

GROUP PREMIER PERSONAL ACCIDENT INSURANCE POLICY**Policy Wording****1. PREAMBLE**

This Policy is a contract of insurance issued by [Raheja QBE General Insurance Company Limited] (hereinafter called the 'Company') to the Proposer mentioned in the Schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to receipt of the requisite premium.

2. OPERATIVE CLAUSE

Any amount payable under the policy shall be subject to the terms of coverage, exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured specified in the Schedule.

3. Definitions

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

3.1 Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

3.2 Adventure Sports means those sports / activities which involves speed, height, a high level of physical exertion etc and holds high degree of risk. Such sports include - winter sports*, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), Professional Sports#, any bodily contact sport or any other Hazardous or potentially dangerous sport ; (*winter sports mean snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air, on snow or ice). (#professional sports mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

- 3.3 **Age or Aged means** age of the Insured person on last birthday as on date of commencement of the Policy
- 3.4 **Authority** - means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).
- 3.5 **Bank Rate** means “Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due”.
- 3.6 **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- 3.7 **Condition Precedent means** a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- 3.8 **Commencement Date** means the start date of this Policy as specified in the Policy Schedule / Certificate of Insurance.
- 3.9 **Congenital Anomaly** - means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- a. Internal Congenital Anomaly – congenital anomaly which is not in the visible and accessible parts of the body.
 - b. External Congenital Anomaly - congenital anomaly which is in the visible and accessible parts of the body.
- 3.10 **Disclosure to information norm:** 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.
- 3.11 **Dependents** means the persons named in the Policy Schedule who are Your:
- i. **Spouse** – The Primary Insured's legally married spouse as long as he/she continues to be married to the Primary Insured.
 - ii. **Children** – The Primary Insured's children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households.
- 3.12 **Diagnosis** - means conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
- 3.13 **Disclosure of information norm** - means the Policy shall be void and all premiums paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any Material fact.
- 3.14 **Emergency Care:** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- 3.15 **Grace Period** - means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period

for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided we shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.

3.16 **Hospital means** any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- I. has qualified nursing staff under its employment round the clock;
- II. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
- III. has qualified medical practitioner (s) in charge round the clock;
- IV. has a fully equipped operation theatre of its own where surgical procedures are carried out
- V. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

3.17 **Hospitalization means** admission in a hospital for a minimum period of twenty-four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.

3.18 **Hazardous** means a situation that poses a level of threat to life & health.

3.19 **Acute Condition means** a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.

3.20 **Chronic Condition means** a disease, illness, or injury that has one or more of the following characteristics

1. it needs ongoing or long-term monitoring through consultations, examinations, check- ups, and / or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

3.21 **Injury means** accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

3.22 **In-Patient Care means** treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

3.23 **Insured Person means** person(s) named in the schedule of the Policy.

3.24 **Intensive Care Unit means** an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

3.25 **ICU (Intensive Care Unit) Charges means** the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

3.26 **IRDAI** means the Insurance Regulatory and Development Authority of India.

3.27 **Material Fact** means a fact deemed so important that it would change the decision made by an insurer if it were kept hidden.

3.28 **Medical Advice means** any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

3.29 **Medical Expenses means** those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

3.30 **Medical Practitioner means** a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.

3.31 **Medically Necessary Treatment means** any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- a) is required for the medical management of illness or injury suffered by the insured;
- b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- c) must have been prescribed by a medical practitioner;
- d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

- 3.32 **Migration** means the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. from one health insurance policy to another with the same insurer.
- 3.33 **Notification of Claim means** the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- 3.34 **Nominee/ Assignee** – means the person named in the Policy Schedule / Certificate who is nominated to receive the benefits under the Policy in accordance with the terms and conditions of the Policy, if You are deceased.
- 3.35 **Notification of Claim** - means the process of intimating a claim to the insurer through any of the recognized modes of communication.
- 3.36 **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.
- 3.37 **Pre – Existing Conditions / Disability** – means an existing disability and consequence of such disability existing or known to exist at the commencement of the Policy period.
- 3.38 **Policy means** these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.
- 3.39 **Policy period means** period of one policy year as mentioned in the schedule for which the Policy is issued.
- 3.40 **Policy Schedule means** the Policy Schedule attached to and forming part of Policy.
- 3.41 **Policy holder** - means the person or entity named in the Policy Schedule as the Policyholder.
- 3.42 **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc., from the Existing Insurer to the Acquiring Insurer in the previous policy.

3.43 **Professional Sports means** a sport, which would remunerate a player in excess of 50% of his annual income as a means of his livelihood.

3.44 **Primary Insured** - means the person who has been first enrolled by Group Policyholder as a member under this Policy and who in turn has included his/her family members.

3.45 **Public Transport** - means any civilian land, sea or air conveyance operated under a license issued by a government authority having jurisdiction for the transportation of fare paying passengers under a valid ticket.

3.46 **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

3.47 **Room Rent means** the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

3.48 **Sum Insured means** the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person.

3.49 **Surgery or Surgical Procedure means** manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care center by a medical practitioner.

3.50 **Specific Waiting Periods** means a period up to 36 months from the commencement of a Health Insurance Policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break

3.51 **Unproven/Experimental treatment** - means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

3.52 **We/Our/Us:** We/Our/Us means Raheja QBE General Insurance Company Limited

3.53 **You/Yours:** means the Policyholder or Primary Insured named in the Policy Schedule.

