Name and address

Star Health and Allied Insurance Co. Ltd.

Branch office-406, 4th floor

Laxmi Commercial Complex

Near Flower Market, Dadar

Mumbai 400 028

IN RE: Non-settlement of the Family Health Optima Insurance Claim under Policy No. P/171114/01/2021/000452

Dear Sir/Madam,

This is to bring to your kind notice that I, Smt. Damayanti Indrapal Patil had procured a Family Health Optima Insurance Policy for a premium of Rs. 9,152 from your esteemed company. The policy was valid from 19/04/2020 to 18/04/2021, bearing the policy number P/171114/01/2021/000452.

Despite fulfilling all necessary criteria and formally requesting the claim settlement multiple times, I regret to inform you that my insurance claim has not yet been settled. I find this lack of action on your part concerning and distressing.

The said policy is suffering from a deficiency in service owing to the non-settlement of the claim.

I have reported the above matter to you several times, but despite all my pleas, you have not settled the claim, which is indeed regrettable. On account of your aforesaid negligence and failure to settle the claim, I have suffered mental distress along with financial losses.

You are hereby finally called upon to:

Settle the insurance claim as per the terms and conditions of Policy No. P/171114/01/2021/000452

Pay compensation for the mental anguish and distress caused, amounting to Rs. 50,000

Cover the costs incurred during this legal process

Additionally, I seek interest on the aforementioned claim, to be calculated from the date the claim should have been originally settled until now, at the prevailing rate.

This should be done within 30 days of the receipt of this notice. Failing to comply with the demands listed above, I shall be constrained to initiate against you for redressal of my grievances and recovery of the aforesaid amounts such proceedings, both civil and criminal as are warranted by law, besides filing a complaint under the statutory provisions of The Consumer Protection Act, 2019 exclusively at your own risk, cost, responsibility, and consequences which please note.

Place: Thane (West)

Dated: (Date of Sending the Notice)

(Signature of the Consumer)

Smt. Damayanti Indrapal Patil