**BEFORE THE HON’BLE DISTRICT CONSUMER DISPUTES REDRESSAL COMMISSION AT MOGA**

**IN RE: COMPLAINT NO. */20*\_**

**IN THE MATTER OF:**

Jaspreet Singh Sukhija,

Retired Engineer, aged 59 years,

S/o Jaswinder Singh Sukhija,

H. No. 26,

Agwar Baba Farid Complex,

Block A,

Ghal Kalan,

Moga …Complainant(s)

Versus

Star Health and Allied Insurance Co.,

SCF 12-13, Improvement Trust Market,

Above ICICI Bank, GT Road,

Moga                                                                                                                  ...Opp.Party(s)

**COMPLAINT UNDER SECTION 35 OF THE CONSUMER PROTECTION ACT, 2019**

**RESPECTFULLY SHOWETH:**

1. That the Complainant herein, Jaspreet Singh Sukhija, S/o Jaswinder Singh Sukhija, aged about 59 years, is a retired engineer, residing in House No. 26, Agwar Baba Farid Complex, Block A, Ghal Kalan, Moga. The Opposite Party herein, Star Health and Allied Insurance Co., a company registered under the Insurance Regulatory and Development Authority of India, with its registered office in SCF 12-13, Improvement Trust Market, Above ICICI Bank, GT Road, Moga, is engaged in providing insurance services.
2. That the Complainant purchased a Family Health Optima Plan insurance plan from the Opposite Party, Star Health and Allied Insurance Co in Moga seven years ago, bearing the Policy No. P/211222/012023/005040. The policy covered medical expenses to the tune of 20,00,000 and was renewed on 20.8.2022 to 19.8.2023.
3. That the Complainant was diagnosed with Pneumonia and was admitted to Harbans Nusring Home in Moga from 18.10.2022 to 26.10.2022. The Complainant incurred medical expenses amounting to 77,686 Rs.
4. That, the Complainant paid the medical expenses on 26.10.2022 and informed the OP. The OP did not respond to the claims of the Complainant and on 30.12.2022, rejected the claim of the Complainant on the ground that the Complainant availed the services of an excluded service provider. However, the Complainant submits that there is no such limitation enunciated under the policy.
5. **CAUSE OF ACTION**: That the rejection of the claim on a ground not contemplated by the policy amounts to deficiency in services. The Complainant has suffered a monetary loss, mental agony and inconvenience due to the refusal to reimburse medical expenses.
6. **EVIDENCE**: That the Complainant attaches herewith the repudiation letter, hospital bills, bills incurred for medicines, and the discharge report as evidence to prove the failure on part of the Opposite to apply their mind while repudiating the claim.
7. **JURISDICTION:** That the Hon’ble District Consumer Disputes Redressal Commission at Moga has pecuniary as well as territorial jurisdiction to conduct an inquiry and adjudicate the present dispute. Since the Complainant is residing in Moga, the said commission has the territorial jurisdiction to hear the case. Further, the consideration is within the pecuniary limit established under the Consumer Protection Act, 2019.
8. **LIMITATION**: That the Cause of Action arose on 30.12.2022 when the claim was incorrectly repudiated. Thus, the cause of action is within the two-year limitation period specified under Section 69 of the Consumer Protection Act, 2019.
9. **COURT FEE:** The Complainant is complying with the Court Fees Mandated under Rule 7 of the Consumer Protection (Consumer Dispute Redressal Commission) Rules, 2020.
10. **PRAYER:** The Complainant seeks the following reliefs from this Hon’ble Commission:

A. Direct the Opposite Party to reimburse the medical expenses incurred, which is to the tune of 77,686 Rs.;

B. Direct the Opposite Party to pay compensation to the tune of 30,000 Rs. for the mental agony suffered by the Complainant; and

C. Grant any other relief that the Hon’ble Commission deems fit.

PLACE: Moga, Punjab  
DATED:                                                                  SIGNATURE OF THE COMPLAINANT

**VERIFICATION:**

I, Jaspreet Singh Sukhija, S/o Jaswinder Singh Sukhija, is a resident of House No. 26, Agwar Baba Farid Complex, Block A, Ghal Kalan, Moga, Punjab, do hereby solemnly affirm and declare that the facts stated above are true to the best of my knowl­edge and based on the records maintained by me, which I believe to be true.

Verified at, on this \_ day of \_\_

**ANNEXURE OF EVIDENCE**