4 BASIC COVERAGES

Your coverage(s) are mentioned in the Policy Schedule. We will provide the coverage as detailed below for an event that occurs during the Policy Period. Each coverage is subject to terms, conditions and exclusions of this Policy and up to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance. However, in any case, We will not pay in aggregate more than 100% of the Sum Insured stated in the Policy Schedule / Certificate of Insurance unless specifically mentioned in the respective covers.

The coverages are optional in nature and can be opted in combination or individual by paying Premium for the opted cover.

4.1 ACCIDENTAL DEATH

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his death within (365) days from the date of the Accident, then We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance.

We will pay, the sum insured less any other amount paid or payable under: Permanent Total Disability, Permanent Partial Disability and Temporary Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Additional Inbuilt Benefit

a) Disappearance

If Insured's body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that You have suffered death resulting from the Accident covered by this Policy.

b) Drowning

We shall be liable to be pay under this benefit, if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of drowning.

For both (a) and (b) above, We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.

Note - Once a claim has been accepted and paid under this Benefit then this Policy shall immediately and automatically cease with immediate effect in respect of that Insured Person.

4.2 ACCIDENTAL DEATH COMMON CARRIER

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period while the Insured Person is travelling as a passenger on a Common Carrier and Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident, We will pay the Sum Insured.

We will pay, the sum insured less any other amount paid or payable under: Permanent Total Disability, Permanent Partial Disability and Temporary Total Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Additional Inbuilt Benefit

a) Disappearance

If Insured's body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were travelling as a passenger, it shall be presumed that You have suffered death resulting from the Accident covered by this Policy.

b) Drowning

We shall be liable to be pay under this benefit, if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of drowning.

For both (a) and (b) above, We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.

Note - Once a claim has been accepted and paid under this Benefit then this Policy shall immediately and automatically cease with immediate effect in respect of that Insured Person.

4.3 PERMANENT TOTAL DISABLEMENT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period, which is the sole and direct cause of "Permanent Total Disablement" within 365 days from the Date of accident, then We will pay 100% of Sum Insured, as opted by the insured and mentioned in the Policy Schedule/Certificate of Insurance against this Section.

Sr. no	Type of loss	Percentage of sum insured payable
1	Total and irrecoverable loss of sight of both eyes	100%
2	Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
3	Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
4	Total and irrecoverable loss of sight of one eye and loss of a Limb	100%
5	Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye	100%
6	Total and irrecoverable loss of hearing of both ears and loss of speech	100%
7	Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye	100%

For the purpose of this Benefit, - Limb means a hand at or above the wrist or a foot above the ankle; - Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

Specific Conditions:

- If the Insured Person suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by Insured and mentioned against this Section.
- Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person.

4.4 PERMANENT TOTAL DISABILITY

If an Insured has opted for this cover and If during the Policy Period, an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period while the Insured Person is travelling as a passenger on a Common Carrier and which is the sole and direct cause of "Permanent Total Disablement" within 365 days from the Date of accident, then We will pay 100% of Sum Insured, as opted by the insured and mentioned in the Policy Schedule/Certificate of Insurance against this Section.

Sr. no	Type of loss	Percentage of sum insured payable
1	Total and irrecoverable loss of sight of both eyes	100%
2	Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
3	Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
4	Total and irrecoverable loss of sight of one eye and loss of a Limb	100%
5	Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye	100%
6	Total and irrecoverable loss of hearing of both ears and loss of speech	100%
7	Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye	100%

For the purpose of this Benefit, - Limb means a hand at or above the wrist or a foot above the ankle; - Physical separation of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.

Specific Conditions:

- If the Insured Person suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by Insured and mentioned against this Section.
- Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person.

4.5 PERMANENT PARTIAL DISABLEMENT

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which results into Permanent Partial Disability within (365) days from the date of the Accident, then We will pay the Sum Insured as stated in the below table of losses.

We will pay, provided such disability has continued for a period of (365) days and is total, continuous and Permanent at the end of this period.

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S. No.	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes – all Great both phalanges Great – one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%
10.	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus - first or second (additional) third, fourth or fifth (additi	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Note:

- i. For the purpose of this Cover, Loss means:
 - a. The physical separation of a body part, or
 - b. The total loss of functional use of body part or organ provided which has continued for at least 365 days from the date of accident, provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope for improvement.
- ii. When more than one form of disability results from one Accident, we will add the percentages of each disability together. However, we will not pay more than 100% of the Sum Insured stated in the Policy Schedule/ Certificate of Insurance.
- iii. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made*. * Illustration – Member means one entire hand and part means fingers/thumb of that hand. So, if a claim is admitted for loss by physical separation of one entire hand then loss for fingers/thumb of that hand will not be admitted.
- iv. If the Insured suffers from a Permanent Partial Disablement not listed in the above table then an external medical advisor will determine the disablement percentage.

4.6 PERMANENT PARTIAL DISABLEMENT COMMON CARRIER

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident that occurs during the Travel Period while the Insured Person is travelling as a passenger on a Common Carrier during the Policy Period which results into Permanent Partial Disability within (365) days from the date of the Accident, then We will pay the Sum Insured as stated in the below table of losses.

We will pay, provided such disability has continued for a period of (365) days and is total, continuous and Permanent at the end of this period.

S. No.	Loss Covered	% of Sum Insured
1.	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes – all Great both phalanges Great – one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%

2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger – three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger – three phalanges two phalanges one phalanx	5% 4% 2%
10.	Loss of little finger – three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical practitioner

Note:

- i. For the purpose of this Cover, Loss means:
 - a. The physical separation of a body part, or
 - b. The total loss of functional use of body part or organ provided which has continued for at least 365 days from the date of accident, provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope for improvement.
- ii. When more than one form of disability results from one Accident, we will add the percentages of each disability together. However, we will not pay more than 100% of the Sum Insured stated in the Policy

Schedule/ Certificate of Insurance.

