The Insured shall take all reasonable steps to safeguard the interests of the Insured against accidental loss or damage that may give rise to the claim.

#### **3. Observance of terms and conditions**

The due observance and fulfilment 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, shall be a condition precedent to any liability of the Company to make any payment under this

---

---

**4. Policy. Material change**

The Insured shall immediately notify the Company by fax and in writing of any material change in the risk and cause at his own expense such additional precautions to be taken as circumstances may require to ensure safe operation of the Insured items or trade or business practices thereby containing the circumstances that may give rise to the claim and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly and unless so adjusted, any claim arising only out of such, material change shall not be paid

**5. Records to be maintained**

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record. The Insured shall within one month after the expiry of the period of insurance furnish such information as the Company may require.

**6. No constructive Notice**

Any of the circumstances in relation to these conditions coming to the knowledge of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

**7. Notice of charge etc.**

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.

**8. Special Provisions**

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

**9. Duties of the Insured on occurrence of loss**

It is a condition precedent to liability hereunder that in the event of any occurrence likely to give rise to a claim under this insurance the Insured Person or his /her representative should

---

- 
- (a) notify the Assistance Company immediately and in any case within 48 hours after an actual or a potential loss begins or as soon as reasonably possible (but not later than 30 days after such loss begins)
  - (b) take all reasonable and proper care to safeguard the covered property
  - (c) notify the police or other appropriate authority in case of robbery or theft within 24 hours. If the Insured does not comply with the provisions of this Clause or other obligations cast upon the Insured under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited.

#### **10. Rights of the Company on happening of loss or damage**

The Company at its own expense shall have the right and opportunity to examine the Insured through the Company's appointed agents whose details will be informed to the Insured. The Company as and when reasonably required during the pendency of any claim shall have the right and opportunity to make Post-Mortem examination of the body of the Insured Person as permitted by law.

If the insured or any person on his behalf shall not comply with the requirement of the Company, or shall hinder or obstruct the Company in the exercise of the powers hereunder, all benefits under the Policy shall be forfeited.

#### **11. Right to inspect**

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.

---

**12. Subrogation**

In the event of payment under this Policy, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights.

The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated.

**13. Contribution**

If at the time of the happening of any loss or damage covered by this Policy, there shall be existing any other insurance of any nature whatsoever covering the same, whether effected by the Insured or not, then the Company shall not be liable to pay or contribute more than its rateable proportion of any loss or damage.

However this does not apply to Personal Accident claims that will be paid up to the limits specified in the policy.

**14. 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 or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within three years after such rejection or, in case of arbitration taking place as provided therein, within 3 years after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

**15. Cancellation/Termination**

Cancellation of the policy may be done only where a journey is not undertaken and only on production of the Insured's passport as a proof that the journey has not been undertaken. Such cancellation will be subject to deduction of cancellation charges by the Company.

---



---

**16. Renewal condition**

This insurance is non-renewable and not refundable while effective.

**17. 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.

**18. Arbitration clause**

If any dispute or difference of any nature or kind shall arising out of or relating to this contract of insurance shall be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is 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.

**19. 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.

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.

---

---

## 20. Customer Service and Grievances

If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours. In case the Insured is aggrieved in any way, the Insured may contact the Company at the specified address, during normal business hours.

### Grievances Department,

Star Health and Allied Insurance Company Limited, No1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, Phone: 044-28243921 during normal business hours. or Send e-mail to [grievances@starhealth.in](mailto:grievances@starhealth.in). Senior Citizens may Call 044-28243923.

In the event of the following grievances:

- a. any partial or total repudiation of claims by the Company
- b. any dispute in regard to premium paid or payable in terms of the policy;
- c. any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- d. delay in settlement of claims;
- e. Non-issuance of any insurance document to customer after receipt of the premium. the Insured Person may approach the Insurance Ombudsman at the address given below , within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited is located.

the insured person may approach the Insurance Ombudsman at the address given below, within whose jurisdiction the branch or office of Star Health and Allied Insurance Company Limited or the residential address or place of the policy holder is located.

