



SREE SAKTHI ENGINEERING COLLEGE

TNEA Admission Code **2673**

OOTY MAIN ROAD, KARAMADAI, | MOB : +91 92445 04444, +91 92445 02277
COIMBATORE - 641104, INDIA | Web : www.sreesakthi.edu.in

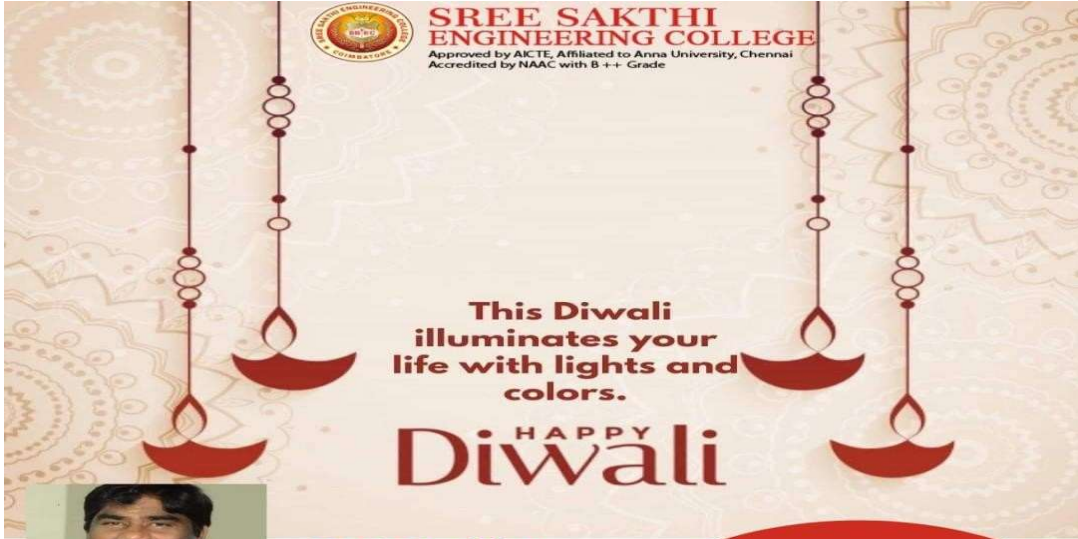
Affiliated to Anna University & Approved by AICTE, Accredited by NAAC

6.3.1

**THE INSTITUTION HAS
EFFECTIVE WELFARE
MEASURES FOR TEACHING AND
NON-TEACHING STAFF**

**EFFECTIVE WELFARE MEASURES FOR TEACHING AND
NON-TEACHING STAFF**

1.	College implemented a comprehensive recognition program that includes both cash awards and gifts. Outstanding achievements are celebrated through personalized gifts, including engraved plaques and gift certificates to local businesses. Cash awards and gifts play a vital role in recognizing the hard work and dedication of college staff members
2.	College will provide cash awards for faculty members who have overcome from NPTEL COURSES.
3.	For each and every individual faculty members will get the special prizes and gifts ,as well as cash awards for research publication ,and paper publication either in UGC OR SCOUPS CARE JOURNAL.
4.	Achieving 100% attendance among staff members in a college setting requires a multifaceted approach that combines clear communication, flexibility, recognition, and support. By implementing these strategies and fostering a culture that values attendance, colleges can cultivate a dedicated and engaged workforce committed to the institution's success.
5.	Investing in comprehensive healthcare benefits for college faculty and staff members is an investment in the overall success and vitality of the institution. By prioritizing employee health and well-being, colleges can attract and retain top talent, foster a positive work environment, and demonstrate a commitment to their staff members' welfare.



Dr.R.Prabhu

Principal,
Sree Sakthi Engineering College,
Doty Main Road,
Karamadal-641104

**Coimbatore's
No-1
Industry Integrated Campus**




PRINCIPAL
Dr.R. PRABHU
 PRINCIPAL,
 SAKTHI ENGINEERING COL




PRINCIPAL

Sakthi Engg College

SAGAR AGENCIES
SIVAKASI-626124
MOB. 9442148626

ESTIMATE

TEL NO: 886

DATE: 21/10/21
TIME: 10:16

ITEM NAME	QTY	PRICE	AMOUNT
ROYALPACK 26ITEM	10 P	375.00	3750.00
LAHA PACK 45ITEM	60 P	715.00	42900.00
TOTAL ITEM(S) : 2 /QTY: 70.000			46650.00
TOTAL :			46650.00

WISH YOU HAPPY DIWALI
THANK YOU

3750.00

43,075.00

PRINCIPAL

Dr R. PRABHU

PRINCIPAL,

SAKTHI ENGINEERING COL
COIMBATORE-641 104

Original Bill

[Handwritten Signature]

BILL OF SUPPLY DUPLICATE

POSITION TAXABLE PERSON NOT ELIGIBLE TO COLLECT TAX ON SUPPLIES)

No : 33/2010

CELL : 94421 48626
: 94433 37065

VISHAL AGENCIES

DEALERS : FANCY FIREWORKS, CRACKERS, SPARKLERS & COLOUR MATCHES
8 D.KANSAPURAM (VILLAGE) KAKKIVADANPATTI (PO), SIVAKASI (WEST)-626 124

IN : 33AAIFV2981R1ZD

M/S.SRI SAKTHI COLLEGE OF ENGINEERING,
COIMBATORE.

No. : 0459

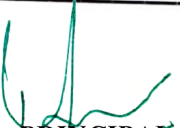
Date : 22/10/2021

Marks & Number	PARTICULARS	Quantity	Rate (Rs)	Per	Amount (Rs)
647-650	GIFT BOXES	4 Case	3000.00	1 Case	12000.00

Total Cases : 4

GOODS VALUE	12000.00
GRAND TOTAL	12000.00

Rupees Twelve Thousand Only



PRINCIPAL

Dr.R. PRABHU
PRINCIPAL,
SAKTHI ENGINEERING COL
COIMBATORE-641 104



For VISHAL AGENCIES
MANAGER/PARTNER

THIS IS A COMPUTER GENERATED INVOICE



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ശ്രീ ശക്തി എഞ്ചിനീയറിംഗ് കോളേജ്
കോയമ്പടൂർ

SAGAR AGENCIES
SIVAKASI
9442148626

ESTIMATE

MID: 1
BILL NO : 10

DATE: 10/10/22
TIME: 12:03

ITEM NAME	QTY	PRICE	AMOUNT
MAHA PACK 45ITE	27PK	1000.00	27000.00
MAYUR PACK 3411	45PK	574.00	25830.00
WONDER PACK 241	20PK	462.00	9240.00

TOTAL ITEM(S) : 3 /QTY: 92.000 62070.00

TOTAL ₹62070.00

WISH U HAPPY DIWALI
THANK YOU WELCOME



STAR HEALTH AND ALLIED INSURANCE CO.LTD.