- iii. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made*. * Illustration – Member means one entire hand and part means fingers/thumb of that hand. So, if a claim is admitted for loss by physical separation of one entire hand then loss for fingers/thumb of that hand will not be admitted.
- iv. If the Insured suffers from a Permanent Partial Disablement not listed in the above table then an external medical advisor will determine the disablement percentage.

4.7 TEMPORARY TOTAL DISABLEMENT

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period and due to such injury is not able to perform any duty pertaining to his/her employment or occupation, then We will pay a weekly benefit after **deduction** of Elimination Period/Deductible stated in the Policy Schedule/ Certificate of Insurance, provided that:

- I. The temporary total disablement is certified by a Medical Practitioner, and
- II. Such period of disability commences within thirty (30) days from the date of the Accident causing such Injury; and
- III. The compensation payable shall not exceed the number of weeks and the Sum Insured stated in the Policy Schedule.
- IV. If the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable less Elimination Period/deductible.
- V. We will pay once at the end of the entire period of disability.
- VI. Any payment made under this benefit shall be deducted from any Accidental Death, or Permanent Total Disability, or Permanent Partial Disability, if available under this Policy, which ultimately become payable under this Policy as a result of the same Accident.

5 Addon Cover/s

5.1 DOUBLE DISMEMBERMENT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period, which is the sole and direct cause of "Permanent Total Disablement" within 365 days from the Date of accident, then We will pay additional compensation of Sum Insured, as opted by the insured mentioned in the Policy Schedule/Certificate of Insurance against this Section.

Specific Conditions:

1. If the Insured Person suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by Insured and mentioned against this Section.
2. Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person.

5.2 IN-HOSPITAL MEDICAL EXPENSES – ACCIDENT ONLY:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period and is hospitalized as an in-patient for twenty-four (24) continuous hours or more, then the Company will reimburse the Insured Person the necessary Usual and Reasonable In-Hospital Medical Expenses, incurred within 365 days from the Date of Loss up to the Total Sum Insured stated in the Schedule, subject to the Terms and Conditions of this Policy. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Medical Expenses shall include –

- i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home,
- ii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- iii. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.
(Expenses on Hospitalization for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalization as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)
- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

The Following expenses shall be covered under the section mentioned above.

- i. Dental treatment necessitated due to injury.
- ii. Plastic surgery, necessitated due to injury.
- iii. Day care treatments as per Annexure C.

Exclusion:**i. Investigation & Evaluation (Code- Excl04)**

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

ii. 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)

- iii. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathy.
- iv. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
- v. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- vi. Treatment taken outside the geographical limits of India.
- vii. All expenses listed in Annexure-B (List I) of the Policy.

5.3 OUTPATIENT MEDICAL EXPENSES – ACCIDENT ONLY:

If the Insured Person sustains Injury due to an Accident during the Policy Period, then in addition to any amount payable under other Sections, We will pay for the Medical Expenses incurred on outpatient basis towards treatment of such Injury up to the Sum Insured stated in the Policy Schedule/Certificate of Insurance towards the said benefit, subject otherwise to all other terms, conditions and exclusions of the Policy.

Medical Expenses shall include –

- Consultation fees
- Medicines, drugs and consumables,
- Diagnostic procedures,
- Physiotherapy expenses as recommended by the treating Doctor

Exclusion:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

- I. Treatment of any disease, sickness or illness.
- II. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Medical practitioner;
- III. Elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force;

- IV. Dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect;
- V. All expenses listed in Annexure-B (List I) of the Policy.
- VI. medical expenses paid under any workers' compensation or any other Policy; Such paid amount will be deducted from the amount payable under this policy and balance amount will be payable upto the sum insured.
- VII. Medical expenses incurred as the result of influence of usage / abuse of alcohol and/or drug, addiction or overdose;
- VIII. Maternity expenses, treatment arising from or traceable to pregnancy except miscarriage and pre-mature birth as a result of an Accident.
- IX. Any non – allopathic treatment - Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatments.
- X. Treatment taken outside the geographical limits of India.
- XI. Investigation & Evaluation (Code- Excl04)
- XII. Expenses related to any admission primarily for diagnostics and evaluation purposes.

5.4 ACCIDENTAL HOSPITAL CASH:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period and is hospitalized as an in-patient for twenty-four (24)

continuous hours or more, we will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Injury subject to any applicable Deductible or Franchise shown in the Policy Schedule. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

One Period of Confinement - means a Hospital confinement due to the same Injury unless separated by at least 45 Days

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident or Injury are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accident, or Injuries for which the confinement is required.

5.5 BURNS:

If an Insured has opted for this cover and If an Insured Person sustains burns of the nature as specified in the table below solely and directly due to an Accident, then We will pay the percentage of the Sum Insured as specified in the table below:

Sr.no	Types of Burn	Percentage of sum insured payable
Head		
	Third degree burns of 8% or more of the total head surface area	100%
	Second degree burns of 8% or more of the total head surface area	50%
	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
	Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
	Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
Rest of the body		
	Third degree burns of 20% or more of the total body surface area	100%
	Second degree burns of 20% or more of the total body surface area	50%
	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
	Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Special Conditions:

1. The burns that are self-inflicted by Insured in any way will not be covered under this Benefit;
2. A Medical Practitioner has to confirm the percentage of the surface area of the burn and the diagnosis of the burn to Us in writing.
3. If the Injury results in more than one of the nature of burns specified in the table above, We shall be liable to pay for only the highest Benefit among all.
4. If We have admitted a claim in accordance with this Benefit, which results in 100% of the Sum Insured under this Benefit being paid then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person.