## LIST OF OMBUDSMAN

CONTACT DETAILS	JURISDICTION
<b>AHMEDABAD</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg., Tilak Marg, Relief Road, Ahmedabad - 380001. Phone: 079 - 25501201-02-05-06. Email ID : bimalokpal.ahmedabad@ecoi.co.in Website : www.ecoi.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@ecoi.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 – 462003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 -2769203 Email: bimalokpal.bhopal@ecoi.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@ecoi.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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

## LIST OF OMBUDSMAN

CONTACT DETAILS	JURISDICTION
<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@ecoi.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 - 23232481 / 23213504 Email:bimalokpal.delhi@ecoi.co.in	Delhi.
<b>GUWAHATI</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781 001 (ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 -2732937 Email:bimalokpal.guwahati@ecoi.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@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
<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@ecoi.co.in	Rajasthan.

## LIST OF OMBUDSMAN

CONTACT DETAILS	JURISDICTION
<p><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@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe- a part of Pondicherry.</p>
<p><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@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>
<p><b>LUCKNOW</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 -2231310 Email:bimalokpal.lucknow@ecoi.co.in</p>	<p>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.</p>
<p><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@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>

## LIST OF OMBUDSMAN

CONTACT DETAILS	JURISDICTION
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email:bimalokpal.noida@ecoi.co.in</p>	<p>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, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><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@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p><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@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thaneexcl uding Mumbai Metropolitan Region.</p>

**IMPORTANT NOTE**

The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears. 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

**21. Making a Claim**

If the Insured needs to make a claim he/she will need to complete a Claim Form as soon as possible after the incident has occurred. The Insured must do this within 30 days of his/her return home.

**CLAIM FILING PROCEDURES**

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

**NOTE: Where the cost of medical services is more than \$100 prior approval of the Assistance Company is required.**

**Emergency Medical Expenses, Emergency Medical Transportation and Transportation of Mortal Remains**

**Hospital** bills, Receipts in Original, Discharge Certificate of Hospital (original) Cash Memos from the **Hospital / Chemist (s)** supported by proper prescription clearly showing the diagnosis or ailment, Receipts and Pathological Reports, Certificate from the attending doctor that the patient is fully recovered treatment taken on different dates for separate ailments will be treated as separate claims. The claims form should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply for each claim separately.

For Transporting the Mortal Remains to the Country of Residence or of the costs of burial abroad, an official death certificate and a **physician's** statement giving the cause of death needs to be submitted.

**For reimbursement of extra expenses of Transportation of Insured to the Country of Residence** medical statement from a qualified & registered **Physician** indicating the cause of **illness** and the necessity of the transportation needs to be submitted.

(Medical statements from relations or spouses will not be accepted) Original bills/receipts of the expenses incurred need to be submitted also. (These would be paid as per the usual and customary charges incurred for the same)

---

**Dental Emergency Assistance**

Bills/ vouchers/ reports giving the details of the tooth treated and the treatment performed.

Treatment taken on different dates for separate ailments will be treated as separate claims. The claims form should clearly indicate the same and supporting documents should be provided for each one. Deductible will apply for each claim separately.

**Personal Accident Section**

Police Report, Death Certificate (if Applicable)

Original bills/ vouchers/ reports/ discharge summary that are submitted, must mention the name of the person treated, the cause of **accident**, details of the individual items of medical treatment provided and the dates of treatment. Post mortem report and viscera report if applicable, shall also be submitted.

**Loss of Checked-In Baggage**

Property Irregularity Report or other report usually issued by the carriers in the event of loss of checked-in baggage claim form along with a letter from the airline stating the compensation received from them for the lost baggage.

Adequate proof of value of items contained within checked-in baggage valued in excess of US \$ 100 for loss/delay of checked-in baggage will need to be submitted.