Regd. & Corporate Office: 1, New tank street, ValluvarKottam High Road, Nungambakkam, Chennai - 600034.
Phone : 044-28288800 Telefax: 044-28260062 www.starhealth.in UIN No.: SHAHLGP18123V011718

Star Health and Allied Insurance Company Limited

TAILOR MADE GROUP PERSONAL ACCIDENT INSURANCE POLICY SCHEDULE

Policy No. : P/121114/02/2023/001467	Previous Policy No. : P/121114/02/2022/001369
Proposer's Code : 27433136	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : SREE SAKTHI ENGINEERING COLLEGE	SAC Code : 997133/Accident and Health Insurance Services
Address : NO.899/1 & 898/2, BETTATHAPURAM, KARAMADAI, COIMBATORE - 641104. Karamadai (TP),Coimbatore,Tamil Nadu-641104	Issuing Office Code : 121114
	Issuing Office Name : Branch Office - Mettupalayam
Phone No : NIL/9244309955/NIL	Address : No.241/4, 1st Floor, Senniappa Gounder Complex, Bungalow Medu, Near Bus Stand, Mettupalayam - 641301.
E-mail Id : sreesakthi2673@gmail.com	Phone No : 04254 - 229644
Proposer GSTIN : -	E-mail Id : mettupalayam@starhealth.in
Receipt No : 1014007530,1014007781	Place of Supply : -
Receipt Date : 03/03/2023,25/02/2023	Fulfiller Code : SH15773
Premium :Rs.63369 /- CGST @9% : 5,703/- SGST / UTGST @9% : 5,703/- Stamp Duty :Rs.5/- Total Premium :Rs.74775 /-	Intermediary Code : BA0000327494 Name : Mrs.AMUDHAVALLIM Phone No : 9843793398/9843793398 E-mail Id : amutha18.kanagarai@gmail.com
Total Premium In Words : Rupees Seventy Four Thousand Seven Hundred Seventy Five Only	
PERIOD OF INSURANCE From : 03/03/2023 To : Midnight Of 02/03/2024	

RISK COVERAGE DETAILS

No Of Persons Covered	535
Accident Care Group - Un Named	
Total Sum Insured	:RS.53500000 /-
Total Sum Insured In Words	: Rupees Five Crores Thirty-Five Lakhs Only

This Insurance is subjected to exclusion of all pre-existing illness/disabilities as per the printed Policy conditions.

SPECIAL EXCLUSION: Any claims relating to nuclear , chemical and biological terrorism is excluded from the scope of the Policy.

Condition Precedent : In the event of any claim under the policy or intimation should be given to the company immediately, through toll free no: 1800 425 2255 / 1800 102 4477, 044 2826 3300 (chargeable), or email: support @ starhealth.in or fax - 1800 425 5522.

Special Conditions:

- Coverage not exceeding Rs 50,000/- per student and staff for Hospitalization Medical Expenses incurred as inpatient for grievous injuries arising out of accidents only.
- Unnamed Policy: Sum Insured per student and staff Rs. 1,00,000/- against the coverage of Accidental Death only.
- Coverage for accidental death of an earning Parent for Rs.1,00,000/-
- It is hereby warranted that

The College has covered all the students of the college with out any exception.

The college shall allow for Inspection of records by the insurer or their authorized representatives in the event of any claim.

The college undertakes the responsibilities to keep all the students informed about the coverage as well as the premium applicable per student as per the policy.

Entered by : SH9241
Approved by : GE13005

Place : METTUPALAYAM
Receipt Date : 23/03/2023

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129

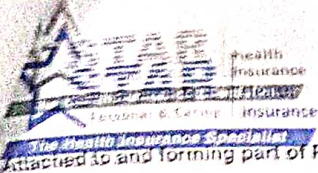
Corporate Identity Number L66010TN2005PLC056649

Email ID : info@starhealth.in

Authorised Signatory

1 of 22

STAR HEALTH AND ALLIED INSURANCE CO.LTD.



Regd. & Corporate Office: 1, New tank street, ValluvarKottam High Road, Nungambakkam, Chennai - 600034.
Phone : 044-28288800, Telefax: 044-28280062, www.starhealth.in UIN No: SHAHLGP18123V011718

Star Health and Allied Insurance Company Limited

In the event of a claim relating to the student, the claim amount will be payable to the Father or Mother of the student (as the case may be) as certified by the Head of the School / College based on the records of the Institution.

5 It is hereby warranted that

The College has covered all the staffs of the college with out any exception.

The college shall allow for inspection of records by the insurer or their authorized representatives in the event of any claim.

The college undertakes the responsibilities to keep all the staffs informed about the coverage as well as the premium applicable per staff as per the policy.

It is hereby declared and agreed that in the event of any claim for the 'Death' of an employee covered under the policy, the benefits shall become payable to the employer i.e., the Insured against the discharge. Such payment will discharge the company (Insurer) from its obligation under the policy in respect of such claims.

5 Cover could operate or attach only in respect of risk to employees and subject to condition that such employees was in service with the insured at the time of commencement of insurance and also at the time of action.

Insured will be allowed a window period of 30 days from the policy Inception date to review the employee list covered under the policy. All Addition / deletion / Correction of the persons to be done subject to additional premium. if there is a change in the group size.

The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th of subsequent month.

All Other Terms & Conditions Subject to printed Policy (Group Accident Insurance Policy) Clause attached.

Warranted that in case of dishonour of premium cheque(s), the Company shall not be liable under the policy and the policy shall be void abinitio (from inception)

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per Printed Policy Clauses attached.

Sector Classification :

Rural

"CONSOLIDATED STAMP DUTY PAID VIDE G.O.(RT) NO.402 DATED.15TH SEP 2022"

In witness whereof the undersigned being authorised by and on behalf of the company has / have herein to set his/ their hands at Branch Office - Mettupalayam on 15th Day of March 2023.