5.6 BROKEN BONES:

If an Insured has opted for this cover and If an Insured Person sustains Fracture of the nature as specified in the table below, solely and directly due to an Accident, then We will pay the percentage of the Sum Insured as specified in the table below.

Sr.no	Type of fractures	Percentage of sum insured payable
Hip or Pelvis (excluding thigh or coccyx)		
1	Open Fracture of more than one bone with flail pelvis	100%
2	Open Fracture of more than one bone without flail pelvis	50%
3	Open Fracture of one bone	50%
4	Closed Fracture of more than one bone with flail pelvis	50%
5	Closed Fracture of more than one bone without flail pelvis	25%
6	Closed Fracture one bone	15%
Thigh		
1	Open Fracture of neck of Femur	60%
2	Open Fracture of shaft of femur	45%
3	Closed Fracture of neck of Femur	25%
4	Closed Fracture of shaft of femur	25%
5	Fracture of condyles /patella	15%
Lower Leg		
1	Open Fracture of more than one bone	60%
2	Open Fracture of one bone	45%
3	Closed Fracture of more than one bone	25%
4	Closed Fracture one bone	15%
Fracture Ribs		
1	Fracture of Multiple Ribs with Flail Chest	25%
2	Fracture of Multiple Ribs with without Flail Chest	20%
3	Fracture of Single rib / Fracture of sternum	10%
Elbows, Arm (including wrist but excluding Colles type fractures)		
1	Open Fracture of more than one bone	45%
2	Open Fracture of one bone	35%
3	Closed Fracture of more than one bone	20%
4	Closed Fracture one bone	15%

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Colles type fracture of the lower arm		
1	Open Fracture	25%
2	Closed Fracture	10%
Skull		
1	Fracture of the skull needing surgical Intervention	60%
2	Fracture of the skull not needing surgical Intervention	20%
Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)		
1	Open Fracture	30%
2	Closed Fracture	15%
Spinal Column (Vertebrae but excluding coccyx)		
1	Compression fractures of more than one vertebrae	40%
2	Spinous, transverse process of pedicle fractures of more than one vertebrae	40%
3	Permanent Spinal Cord damage	40%
4	Fractures of Single Vertebra	15%
Lower Jaw		
1	Open Fracture	25%
2	Closed Fracture	10%
Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel		
1	Open Fracture of more than one bone	15%
2	Open Fracture of one bone	12%
3	Closed Fracture of more than one bone	4%
4	Closed Fracture one bone	2%
Dislocations requiring surgery under anesthesia		
1	Spine	35%
2	Back (Excluding slipped disc)	35%
3	Hip	25%
4	Knee (left or right)	20%
5	Wrist (left or right)	15%
6	Elbow (left or right)	15%
7	Ankle (left or right)	10%
8	Shoulder Blade (left or right)	10%
9	Collar bone	10%
10	Fingers (left or right hand)	5%
11	Toes (left or right foot)	5%
12	Jaw	5%
Internal Injuries		
1	Internal injuries resulting in open abdominal or Thoracic Surgery excluding hernia	50%
2	Intracranial hemorrhage and/ or physical brain injury	50%

Specific Conditions:

1. If Insured suffer a Fracture not specified in the above table but the fracture is due to an injury solely and directly due to an accident, then an Independent Medical Practitioner will decide the amount payable, if any.
2. A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.
3. A fracture where the broken bone penetrates the skin is an Open Fracture and where the broken bone does not penetrate the skin is a Closed Fracture.
4. If the Insured Member suffers Accidental Injuries resulting in more than one fractures, then only one amount, the largest, will be paid.
5. If We have admitted a claim in accordance with this Benefit, which results in 100% of the Sum Insured under this Benefit being paid then cover under this Benefit shall immediately and automatically cease in respect of that Insured Person.

5.7 FUNERAL EXPENSES:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his death within (365) days from the date of the Accident, then we will reimburse the Insured Person's Beneficiary or legal representative the Compensation stated in the Schedule towards the cost of the last rites of the Insured Person.

5.8 IN PATIENT SURGERY BENEFIT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period and has to undergo surgical procedure, performed by a Physician, then we will reimburse the expenses incurred for the surgical procedure upto the percentage of the Sum Insured as specified in the Policy schedule or certificate of Insurance.

5.9 AMBULANCE CHARGES:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident and such Injury requires the Insured Person to be transported to the Hospital by an Ambulance on recommendation of the Medical practitioner, then We shall reimburse the costs incurred up to the limits as specified in the Policy Schedule or Certificate of Insurance.

5.10 MODIFICATION/ALTERATION BENEFIT (HOME/ VEHICLE):

If an Insured has opted for this cover and If an Insured Person suffers an Injury and we have accepted a claim under "Permanent Total Disablement" and/or "Permanent Partial Disablement", then We will reimburse the Reasonable and Customary Charges/Expenses incurred for alterations or modifications to be carried out in the Insured Person's residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the accident, up to the Sum Insured opted by Insured and mentioned in Policy Schedule/Certificate of Insurance against this Section.

1. alterations to the Insured Person's residence that are necessary to make the residence accessible and habitable for a wheelchair-confined person; or
2. modifications to one motor vehicle owned by the Insured Person or modifications to a motor vehicle newly purchased for the Insured Person that are necessary to make the vehicle accessible to and/or drivable by the Insured Person.

