SARAL SURAKSHA BIMA, STAR HEALTH AND ALLIED INSURANCE CO LTD

There is no **Risk-Free life** But be assured of **Worry-Free recovery**





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Saral Suraksha Bima, is a benefit-oriented policy, which provides for payment of compensation following accidents sustained by the Insured Person during the policy period.

- Eligibility: Any person aged between 18 years and 70 years can take this insurance. Dependent children covered from 3 months to 25 years. Life-long renewal.
- Sum Insured Options
 - Minimum Rs.2.5 lakhs
 - Maximum of Rs. 1 Crore (in multiples of Rs.50,000/-)
- Sum Insured Basis: Individual Note: Where the policy is offered as Family cover, the chosen sum insured shall apply to each family member separately.
- Instalment Facility available: Premium can be paid Quarterly and Half-yearly. Premium can also be paid Annually. For instalment mode of payment there will be loading as given below; Quarterly -3% | Half-year - 2%

Benefits Covered

Coverage	Loss Covered	Percentage of Sum Insured	
Base Covers	Death	100% of Sum Insured	
	Permanent Total Disablement	100% of Sum Insured	
	Permanent Partial Disablement	Specified percentage depending on the disability	
Optional Covers	Temporary Total Disablement	0.2% of base sum insured per week (till the time the insured person is able to return to work or maximum of 100 weeks)	
	Hospitalisation Expenses due to Accident	10% of Base Sum Insured	
	Education Grant	10% of Base Sum Insured	

Cumulative bonus (CB): Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

Notes

- i. The cumulative bonus is applicable only in respect of base covers
- The CB shall be added and available individually to the insured persons under the policy, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period
- If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn

EXCLUSIONS (applicable to all sections of the policy): The Company shall not be liable to make any payments under this policy in respect of;

- (i) Any claim for death or disablement (whether of a permanent nature) or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person;
 - from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide
 - whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication

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- c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world [Standard type of aircraft means any aircraft 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 or whether such an aircraft has a single engine or multiengine]
- arising or resulting from the Insured Person committing any breach of law with criminal intent
- (iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, parajumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- (iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from;
 - A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel
 - B. Nuclear weapons material
 - C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
 - D. Nuclear, chemical and biological terrorism
- (v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

Exclusions specific to section 2(b) "Hospitalisation Expenses due to Accident": The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of;

- i. Investigation & Evaluation (Code- Excl04)
 - Expenses related to any admission primarily for diagnostics and evaluation purposes
 - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
- Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code - Excl14)
- Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
- iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- v. Treatment taken outside the geographical limits of India.
- vi. Other Excluded Expenses as detailed in the website www.starhealth.in.

 Premium Payment In Instalments: If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly or Quarterly as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy);

- For monthly instalment option: Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. For Quarterly and Half yearly instalment option: Grace Period of 30 days would be given to pay the instalment premium due for the policy.
- iii. No interest will be charged If the instalment premium is not paid on due date.
- In case of instalment premium due not received within the grace period, the policy will get cancelled.
- In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.
- vii. For premium paid in instalments during the policy period, coverage is available during the grace period also

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 Free look period: The Free Look Period will be applicable on the new policy and not on renewals;

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document whether electronically or otherwise to review the terms and conditions of the policy, and to return the same if not acceptable.

- If the insured has not incurred any claim during the Free Look Period, the insured shall be entitled to a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person
- where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

Redressal of Grievance: Incase of any grievance the insured person may contact the Company through

Website	1	www.starhealth.in
E-mail	1	gro@starhealth.in, grievances@starhealth.in
Ph. No.	1	044-69006900 Toll Free No. 1800 425 2255
		Senior Citizens may call at 044-69007500
Courier/Post	÷	4th Floor, Balaii Complex, No.15, Whites Lane, W

Courier/Post : 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, as amended from time to time.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in

Automatic Termination of Insurance: This policy shall automatically terminate upon the Insured Person's death or payment of 100% Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

Cancellation

 The Insured may cancel this Policy by giving 7days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below;

Cancellation table applicable without instalment option						
Period on risk	Rate of premium to be retained					
Up to one mth	22.5% of the policy premium					
Exceeding one mth up to 3 mths	37.5% of the policy premium					
Exceeding 3 mths up to 6 mths	57.5% of the policy premium					
Exceeding 6 mths up to 9 mths	80% of the policy premium					
Exceeding 9 mths	Full of the policy premium					
Cancellation table applicable with instalment option of Half-yearly premium						
payment frequency						
Period on risk	Rate of premium to be retained					
Up to 1 Mth	45% of the total premium received					
Exceeding one mth up to 4 mths	87.5% of the total premium received					
Exceeding 4 mths up to 6 mths	100% of the total premium received					
Exceeding 4 mths up to 6 mths Exceeding 6 mths up to 7 mths						
v	100% of the total premium received					



Cancellation table applicable with instalment option of Quarterly premium payment frequency						
Period on risk	Rate of premium to be retained					
Up to 1 Mth	87.5% of the total premium received					
Exceeding one mth up to 3 mths	100% of the total premium received					
Exceeding 3 mths up to 4 mths	87.5% of the total premium received					
Exceeding 4 mths up to 6 mths	100% of the total premium received					
Exceeding 6 mths up to 7 mths	85% of the total premium received					
Exceeding 7 mths up to 9 mths	100% of the total premium received					
Exceeding 9 mths up to 10 mths	85% of the total premium received					
Exceeding 10 mths	100% of the total premium received					

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- ii. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- Disclosure of Information: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.
- Renewal of the Policy: The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.
 - Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
 - ii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
 - iii. No loading shall apply on renewals based on individual claims experience.
 - iv. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
 - The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.
- Possibility of revision of the premium rates: The company, may revise or modify the premium rates as per the extant Guidelines.

Claim Procedure

- For assistance call 24 hours help-line 044-69006900 or Toll Free No. 1800 425 2255. Senior Citizens may call at 044-40020888.
- b. Inform the ID number for easy reference
- On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk
- d. Obtain the Pre-authorisation Form from the Hospital Help Desk, complete the Patient Information and resubmit to the Hospital Help Desk
- In case of emergency hospitalization, information to be given within 24 hours after hospitalization
- f. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents
- g. KYC (Identity proof with Address) of the proposer, as per AML Guidelines
- h. NEFT documents viz., Customer name, Bank Account No., Name of the Bank, IFSC code
- i. CKYC No. of the proposer (if available)
- Prohibition of Rebates (Section 41 of Insurance Act 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs rupees.

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Premium Chart (Excluding GST)

Gross Premium per mille Base Sum Insured (in Rs.) for Annual Premium								
Cover	Risk Group I	Risk Group II	Risk Group III					
Base Cover	0.61	1.04	1.36					
TTD Cover	0.06	0.07	0.09					
Medical Expenses Cover	0.70	1.00	1.30					
Education Grant	0.07	0.12	0.15					

Risk Group I - Persons engaged primarily in administrative functions

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

TAXES ARE SUBJECT TO CHANGES IN TAX LAWS



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The information provided in this brochure is only indicative. For more details on the risk factors, terms and conditions, please read the policy wordings before

concluding sale

Or

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Star Health And Allied Insurance Co Ltd

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