Entered by : SH9241

Approved by : CE13005

Place : METTUPALAYAM

Receipt Date : 23/03/2023

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory

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STAR HEALTH AND ALLIED INSURANCE CO.LTD.

Regd. & Corporate Office: 1, New tank street, ValluvarKottam High Road, Nungambakkam, Chennai - 600034.
 Phone : 044-28288600, Telefax: 044-28260062, www.starhealth.in UIN No. SHAHLGP1S123V011718

Star Health and Allied Insurance Company Limited

TAX Invoice



Invoice No : 33L014Y23P000411	Customer ID : CB0000032883
Invoice Date : 16/03/23	Policy No : P/121114/02/2023/001467
Recipient	Supplier
GSTIN : -	GSTIN : 33AAJCS4517L1Z5
Proposer's Name : SREE SAKTHI ENGINEERING COLLEGE	NAME : Star Health and Allied Insurance Co Ltd - &CP_ISSUE_DIVN_NAME
Address : NO 899/1 & 898/2, BETTATHAPURAM, KARAMADAI, COIMBATORE - 641104.	Address : No 241/4, 1 st Floor, Senniappa Gounder Complex, Bungalow Medu, Near Bus Stand, Mettupalayam - 641301.
City :	City : METTUPALAYAM
State : Tamil Nadu	State : Tamil Nadu
Pincode : 641104	Pincode : 641301
Client Category : CORP	Place of Supply : 33 - Tamil Nadu

HSN / SAC Code	Description of Service(s)	Total	Discount	Taxable Value	IGST @ 18%	CGST @9%	UT/SGST@9%	Total Invoice Value
		A	B	C = A - B	D = C * IGST	E = C * CGST	F = C * UT/SGST or SGST	H = C + D + E + F
99173	Insurance Services	63369	0	63369		5703	5703	74775

Total Invoice Value (in Figures) : Rs. 74775
 Total Invoice Value (in Words) : Total Premium In Words : Rupees Seventy Four Thousand Seven Hundred Seventy Five Only
 Amount of Tax Subject to reverse Charge : No

Important Note:

The invoice is issued as per Section 31 of the CGST Act

In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Star Health and Allied Insurance Co Ltd shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken.

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

E. & O.E

This is a digitally signed document and hence no physical signature is required

IRDAI Regn. No 129 Corporate Identity Number L66010TN2005PLC056649 Email ID : stargst@starhealth.in

Entered by : SH9241
 Approved by : GE13005
 Place : METTUPALAYAM
 Receipt Date : 23/03/2023

For Star Health and Allied Insurance Company Ltd.

Authorised Signatory



STAR HEALTH AND ALLIED INSURANCE CO.LTD.

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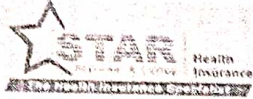
Entered by SH9241
Approved by CE13005
Place METTUPALAYAM
Receipt Date 23/03/2022

For Star Health and Allied Insurance Company Ltd.

IRDAI Regn. No 129
Corporate Identity Number L66010TN2005PLC056649
Email ID : info@starhealth.in


Authorized Signatory

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STAR HEALTH AND ALLIED INSURANCE CO.LTD.

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Phone : 044-28288800 Telefax: 044-28260062 www.starhealth.in UIN NO: SHAHLGP18123V011718

GROUP ACCIDENT INSURANCE POLICY Unique Identification No.: SHAHLGP18123V011718

PREAMBLE

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

DEFINITIONS

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

Standard Definitions

Accident: An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

Condition Precedent: Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Hospital: A hospital 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 50(1) of the said act Or complies with all minimum criteria as under:

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

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

- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Notification of Claim: Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

OPD treatment: OPD treatment means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Pre-Existing Disease: Pre-existing Disease means any condition, ailment, injury or disease:

- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement
- For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

Specific Definitions

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

Clinic: Clinic means a medical establishment where patients are given medical treatment or advice

Company: Company means Star Health and Allied Insurance Company Limited

Day: Day means a period of 24 consecutive hours

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

Grievous Injury: 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.

Group Administrator: Group Administrator means the proposer / insured mentioned in the policy schedule



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

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

Necessary and Reasonable Medical Expenses: Necessary and Reasonable Medical Expenses 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

Nuclear, chemical, biological terrorism: Nuclear, chemical, biological terrorism shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

"Chemical" agent shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.

Permanent Partial Disablement: Permanent Partial Disablement means Medical Practitioner certified total loss or loss of use of specific body part as detailed under "Permanent Partial Disablement - Benefit 3" following accidental injury to the insured person

Permanent Total Disablement: Permanent Total Disablement means the insured person, following accidental injuries is unable to engage in each and every occupation or employment for compensation or profit for which he is reasonably qualified by education, training or experience for the rest of his life. If at the time of loss the insured person is unemployed, Permanent Total Disablement shall mean the total and permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex even with the use of special equipment routinely available to help and having taken any appropriate prescribed medication

Policy: Policy means the Policy Wordings, the Policy Schedule and any other endorsements if any. No change in this Policy shall be valid until approved by Our authorized officer and such approval is endorsed hereon

Proposal Form / Declaration Form: Proposal Form / Declaration Form means any initial or subsequent declaration made by Policy Holder / Insured

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

Risk Group I: Risk Group I- Persons engaged primarily in administrative functions

Risk Group II: Risk Group II - Persons engaged in manual work other than what is specifically provided for under Group III

Risk Group III: Risk Group III - Persons working in explosives industry, mine and /or Magazine workers, high tension electric supply, horse racing including jockeys, athletes and occupations of similar hazard.

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

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

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

Important : It is mandatory that the insured should choose at-least one of the following benefits:-

1. Accidental Death - Benefit 1
2. Permanent Total Disablement - Benefit 2

SCOPE OF COVER

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

Geographical Scope: The insurance cover applies Worldwide unless otherwise stated

Accidental Death - Benefit 1

The Company will pay as hereinafter mentioned:



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If at any time during the Period of Insurance, the Insured Person shall sustain any bodily injury resulting solely and directly from Accident, and such accident causes death of the Insured Person within 12 Calendar months from the date of Accident, then the Company will pay an amount as provided in "Benefit 1" under "Schedule of Benefits"

Permanent Total Disablement - Benefit 2

If following an Accident which caused permanent total impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 2" under "Schedule of Benefits" depending upon the degree of disablement provided that:

- a) The disablement occurs within 12 Calendar months from the date of the Accident.
 - b) The disablement is confirmed and claimed for, prior to the expiry of a period of 60 days since occurrence of the disablement.
- Provided always that the policy will not pay under more than one of the Benefits stated under "Schedule of Benefits" in respect of the same Accident.