5.11 ASSAULT:

If an Insured has opted for this cover and If an Insured person suffers and injury that results in death or Permanent disablement, as a result of or arising from assault, then the Company agrees to pay to the Insured person or the Insured person's beneficiary or legal representatives the increased percentage of the Accidental death or permanent disablement total sum insured stated under this section in the schedule.

Special condition:

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

Specific Definitions

Assault means any willful or unlawful use of force inflicted upon an Insured Person that is a criminal offence in the jurisdiction in which it occurs and which results in Bodily Injury to an Insured Person.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for an act of Assault by an Immediate Family Member.

5.12 SPOUSE OR DEPENDENT CHILD CONSOLATION BENEFIT:

If an Insured has opted for this cover and If an Insured Person's spouse or dependent child suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his/her death within (365) days from the date of the Accident, then We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance. The Spouse or Dependent Child must be insured under this Policy for this benefit to be paid.

We will pay, the sum insured less any other amount paid or payable under: Permanent Total Disability and Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident

Disappearance

- i. If Insured person's spouse or dependent child's body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which they were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that they have suffered death resulting from the Accident covered by this Policy.
- ii. If at any time, after the payment of the Accidental death benefit, it is discovered that Insured's spouse or dependent child are still alive, all payments made under this benefit shall be reimbursed in full to Us.

Note - Once a claim has been accepted and paid under this Benefit then this Policy shall immediately and automatically cease with immediate effect in respect of that Insured Person.

5.13 DEPENDENT CHILD EDUCATION BENEFIT:

If an Insured has opted for this cover and If an Insured person suffers an injury that results in death, such that an Accidental Death benefit is payable under the Policy. We will pay the Sum Insured as opted by Insured and mentioned in the Policy Schedule/Certificate of Insurance against this Section, towards the cost of education of the dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

(1) he is a full time student in any Educational Institution; and

(2) The benefit will be paid for each year of the Eligible Children's continuous enrolment as a full time student in an educational institution to a maximum of four (4) consecutive years or the date the Eligible Children reaches age 25 whichever comes first.

The applicable portion of the yearly benefit for each term of enrolment is payable upon receipt of proof of enrolment for that term.

5.14 COMMON ACCIDENT:

If an Insured Person and spouse suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of their death within (365) days from the date of the Accident, then the Total Sum Insured payable for each of the Insured Person and Spouse shall be either the Accidental Death Total Sum Insured applicable to the Insured Person or the Accidental Death Total Sum Insured applicable to the Spouse, whichever is greater. This benefit shall in no event exceed the Common Accident maximum amount shown in the Schedule.

This benefit applies only if:

1. the Insured Person has elected insurance under the Policy for a Spouse; and
2. such insurance is in effect on the date of the Accident.

Disappearance

- i. If the Insured and spouse body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which You and the Insured's spouse were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that the Insured and spouse have suffered death resulting from the Accident covered by this Policy.
- ii. If at any time, after the payment of the Accidental death benefit, it is discovered that the Insured is still alive, all payments made under this benefit to the Insured's Nominee shall be reimbursed in full to Us.

Note - Once a claim has been accepted and paid under this Benefit then this Policy shall immediately and automatically cease with immediate effect in respect of that Insured Person.

5.15 COMATOSE BENEFIT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of the Insured Person being in a Hospital in a Comatose State, within 365 days of the Date of Loss, then the Company agrees to pay to the Insured Person the Compensation stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Provisions

In case of successive Comatose State with less than ten (10) Days between each one for a same cause, the Deductible or Franchise will only apply once, as the Comatose State will be deemed as one.

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Specific Conditions

1. The Insured Person must be in the Hospital Intensive Care Unit for the duration of the Comatose State for any benefits to be payable.
2. The Comatose State must be for three (3) months or more for any benefits to be payable.

Specific Definitions

Comatose State means a state of profound unconsciousness, characterized by the absence of spontaneous eye openings, response to painful stimuli, and vocalization.

5.16 REHABILITATION BENEFIT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which requires Rehabilitation within three (3) weeks of the Date of Loss, then the Company agrees to pay the actual costs of such treatment up to the amount stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Definitions Rehabilitation means:

1. treatment by a therapist licensed, registered, or certified to provide such treatment; or
2. treatment in an institution which is licensed to provide such treatment, when the treatment is intended to prepare the Insured Person for work in any gainful occupation, including the Insured Person's regular occupation.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for any treatment not performed by a fully registered and licensed Physiotherapist.

5.17RECONSTRUCTIVE SURGERY BENEFIT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which requires Reconstructive Surgery within six (6) months of the Date of Loss, then the Company agrees to pay the actual costs of such Reconstructive Surgery up to the amount stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Definitions

Reconstructive Surgery means surgery to reconstruct cutaneous or underlying tissue, prescribed as necessary by a Physician.

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Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for

1. any Reconstructive Surgery not performed by a fully registered and licensed Cosmetic Surgeon.
2. any Reconstructive Surgery an Insured Person elects to have.

5.18 HOME TUITION BENEFIT:

If an Insured has opted for this cover and If a dependent child of an Insured Person suffers an Injury due to an Accident during the Policy Period, which directly and independently of all other causes results in Temporary Total Disablement, then the Company agrees to pay Home Tuition Fees per Day up to the amount stated in the Schedule, for up to the maximum number of weeks stated in the Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

1. In the event of a dispute arising as to when Temporary Total Disablement ceased, the date shall be finally determined by a Physician commissioned by the Company who certifies:
 - a. the date upon which the Insured Person recovered; or
 - b. the date upon which the Insured Person recovered as far as he/she ever will; or
 - c. the date from which the Insured Person is declared to have suffered Permanent Total Disablement;
2. The benefit shall not in any event exceed the Total Sum Insured or the Maximum Number of Weeks as stated in the Schedule.