**Personal Liability**

Details of Incident and proof of judicial decision rendered by a court of law

**Loss of Passport**

Police Report and statement of expenses for Emergency Passport/ Travel Documents along with original bills.

---



---

**Study Interruption**

On account of death of the Insured's any one **Immediate Family Member**, an official death certificate and a physician's statement giving the cause of death will need to be submitted. Medical statements from relations or spouses will not be accepted

**Sponsor Protection**

Death certificate and a physician's statement giving the cause of death of the sponsor will need to be submitted. Medical statements from relations or spouses will not be accepted.

**Compassionate Visit**

Same as those required for Section 1

**Bail Bond**

A copy of the court order stipulating the amount required as Bail Bond. In case of death of the Insured, the Insured's Immediate Family Members or the Sponsor would be required to submit an official death certificate, along with a statement from a physician stating the cause of death, to the Assistance Company if they wish to be discharged of their liability of paying the bail amount to the Company within 1 month of the Insured's death. Death certificate from relatives or spouses will not be accepted.

## SCHEDULE OF BENEFITS

BENEFITS	GOLD (in USD)*			SILVER (in USD)*			STANDARD (in USD)*		
	50000(100)	100000(100)	250000(100)	50000(100)	100000(100)	250000(100)	50000(100)	100000(100)	250000(100)
EMERGENCY MEDICAL EXPENSES M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1
EMERGENCY MEDICAL TRANSPORTATION EXPENSES M2	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1
TRANSPORTATION OF MORTAL REMAINS M3	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1	Included in M1
DENTAL EMERGENCY ASSISTANCE M4 (Arising out of accidents only)	NA**	250(30)	300(50)	NA	200(20)	250(25)	NA	NA	200(20)
PERSONAL ACCIDENT A1	5000	5000	5000	5000	5000	5000	2000	4000	5000
LOSS OF CHECKED -IN BAGGAGE T1	300	400	500	NA	300	400	NA	NA	300
LOSS OF PASSPORT T2	NA	150(15)	250 (25)	NA	NA	150(15)	NA	NA	NA
PERSONAL LIABILITY L1	10000	10000	10000	10000	10000	10000	NA	NA	10000
BAIL BOND L2	2000	5000	5000	NA	2000	5000	NA	NA	NA
COMPASSIONATE VISIT TWO WAY S1	5000	5000	7500	5000	5000	5000	NA	NA	NA
STUDY INTERRUPTION S2	5000	5000	7500	5000	5000	5000	NA	NA	NA
SPONSOR PROTECTION S3	5000	5000	7500	5000	5000	5000	NA	NA	NA

\* Figures in brackets represent deductible. \*\* NA means Not Applicable

---

Assistance Company:

**Heritage Health Insurance TPA Pvt. Ltd.**

Champion Building, Ground Floor,

15, Parsi Panchayat Road, Andheri (East), Mumbai – 400069.

+91 (22) 6127 3891 , +91 (22) 6127 3892 +91 (22) 6127 3893

Toll free number within India – 1800 22 4004

### Assistance Company Phone Nos:



**+ 1800 254 1032**



**+349 0083 8022**



**8001 30 2100**



**1800 22 4004**

**e-mail : [travelservices-hhttp@bajoria.in](mailto:travelservices-hhttp@bajoria.in)**









## STAR HEALTH AND ALLIED INSURANCE CO. LTD.

Corp. Off.: No.1, New Tank Street,

Valluvarkottam High Road, Nungambakkam, Chennai - 600 034. Tamilnadu,INDIA.

Call Toll-free: 1800-425-2255 / 1800-102-4477 ★ sms STAR to 56677 ★ Fax Toll Free No: 1800-425-5522

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

### STAR STUDENT TRAVEL PROTECT INSURANCE POLICY

Unique ID : IRDA/NL-HLT/SHAI/P-T/V.I/142/13-14