Permanent Partial Disablement - Benefit 3

If following an Accident which caused permanent partial impairment of the Insured's physical capabilities, then the Company will pay the benefits as provided in "Benefit 3" under "Schedule of Benefits", depending upon the degree of disablement provided that:

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

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

Temporary Total Disablement (Weekly Compensation) - Benefit 4: If at any time during the period of insurance the insured person/s shall sustain Grievous injury arising solely and directly from an accident and resulting in admission in a Hospital / Nursing Home as an in-patient, then the insured person will be paid a sum calculated at 1% of the sum insured under Benefit 4 per completed week but not exceeding the amount stated in the schedule per completed week, in all, under all Personal Accident policies, if such injury be the sole and direct cause of Temporary Total Disablement.

This benefit is subject to a maximum period of 100 weeks or the number of weeks stated in the schedule whichever is less from the date of such Temporary Total Disablement. In no case shall the compensation exceed the sum insured for this benefit. The payment shall be made only after the termination of such disablement. All the benefit under this section is subject to exclusions, as mentioned in 'General Exclusions' of this Policy

Special Conditions (applicable to Benefits)

1. If the Accident affects any physical 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.
2. If the accident impairs a number of physical functions, the degree of disablement given in the Schedule of Benefits will be added together, but liability in any case shall not exceed 100% of the Sum Insured.
3. Where a claim for 100% of the Sum Insured is admitted / admissible the coverage under the policy ceases for such relevant person.
4. Where a claim for less than 100% of the Sum Insured is admitted / admissible, the coverage under the policy will continue until expiry for the balance sum insured and Company would exclude such disability on renewal in respect of such relevant person if the group policy is renewed.
5. In the event of Permanent Disablement, the Insured Person will be under obligation:
 - a) To have himself/herself examined by doctors appointed by the Company/ and the Company will pay the costs involved thereof.
 - b) To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligations are not met with due to whatsoever reason, the Company may be relieved of its liability to pay. Provided however the insured shall be deemed to have discharged his duties/obligations if he authorizes / gives consent to the treating doctor/s or the experts who gave opinion. Any subsequent failure on the part of the treating doctor/experts who gave opinion / hospital will not be held up against the insured.

Exclusions (applicable to all Benefits)

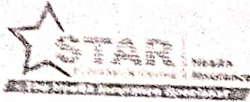
- (a) Any payment in case of more than one claim under the policy during the period of insurance by which the maximum liability of the Company in that period would exceed the Sum Insured.
- (b) Any other claim after a claim has been admitted by the Company and becomes payable for Death or 100% Permanent Total Disablement.
- (c) Any claim arising out of pregnancy or childbirth, infirmity, whether directly or indirectly

OPTIONAL COVERS (Available only if specifically opted and shown in the policy schedule)

1. AMBULANCE CHARGES / TRANSPORTATION EXPENSES OF MORTAL REMAINS

Following an admissible claim under the policy due to an Accident outside the place of the insured's residence, the Company shall pay up to limits mentioned in the schedule during the policy period. Either

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



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Or
in case of Death

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

This lump sum amount is payable in addition to the sum insured

TRAVEL EXPENSES FOR ONE RELATIVE: Following an admissible claim under the policy towards Death of the Insured Person due to an Accident, outside the place of his/her residence, the Company will pay up to the limits mentioned in the schedule for the transport expenses to one relative of the Insured Person.

This amount is payable in addition to the sum insured

3. PURCHASE OF BLOOD: The Company will pay up to the limits mentioned in the schedule towards the expenses incurred in purchasing blood through a Hospital or Government approved blood bank for the purpose of the Insured Person's medical or surgical treatment provided there is an admissible claim under this policy.

This amount is payable in addition to the sum insured

4. TRANSPORTATION OF IMPORTED MEDICINES: The Company will pay up to the limits mentioned in the schedule towards the expenses incurred on freight charges for importing medicines to India, provided that:

- There is an admissible claim under the policy.
- The medicines, formulations or alternatives of the imported medicines are not available in India, and
- The medicines are necessary for the medical/surgical treatment of the insured person in a Hospital following the Accident.
- The medicines which are imported should be permissible under Government Regulation
- The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.
- Prescription of the treating doctor with confirmation that the medicine is not available in India

This amount is payable in addition to the sum insured

5. MEDICAL EXPENSES FOLLOWING AN ADMISSIBLE PERSONAL ACCIDENT CLAIM

This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

- There is an admissible claim under Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 / Permanent Partial Disablement - Benefit 3 / Temporary Total Disablement (Weekly Compensation) - Benefit 4
- Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
- Treatment availed is not an unproven / Experimental Treatment
- Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home)

6. MEDICAL EXPENSES IRRESPECTIVE OF AN ADMISSIBLE PERSONAL ACCIDENT CLAIM

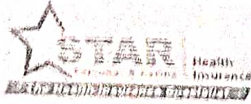
This insurance is extended to pay any necessary and reasonable medical expenses incurred and expended by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

The benefits under this extension is optional and is effective only if

- Medical expenses incurred / expended during the policy tenure and are payable only if the policy is in force.
- Treatment availed is not an unproven / Experimental Treatment
- Treatment is taken in a clinic / nursing home or hospital (except for physiotherapy done at home).