If an Insured Person has other insurance against a loss covered by this Section, then the Company shall not be liable for a greater proportion of the loss than the applicable benefit under this Section bears to the total applicable benefit under all such insurance.

Specific Definitions

1. Temporary Total Disablement means disablement which temporarily and entirely prevents an Insured Person from attending full time education at an accredited tertiary educational institution.
2. Home Tuition Fees means the costs for a fully registered and licensed teacher to continue the education of the Insured Person at home during Temporary Total Disablement.

Specific Exclusions

3. The Company shall not be liable to pay any benefit in respect of any Insured Person for any claim caused by or arising from or due to Sickness of any and every kind.

5.19- PARENTAL CARE BENEFIT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his death within (365) days from the date of the Accident, then the Company agrees to pay the Compensation shown in the Schedule in equal shares to each Dependent Parent of the Insured Person.

Specific Definitions

Dependent Parent means the parents or grandparents of the Insured Person or the Insured Person's Spouse. A Dependent Parent is eligible for this benefit if he or she, at the time of the Bodily Injury, is receiving support and care provided by the Insured Person or Spouse.

5.20 DEPENDENT CHILD WEDDING BENEFIT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his death within (365) days from the date of the Accident, then the Company agrees to pay the Compensation shown in the Schedule in equal shares to each Dependent child of the Insured Person.

5.21 SKILL DEVELOPMENT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of Insured's death or Permanent Total Disablement within (365) days from the date of the Accident, then We will reimburse upto the amount as stated in the Policy Schedule towards enrollment in any skill development course.

The coverage is applicable to -

1. Either Insured Person or spouse in case of Permanent Total Disability due to an accident of Insured Person during the Policy Period. or

2. Spouse in case of Accidental Death of Insured Person during the Policy period. The coverage would be offered only if enrolment is taken in any recognized Educational Institute/ training institute / vocational institute as a full time/ part time student for getting future employment. Enrollment in such institute should be after the occurrence of such Accidental Death or Permanent Total Disability of an Insured Person.

Coverage can be availed within 6 months from the date of loss.

5.22 ORPHAN BENEFIT:

If an Insured has opted for this cover and If an Insured Person and spouse suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of their death within

(365) days from the date of the Accident, then in addition to the amount payable under Accidental Death, We will pay an amount equal to the higher of the parents Sum Insured to the Dependent Child irrespective of whether the Dependent Child is covered under the Policy or not.

This benefit shall be paid to the bank account of the dependent child. In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, in case of cover being applicable to more than one child, the payable amount will be divided equally between the eligible children.

5.23 REPATRIATION OF MORTAL REMAINS:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his death within (365) days from the date of the Accident. We will pay onetime payment as stated in the Policy Schedule/ certificate of insurance towards Transportation of Insured Person's Mortal Remains to a Hospital, cremation ground or burial ground or to the Insured Person's residence.

5.24 LOSS OF JOB:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of Permanent Total Disablement or Permanent Partial Disablement within (365) days from the date of the Accident, then in addition to any amount payable under that Section then We will pay the amount as specified in the Policy Schedule or Certificate of Insurance provided that the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation.

a. In case of salaried persons: A lump sum amount equal to 3 months salary, based on the last 3 months salary slip of the employer. Salary shall mean and include Basic Salary along with the Daily Allowance and any other allowance being paid by the Employer. It would not include overtime, Seasonal allowance, Bonus, variable pay, performance bonus etc., tips, commissions or any other special compensation or anything available in kind or in lieu of such items in whatever form. Also salary would exclude income from any other sources. In case of Insured is earning from more than one source, only the higher of two would be considered for the purpose of calculation of payout under this benefit.

b. In case of self-employed persons or where salary information is not available, 5% of Sum Insured under Permanent Total Disablement or under Permanent Partial Disablement whichever is higher, up to a maximum of Rs 75,000 shall be payable. This amount can be paid either lump sum or in three equated monthly instalments as specified in the Policy Schedule or Certificate of Insurance.

5.25 Loan Protector:

If an Insured Person suffers an Injury due to an Accident that occurs during the Coverage Period We will pay an amount equal to the outstanding loan principal amount in respect of the Insured Person's outstanding Loan, subject to this amount not exceeding the amount specified in the Certificate of Insurance.

This Cover Benefit will be payable provided that:

- a. We have accepted a claim under any of the Benefit of basic coverage section 4.1, 4.2, 4.3 or 4.4 in respect of that Insured Person;
- b. The amount payable under this Cover Benefit will be in addition to the amount payable under the in-built Benefit (Accidental Death) or any other applicable Cover Benefits;
- c. Any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this Cover Benefit will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.

5.26 FAMILY TRANSPORTATION BENEFIT:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of Accidental death or Permanent Total Disablement or Permanent Partial Disablement or Accidental hospitalization in a location situated outside the City/Town of Insured's usual place of residence mentioned in the Policy Schedule/Certificate of Insurance, then We will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a common carrier, up to the Sum Insured opted by Insured and mentioned in the Policy Schedule/Certificate of Insurance against this Section, for one of the Insured's "Immediate Family Member" to travel to the place of accident or the Hospital in which the Insured Person is hospitalized.