7. HOME CONVALESCENCE Following an admissible claim for Permanent Total Disability / Permanent Partial disability under the policy, the Company will pay the cost of engaging one attendant at



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residence immediately after discharge from the hospital provided the same is recommended by the attending physician. Such expenses are payable up-to the limits mentioned in schedule. No payment will be made for the first day.
This benefit is payable in addition to the sum insured

8. HOSPITAL CASH BENEFIT: Following an admissible claim under the policy the Company will pay up to the limits mentioned in the schedule for each completed day of hospitalization. This benefit is subject to a time excess of 24 hours
A claim under this head shall lie with the Company where the admission is for physiotherapy and/or any epidemic

This benefit is payable in addition to the sum insured

9. VEHICLE AND/OR RESIDENCE MODIFICATION: The Company will pay upto 10% of the sum insured subject to the limits mentioned in the schedule towards the expenses incurred to modify the Insured Person's residential accommodation or vehicle as long as the modification have been carried out in India and certified by a Doctor to be necessary and directly required as a result of the Accident for which there is an admissible claim under Permanent Total Disablement - Benefit 2 under this certificate of insurance

This amount is payable in addition to the sum insured

10. EXTERNAL SUPPORT TO THE INSURED PERSON

This insurance is extended to pay for the cost of crutches / walkers / artificial limbs / wheel chair incurred by the Insured Person arising solely and directly as a result of accident up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof of accident with respective bills, invoices, payment receipts and such other documents should be submitted to the Company

The benefits under this extension is optional and is effective only if there is an admissible claim under the policy for Permanent Total Disablement - Benefit 2

11. FUNERAL EXPENSES

Following an admissible claim towards death of the insured person due to an accident, the Company shall pay up to the limits mentioned in the schedule towards funeral expenses of the insured person

Sufficient bills, invoices, payment receipts and such other documents should be submitted to the Company

12. EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT TOTAL DISABILITY OF THE INSURED PERSON:

Following an admissible claim under the policy towards Accidental Death - Benefit 1 / Permanent Total Disablement - Benefit 2 of the insured person, the Company will pay Educational Benefit for a maximum of two dependent children of the Insured, as mentioned below:

- If the Insured Person has dependent child/children below the age of 23 years, an amount as stated in the schedule is payable.

13. EDUCATIONAL BENEFIT IN CASE OF ACCIDENTAL DEATH / PERMANENT DISABILITY OF PARENT/S OR GUARDIAN OF THE INSURED PERSON (WHERE THE INSURED PERSON IS A SCHOOL OR COLLEGE STUDENT)

Following Accidental Death / Permanent Total Disability of the parent or guardian (named in the schedule) of the insured person, the Company will pay Educational Benefit as stated in the Schedule as compensation

This benefit is payable in addition to the sum insured.

Note: Claim is payable only either under optional benefit 12 or 13 but not under both

14. OUT PATIENT MEDICAL EXPENSES DUE TO GRIEVOUS INJURY

This insurance is extended to pay necessary and reasonable Out Patient Medical Expenses incurred and expended by the Insured Person arising solely and directly as a result of accident resulting in Grievous Injury up to the limits mentioned in the schedule subject to exclusions mentioned in the General Exclusion of this policy. Sufficient proof for the treatment taken to be submitted to the Company

This amount is payable in addition to the sum insured

Note: Medical expenses incurred / expended are during the policy tenure and are payable only if the policy is in force.

GENERAL EXCLUSIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY):

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

1 Any claim relating to events occurring before the commencement of the cover or otherwise outside the Period of Insurance.



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2 Any claim in respect of Pre-existing conditions.

3 Any claim if the insured acts against the advice of a physician.

4 Any claim arising out of Accidents that the Insured Person has caused

- a. Intentionally or by committing a crime
- or
- b. as a result of drunkenness or addiction (drugs, alcohol)
- or
- c. self-endangerment unless in self defense or to save human life.

5 Any claim arising out of mental disorder, suicide or attempted suicide self inflicted injuries, or sexually transmitted conditions, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immunodeficiency Virus) and / or any HIV related illness including AIDS (Acquired Immunodeficiency Syndrome), insanity and / or any mutant derivative or variations thereof howsoever caused.

6 Insured Person engaging in Air Travel unless he/she flies as a fare-paying passenger on a Standard type aircraft properly licensed to carry passengers. For the purpose of this exclusion Air Travel means being in or on or boarding an aircraft for the purpose of flying therein or alighting there from.

7 Accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, seizure capture arrest restraints detentions of all kinds princes and people of whatever nation, condition or quality whatsoever.

8 Participation of the insured Person in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9 Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self sustaining process of nuclear fission) of nuclear fuel.
- b) Nuclear weapons material
- c) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- d) Nuclear, Chemical, biological terrorism

10 Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sports persons.

11 Participation in Hazardous Sport / Hazardous Activities

12 Any loss of which a contributing cause was the Insured Person's actual or attempted commission or willful participation in an illegal act or any violation or attempted violation of the law.

GENERAL CONDITIONS (APPLICABLE TO ALL BENEFITS AND OPTIONAL COVERS OF THIS POLICY)

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

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

Note: Call the 24 hour help line for assistance - 1800 425 2255 / 1800 102 4477.

Senior Citizens may call at 044 40020888

This condition is precedent to admission of liability under the policy. However the Company will examine and relax the time limit mentioned in this condition depending upon the merits of the case

2 Notification of Claim : Where the claim intimation is received by the call centre/Corporate office details as to coverage is collected

Documents to be submitted for claims:



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Duly completed claim form, copy of PAN Card and Aadhar Card of the Insured Person Nominee / Legal Heir as the case may be and

For Death Claims:

- Death Certificate
- Post-mortem Certificate, if conducted
- FIR (wherever required)
- Police Investigation report / Panchanama (wherever required)
- Vitroa Sample Report / Chemical analysis report (wherever required)
- Forensic Laboratory Report (wherever required)
- Legal Heir Certificate (wherever required)
- Succession Certificate (wherever required)

For Permanent Total Disablement - Benefit 2 and Permanent Partial Disablement - Benefit 3

- Certificate from Government doctor not below the rank of Civil Surgeon, confirming the disability and its %.
- Note: The Company authorized doctor may examine the insured person/s if required

For Temporary Total Disablement (Weekly Compensation) - Benefit 4

- Certificate from the employer confirming leave of absence from duty (applicable for employer - employee group)
- Certificate from the treating doctor that the claimant is fit to resume duty (fitness certificate)

Travel expenses for one relative

- Proof of expenses incurred (original)

Vehicle and/or residence modification

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

Purchase of blood:

- Original receipt for purchase of blood (wherever applicable)

Transportation of imported medicines:

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

Ambulance charges / transportation expenses of mortal remains

- Death Certificate or
- Proof of hospitalisation
- Proof of utilized services of either Ambulance or Mortuary Van (Original Receipt)

Medical expenses due to accident:

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

Hospital Cash and Home Convalescence

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

Educational Benefit



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Phone : 044 28302300 / 28288800 Toll Free Fax No.: 1800 425 5522
Phone : 044 28288800 / 28288800 www.starhealth.in ICDR NO: SH/11/09/123/9911/19

- Death certificate of Parent/s or Guardian
- Age proof of the student
- Proof of education.

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

2 Patient Medical Expenses due to Grievous Injury

- Original Prescription
- Original Invoices/Bills,
- Original Payment Receipts

3 Claims Settlement: The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under this Policy.

ADDITIONAL CONDITIONS

Inclusion of persons into the Group can be made on payment of additional premium on pro-rata basis provided this cover complies with the expiry date of the policy. Refund of premium for deletion of persons from the Group can be made on pro-rata basis subject to there being "No claim" in respect of such persons.

STANDARD TERMS AND CONDITIONS (APPLICABLE TO ALL BENEFITS UNDER THIS POLICY- GROUP)

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 untrue 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 Proposer / Group Administrator / Insured Person or any one acting on his behalf to obtain any benefit under this Policy.

2 Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3 Material change

The proposer / group administrator shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which the insured persons has become affected.

4 Automatic Termination of Insurance

The insurance provided in respect of each relevant person insured under this policy shall automatically terminate

- upon the insured Person's death or upon payment of 100% Sum Insured
- at the expiry of the period for which the premium has been paid or on the expiry date shown in the policy schedule whichever is earlier.

Automatic Termination of Individual Certificate of Insurance.

Certificate of insurance will terminate on the earliest of the following dates:

1. The date of expiry of certificate of insurance
2. The date the Insured Person is no longer eligible within the classification of Insured Person(s) described in the Policy Schedule,
3. The Insured person ceases to be a resident of India,
4. From the date the Certificate of insurance is cancelled either by the Company or Insured Person(s)
5. From the date on which the premium when due, is not received (applicable only if payment is agreed to be received in instalment)

5 Role of Group Administrator / Proposer

The Group administrator shall play a facilitative role between the Insurer and the Insured Person. Such role includes

1. Furnish to the Company detailed list of Insured Person/s including their personal details like Gender, Age, Date of Birth, Address etc
2. To be a coordinator between the Company and the Insured Person in claim settlement
3. To make payment of premium on or before the stipulated time.
4. Immediately notify the Company of any change in business or occupation of the proposer or insured entity or any physical defect or infirmity of the insured person with which the insured person becomes affected



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7. Duties of the Group Administrator / Proposer / Insured / Insured Person on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy the Insured Person shall:

- I. Forthwith file/submit a Claim Form in accordance with 'Obligation of the Insured Person' Clause as provided in General Conditions.
- II. If the Insured Person does not comply with the provisions of this Clause or other obligations cast upon the Insured Person 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, at the option of the Company.

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 Group Administrator / Proposer / Insured / Insured Person or anyone acting on his behalf to obtain any benefit under this Policy, shall be forfeited and the policy will be cancelled without any refund of premium

9. Renewal : The Policy may be renewed with mutual consent by the payment in advance of the total premium specified by the Company, which premium shall be in force at the time of renewal.

10. Cancellation : The Company may cancel this policy on grounds of misrepresentation, fraud, Moral Hazard, non disclosure of material fact as declared at the inception of the policy / at the time of claim, or non-co-operation by the insured entity, by sending the insured entity 30 days notice by registered letter to its last known address. Where the misrepresentation, fraud, moral hazard, non disclosure either at inception or at the time of claim is by the insured beneficiary, then the insurance cover in respect of such insured beneficiary and his / her family will cease immediately. The insured entity may cancel this policy and in such event the insurance cover ceases from the date of request of cancellation. Where the insured entity requests for cancellation of the policy, the Company shall allow refund only for those insured beneficiary who have not made claim as on the date of cancellation, after retaining premium at Company's short period rate only (table given below) provided no claim has occurred up to the date of cancellation.

For less than 1 year tenure policy	Rate of Premium Retained : Full premium
For 1 Year Tenure Policy	
Period on Risk	Rate of Premium Retained
Up to 1 month	25% of the premium
Exceeding 1 month and up to 3 months	40% of the premium
Exceeding 3 months and up to 6 months	60% of the premium
Exceeding 6 months and up to 9 months	80% of the premium
Exceeding 9 months	Full Premium



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For 2 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)

Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
Up to 1 month	22% of the premium	Exceeding 9 months and up to 12 months	62% of the premium
Exceeding 1 month and up to 3 months	32% of the premium	Exceeding 12 months and up to 15 months	70% of the premium
Exceeding 3 months and up to 6 months	42% of the premium	Exceeding 15 months and up to 18 months	80% of the premium
Exceeding 6 months and up to 9 months	52% of the premium	Exceeding 18 months and up to 21 months	90% of the premium
		Exceeding 21 months	Full Premium

For 3 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)

Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
Up to 1 month	22% of the premium	Exceeding 15 months and up to 18 months	60% of the premium
Exceeding 1 month and up to 3 months	27% of the premium	Exceeding 18 months and up to 21 months	67% of the premium
Exceeding 3 months and up to 6 months	35% of the premium	Exceeding 21 months and up to 24 months	75% of the premium
Exceeding 6 months and up to 9 months	42% of the premium	Exceeding 24 months and up to 27 months	80% of the premium
Exceeding 9 months and up to 12 months	50% of the premium	Exceeding 27 months and up to 30 months	87% of the premium
Exceeding 12 months and up to 15 months	55% of the premium	Exceeding 30 months and up to 33 months	95% of the premium
		Exceeding 33 months	Full Premium



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For 4 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)

Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
Up to 1 month	25% of the premium	Exceeding 21 months and up to 24 months	62% of the premium
Exceeding 1 month and up to 3 months	30% of the premium	Exceeding 24 months and up to 27 months	67% of the premium
Exceeding 3 months and up to 6 months	35% of the premium	Exceeding 27 months and up to 30 months	72% of the premium
Exceeding 6 months and up to 9 months	40% of the premium	Exceeding 30 months and up to 33 months	77% of the premium
Exceeding 9 months and up to 12 months	45% of the premium	Exceeding 33 months and up to 36 months	82% of the premium
Exceeding 12 months and up to 15 months	47% of the premium	Exceeding 36 months and up to 39 months	85% of the premium
Exceeding 15 months and up to 18 months	52% of the premium	Exceeding 39 months and up to 42 months	90% of the premium
Exceeding 18 months and up to 21 months	57% of the premium	Exceeding 42 months and up to 45 months	95% of the premium
		Exceeding 45 months	Full Premium