For the purpose of this Section, the term "Immediate Family Member" would mean the Insured Person's spouse, siblings, Children above age of 18 years, parents or parents in law.

Specific Conditions: The benefit is payable under this Section subject to:

1. The Insured Member's treating Medical Practitioner has advised in writing the personal attendance of an Immediate Family Member.
2. The Insured Person is Hospitalized at a distance of at least 100 kilometers from his place of residence.

5.27 TRANSPORTATION OF IMPORTED MEDICINE:

If an Insured has opted for this cover and If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of accidental hospitalization then we will reimburse the costs incurred by Insured for freight charges for importing medicines to India, provided that:

1. Such medicines, formulations or their alternatives are not available in India.
2. Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident.
3. Such medicines shall not include any drugs under clinical trials or medicines, formulations or molecules of unproven efficacy.
4. The Medicines are recommended by the treating Medical Practitioner.

5.28 DAMAGE TO PERSONAL PROTECTIVE EQUIPMENT:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to an Accident which solely and directly results in damage to any equipment that controls or mitigates a risk to a person's health and safety, which includes but is not limited to helmets, kneepads, safety boots, earmuffs and face masks, then We will pay a lump sum amount as specified in the Policy Schedule or Certificate of Insurance.

5.29 COST OF SUPPORT ITEMS:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to an Accident we will reimburse cost of purchase of support items upto the maximum stated in the Policy Schedule/Certificate of Insurance such as artificial limb, crutches, stretcher, tricycle, wheelchairs, intra-ocular lenses, spectacles or any other item which in the opinion of a Medical Practitioner is/are necessary for the Insured/Insured Person due to injury sustained in an accident.

5.30 SECOND MEDICAL OPINION:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to an Accident we will arrange and bear the cost for Second Opinion from our panel of Medical Practitioners. This is for times when there has been a major accidental injury that requires Insured's hospitalization in a tertiary care facility during the Policy Period, provided that:

1. We have received Insured's request to arrange for a Second Opinion.
2. Insured have the option to choose any One of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

5.31 TRAUMA COUNSELLING:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to an Accident which has resulted in Death or Permanent Total disability or Permanent Partial disability then we will reimburse the expenses incurred towards Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, then We will reimburse up to the Sum Insured as opted by Insured and mentioned in the Policy Schedule/Certificate of Insurance against this Section, towards the expenses incurred for the counselling session, provided that, Coverage needs to be availed within Six months from the date of incident covered under this Section and is applicable to:

- a. Insured Person's Parents, Spouse and Children – In case of accidental death of the Insured Person.
- b. Insured Person – In case of Permanent Total Disablement and/or Permanent Partial Disablement sustained by the Insured during the Policy Period.

5.32 MEDICAL INSURANCE PREMIUM BENEFIT:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to an Accident which has resulted in accidental death of Insured within 365 days from the date of loss , then we will pay the actual costs of the medical insurance premiums for the Insured Person's

surviving Spouse and Dependent Child up to the amount stated in the Schedule per year up to the number of years stated in the Schedule.

Specific Extensions

- i. If Insured's body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which Insured was travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that Insured have suffered death resulting from the Accident covered by this Policy.
- ii. If at any time, after the payment of the Accidental death benefit, it is discovered that Insured is still alive, all payments made under this benefit to the Nominee shall be reimbursed in full to Us.

Specific Conditions

The total Sum Insured is the total amount payable for the Spouse and

Dependent Child combined, not per person.

5.33 INCIDENTAL EXPENSES:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to an Accident then we will pay for incidental items such as books, clothes, examination fees, bicycle, cost of spectacles any other item which the Insured/Insured Person has lost/damaged/which got forfeited due to any accident as defined under the policy.

5.34 DOMICILIARY HOSPITALIZATION:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to an Accident requiring medical treatment taken at home, which would otherwise have required Hospitalization, up to the Sum Insured opted by Insured and mentioned in the Policy Schedule/Certificate of Insurance against this Section and provided that:

1. The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
2. The patient takes treatment at home on account of non-availability of room in a Hospital, and
3. The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period
4. No Payment will be made if the condition for which Insured require medical treatment is due to any reason other than an accidental bodily injury.

5.35 PROLONGED HOSPITAL BENEFIT:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to an Accident and is hospitalized as an inpatient for a minimum number of consecutive days as Opted by Insured mentioned in the schedule or certificate of insurance, We will give Insured a lump sum amount as mentioned in the Policy Schedule / Certificate of Insurance. Provided that the benefit is payable only once to an Insured Person during the Policy Period.

For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.

5.36 AIR AMBULANCE:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to accident we will reimburse expenses incurred towards transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

This transportation will be from the location where the accident happened the first time and subject to availability of Sum Insured mentioned in the Policy Schedule / Certificate of Insurance against Accidental Hospitalization Cover and provided that such Transportation in an airplane or helicopter has been prescribed or certified by a Medical Practitioner and/or is Medically Necessary.

5.37 MISCARRIAGE DUE TO ACCIDENT:

If an Insured has opted for this cover and If Insured Person suffers an Injury which solely and directly results in Miscarriage of a Pregnant Insured Member within 15 days of such accident, then We will pay a lumpsum amount as opted by Insured and mentioned in the Policy Schedule/Certificate of Insurance, provided that:

- a) The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth.
- b) We shall not be liable for voluntary termination of pregnancy.
- c) This benefit is applicable only to the female Insured Member covered under this Policy.

For the purpose of this Cover, Miscarriage shall mean the spontaneous or unplanned expulsion of a fetus from the womb within the first 20 weeks of gestation.