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For 5 Year Tenure Policy (Applicable for Credit Linked Group Accident Insurance Policies)			
Period on Risk	Rate of Premium Retained	Period on Risk	Rate of Premium Retained
Up to 1 month	27% of the premium	Exceeding 27 months and up to 30 months	62% of the premium
Exceeding 1 month and up to 3 months	30% of the premium	Exceeding 30 months and up to 33 months	67% of the premium
Exceeding 3 months and up to 6 months	35% of the premium	Exceeding 33 months and up to 36 months	72% of the premium
Exceeding 6 months and up to 9 months	40% of the premium	Exceeding 36 months and up to 39 months	75% of the premium
Exceeding 9 months and up to 12 months	42% of the premium	Exceeding 39 months and up to 42 months	77% of the premium
Exceeding 12 months and up to 15 months	45% of the premium	Exceeding 42 months and up to 45 months	82% of the premium
Exceeding 15 months and up to 18 months	50% of the premium	Exceeding 45 months and up to 48 months	87% of the premium
Exceeding 18 months and up to 21 months	52% of the premium	Exceeding 48 months and up to 51 months	87% of the premium
Exceeding 21 months and up to 24 months	57% of the premium	Exceeding 51 months and up to 54 months	92% of the premium
Exceeding 24 months and up to 27 months	60% of the premium	Exceeding 54 months and up to 57 months	98% of the premium
		Exceeding 57 months	Full Premium

1. Currency for payments

If claims payable shall be paid in Indian Rupee only.

12. Arbitration clause

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

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

13. Important Note:

- a) The terms, conditions and exceptions that appear in the Policy or in any Endorsement are part of the contract and must be complied with. Failure to comply may result in the claim being denied.
- b) The Policy Schedule and any Endorsement are to be read together and any word or such meaning wherever it appears shall have the meaning as stated in the Act / Indian Laws
- c) Where the policy is issued covering the family, the benefits are applicable individually for each person covered



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

14. 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.

15. Notices: Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to Star Health and Allied Insurance Company Limited, 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai- 600034, Toll Fax No: 1800 425 5522, Email info@starhealth.in

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

16. Customer Service: If at any time the insured Person requires any clarification or assistance, the insured may contact No 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai 600034, during normal business hours.

17. Redressal of Grievance: In case of any grievance the insured person may contact the Company through

Website : www.starhealth.in
E-mail : grievances@starhealth.in, gro@starhealth.in
Ph. No. : 044-69006900 | Toll Free No. 1800 425 2255
Senior Citizens may call at 044-69007500

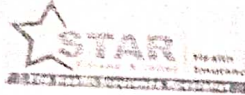
Courier : 4th Floor, Balaji Complex, No.15, Whites Lane, Whites Road, Royapettah, Chennai- 600014
Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at 044-43664600

For updated details of grievance officer, kindly refer the link. <https://www.starhealth.in/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017

18. Nomination: The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.



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List of Ombudsman

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD - 380 001 Tel: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ciains.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078, Tel: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ciains.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003 Tel: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@ciains.co.in	Madhya Pradesh Chattisgarh
BHUBANESWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009 Tel: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@ciains.co.in	Odisha.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@ciains.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018 Tel: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@ciains.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).



STAR HEALTH AND ALLIED INSURANCE CO.LTD.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034
Phone : 044 28288800 Telefax: 044 28288862 www.starhealth.in UIR NO: SHAH/GP/18123/9117/18

<p>DELHI 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@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurgaon, Faridabad, Bawal & Bahadurgarh.</p>
<p>ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pullinai Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura..</p>
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan..</p>
<p>KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>



STAR HEALTH AND ALLIED INSURANCE CO.LTD.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
Phone: 044-28282300 Telefax: 044-28281452 www.starhealth.in UIN NO: SHAHLP18122V011718

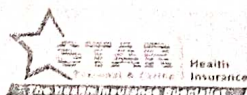
Schedule of Benefits	
Benefit	Percentage of the Sum Insured
Accidental Death - Benefit 1	100%
Permanent Total Disablement - Benefit 2	
a. Sight of both eyes	100%
b. Physical separation of two entire hands	100%
c. Physical separation of two entire feet	100%
d. One entire hand and one entire foot	100%
e. Sight of one eye and loss of one hand	100%
f. Sight of one eye and loss of one entire foot	100%
g. Use of two hands	100%
h. Use of two feet	100%
i. Use of one hand and one foot	100%
j. Sight of one eye and use of one hand	100%
k. Sight of one eye and use of one foot	100%
l. Sight of one eye	50%
m. Physical separation of one entire hand	50%
n. Physical separation of one entire foot	50%
o. Use of one hand without physical separation	50%
p. 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.	



STAR HEALTH AND ALLIED INSURANCE CO.LTD.

Regd. & Corporate Office: 1, New Tank Street, Valluvar Kottam High Road, Nungambakkam, Chennai - 600034.
Phone : 044-28288800 Telefax: 044-28260062 www.starhealth.in UIN NO: SHAHLGP18123V011718

Permanent Total Disablement - Benefit 2	
a Loss of toes all	20%
b Loss of Great toe (Both Phalanges)	5%
c Loss of Great toe (One Phalanx)	2%
d Other than Great, if more than One toe lost, for each toe	1%
e Loss of hearing both ears	75%
f Loss of hearing one ear	30%
g Loss of four fingers and thumbs of One hand	40%
h Loss of four fingers	35%
i Loss of thumb both phalanges (Both Phalanges)	25%
j Loss of thumb both phalanges (One phalanx)	10%
k Loss of index finger three phalanges	10%
l Loss of index finger two phalanges	8%
m Loss of index finger One phalanx	4%
n Loss of middle finger three phalanges	6%
o Loss of middle finger Two phalanges	4%
p Loss of middle finger One phalanx	2%
q Loss of ring finger Three Phalanges	5%
r Loss of ring finger Two Phalanges	4%
s Loss of ring finger One Phalanx	2%
t Loss of little finger Three phalanges	4%
u Loss of little finger Two phalanges	3%
v Loss of little finger One phalanx	2%
w Loss of metacarpals	3%
x Additional (Third, fourth or fifth)	2%
y Any other Permanent partial disablement	Percentage as assessed by the Medical Board or by the government doctor
Loss of Thumb or index finger means actual severance through or above the joint that meets the hand at the palm	



STAR HEALTH AND ALLIED INSURANCE CO.LTD.

Regd. & Corporate Office: 1, New tank street, ValluvarKottam High Road, Nungambakkam, Chennai - 600024.
Phone : 044-28288800 Telefax: 044-28260062 www.starhealth.in UIN NO: SHAHLGP18123V011718

LUCKNOW

Office of the Insurance Ombudsman,
6th Floor, Jeevan Bhawan, Phase-II,
Nawal Kishore Road, Hazratganj,
Lucknow - 226 001.
Tel.: 0522 - 2231330 / 2231331
Email: bimalokpal.lucknow@cioins.co.in

Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gaziipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharaigang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia,

MUMBAI

Office of the Insurance Ombudsman,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.
Tel.: 69038821/23/24/25/26/27/28/29/30/31
Email: bimalokpal.mumbai@cioins.co.in

Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

NOIDA

Office of the Insurance Ombudsman,
Bhagwan Sahai Palace
4th Floor, Main Road, Naya Bans, Sector 15,
Distt: Gautam Buddha Nagar, U.P.-201301.
Tel.: 0120-2514252 / 2514253
Email: bimalokpal.noida@cioins.co.in

State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kansiramnagar, Saharanpur.

PATNA

Office of the Insurance Ombudsman,
2nd Floor, Lalit Bhawan,
Bailey Road, Patna 800 001.
Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in

Bihar, Jharkhand.

PUNE

Office of the Insurance Ombudsman,
Jeevan Darshan Bldg., 3rd Floor,
C. T. S. No.s. 195 to 198, N.C. Kelkar Road,
Narayan Peth, Pune - 411 030.
Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in

Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

Line 2
Line 3
District*

Pin / Post Code*

City / Town / Village*
State / U.T Code* ISO 3166 Country Code*

1.4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

Tel. (Off) _____ Tel. (Res) _____ Mobile _____
Email ID _____

2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: _____ Place: _____  Signature /Thumb Impression of Applicant

3. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received**
- Certified Copies
 - Digital KYC process
 - E-KYC data received from UIDAI
 - Equivalent e-document
 - Data received from Offline verification

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date _____
Emp. Name _____
Emp. Code _____
Emp. Designation _____
Emp. Branch _____

Name _____
Code _____

Employee Signature

Institution Stamp

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person



Important Instructions:

- A) Fields marked with * are mandatory fields
- B) Tick 'x' wherever applicable
- C) Please fill the date in DD-MM-YYYY format
- D) Please fill the form in English and in BLOCK letters
- E) KYC number of applicant is mandatory for update application
- F) List of State / UT code as per Indian Motor Vehicle Act, 1988 is available at the end
- G) List of two character ISO 3166 country codes is available at the end
- H) Please read section wise detailed guidelines / instructions at the end
- I) For particular section update, please tick [x] in the box available before the section number and strike off the sections not required to be updated

For office use only

Application Type* New Update Delete

(To be filled by financial institution) KYC Number

(Mandatory for KYC update and delete request)

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

- Addition of Related Person
- Deletion of Related Person
- Update Related Person Details

KYC Number of Related Person (if available*)

*KYC number is available only Related Person Type & Name is mandatory

- Related Person Type*
- Director
 - Promoter
 - Karta
 - Trustee
 - Partner
 - Court Appointment Official
 - Proprietor
 - Beneficiary
 - Authorized Signatory
 - Beneficial Owner
 - Power of Attorney Holder
 - Other (Please specify)

DIN (Director Identification Number)

(Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

Name* (Same as ID proof)

Prefix _____ First Name _____ Middle Name _____ Last Name _____

Maiden Name _____

Father / Spouse Name _____

Mother Name _____

Date of Birth* _____

Gender* M- Male F- Female T- Transgender

Nationality* IN- Indian Others (ISO 3166 Country Code [____])

PAN* _____ Form EO furnished

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

- I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs):
- A- Passport Number
 - B- Voter ID Card
 - C- Driving Licence
 - D- NREGA Job Card
 - E- National Population Register Letter
 - F- Proof of Possession of Aadhaar
- II E-KYC Authentication
- III Offline verification of Aadhaar

PHOTO*

Address

Line 1* _____

Line 2 _____

Line 3 _____

District* _____ Pin / Post Code* _____ City / Town / Village* _____

State / U.T Code* _____ ISO 3166 Country Code* _____

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and the end)

- Same as above mentioned address (In such cases address details as below need not be provided)
- I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs):
- A- Passport Number
- B- Voter ID Card
- C- Driving Licence
- D- NREGA Job Card
- E- National Population Register Letter
- F- Proof of Possession of Aadhaar
- II E-KYC Authentication
- II Offline verification of Aadhaar
- IV Deemed PoA
- V Self Declaration

REG. REQUIREMENT OF CKYC DOCUMENTS - M/S.SREE SAKTHI ENGINEERING COLLEGE

mettupalayam <mettupalayam@starhealth.in>
Thu 16-Mar-23 1:24 PM

To: sreesakthi2673@gmail.com <sreesakthi2673@gmail.com>; amutha18.kanagarai@gmail.com <amutha18.kanagarai@gmail.com>; Lakshmanan.P <Lakshmanan.P@starinsurance.in>

Cc: Siva Sankaran R - Branch Manager <sivasankaran.r@starinsurance.in>; Ramabadran KS <ramabadran.ks@starinsurance.in>

Dear Sir/ Madam,

Policy Converted - P/121114/02/2023/001467.

Kindly check and provide below mentioned documents within 15 days without any delay.

Refer to the CIRCULAR – AML_KYC – Group Policies-Request to get the following self-attested documents.
Kindly get self-Attested following documents.

i) Registration Certificate

ii) Trust Deed

iii) Permanent Account Number or form 60 of the Trust; and

iv) One copy of officially valid document containing details of identity and address, one recent photograph of the employees, as the case may be holding an attorney to transact on its behalf; (or) CKYCR No. of the pe

Please share the DECLARATION OF BENEFICIAL OWNERSHIP (format enclosed) from insured with self-attested

Also share the CKYC India - KYC_Template_Legal_Entity_1.1- company form and CKYC India - KYC_Template_L

Thanks and Regards,

A.G.Prakash,
Deputy Manager U/w.,
Star Health and Allied Insurance Co.Ltd,
Mettupalayam,
04254-229644.