5.38 CHAUFFEUR PLAN BENEFIT:

If an Insured has opted for this cover and If Insured Person suffers an Injury due to which Insured is partially incapacitated and unable to attend to a substantial part of his / her business commitments, then the Company agrees to pay the daily amount up to the Total Sum Insured stated in the Policy Schedule/Certificate for the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the Insured Person's mobility to meet his / her business commitments. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person if the Insured Person does not follow proper medical advice from a Physician after sustaining the Bodily Injury.

6 EXCLUSIONS (Applicable to all Section of this policy)

6.1 Standard Exclusions

6.1.1 Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalization 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.

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

- A. Arising from 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

6.1.3 War, civil War, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power;

6.1.4 whilst engaging in aviation, whilst mounting into or dismounting from or travelling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed Standard type of Aircraft anywhere in the world. [Standard type of Aircraft" means an aircraft duly licensed to carry passenger (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;]

6.1.5 any Pre-existing Condition(s) / disability except in case where accident is solely responsible for any liability under the policy;

6.1.6 Pregnancy Exclusion Clause: This Policy shall not extend to cover death or disablement resulting directly or indirectly caused by or contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof.

6.1.7 suicide or attempted suicide, intentionally self-inflicted Injury or Illness, acts of self- destruction whether the Insured Person is medically sane or insane;

6.1.8 arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any

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- violation or attempted violation of the law.
- 6.1.9 being under the influence of drugs, alcohol, or other intoxicants or hallucinogens;
- 6.1.10 participation in an actual or attempted felony, riot, crime, misdemeanor, or civil commotion;
- 6.1.11 operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft;
- 6.1.12 External Congenital Anomalies or any complications or conditions arising therefrom;
- 6.1.13 Any non-medical expenses (list enclosed in Annexure B).

6.2 EXCLUSIONS SPECIFIC TO THE POLICY, WHICH CAN BE WAIVED

ON PAYMENT OF ADDITIONAL PREMIUM

- 6.2.1 **participation** in Adventure Sport such as winter sports*, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports#, any bodily contact sport or any other Hazardous or potentially dangerous sport ; (* winter sports mean snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air, on snow or ice). (# professional sports mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

7 General Terms and Conditions

7.1 CONDITION PRECEDENT TO CONTRACT

- 7.1.1 **Age** - A person shall be eligible to become an Insured Person if he/she is not younger than 91 days.
- 7.1.2 **Condition precedent** - This Policy requires fulfillment of the terms and conditions of this Policy, payment of premium (including payment of installment premium by the due dates as mentioned in the Policy Schedule) and Disclosure of Information Norm at all times by You, Insured Persons or any one acting on Your behalf. This is a precondition to any liability under the Policy.
- 7.1.3 **Disclosure to Information Norm** - The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any Material fact.

7.1.4 Electronic Transactions - The Policyholder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions that We may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by

or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and conditions of the contract. However, the terms and conditions shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholders' interests.

7.1.5 No Constructive Notice -Any knowledge or information of any circumstance or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

7.2 CONDITIONS APPLICABLE DURING CONTRACT

7.2.1 Material Change- The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and /or premium, if necessary, accordingly.

7.2.2 Notice & Communication

- I. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- II. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- III. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule

7.2.3 Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured

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person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other pay acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to

issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

7.2.4 Cancellation of Policy

- a) The policyholder may cancel this policy by giving 7 days written notice.
- b) In case the Policyholder requests cancellation of the Policy, where no claims are made under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorate basis.
- c) In case the Policyholder requests for cancellation of the Policy, where there are claims made under the Policy, then there shall be no refund of premium for the unexpired policy period.
- d) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud or non-cooperation by the insured person by giving 15 days' written notice. There would be no refund of premium upon cancellation on the abovementioned grounds.

7.2.5 Protection of Policyholders' Interest - This Policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and All Other Kind of Insurance

Matters of Insurers) Regulations, 2024 or any amendment thereof from time to time.

7.2.6 Termination of Policy - This Policy terminates on earliest of the following events-

- a. Cancellation of Policy as per the cancellation provision.
- b. On the Policy expiry date.

7.2.7 Records to be maintained - You or the Insured Person, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the policy and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time

during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

7.2.8 Geography - This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition or by Us through an endorsement.

7.2.9 Policy Disputes - Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

7.2.10 Revision & Modification of Product - Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the product including premium. Such information shall be given to You prior to the effective date of modification or revision coming into effect.

7.2.11 Premium Payment Options:

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. Grace Period of as per the following Days would be given to Pay the instalment premium due for the Policy.
- ii. The Benefits provided under – “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of Premium within the stipulated grace Period.
- iii. No interest will be charged If the installment premium is not paid on due date.
- iv. In case of installment premium due not received within the grace period, the Policy will get cancelled.

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Options	Instalment Premium Option	Grace Period Applicable
Option 1	Yearly	30 Days
Option 2	Half Yearly	30 Days
Option 3	Quarterly	30 Days
Option 4	Monthly	15 Days

- v. In case of failure of transaction in ECS mode of payment and/or instalment premium due not received within the grace period, the policy will get cancelled and fresh policy would be issued with fresh waiting periods after obtaining consent from the customer.
- vi. In case of change in terms and conditions of the policy contract or in premium rate, the ECS authorization shall be obtained afresh ensuring an informed choice to the policy holder.
- vii. The insurer can withdraw ECS mode of payment by giving 15 days' notice prior to the due date of premium payable.
- viii. All terms and conditions for this product is as per the Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 read with Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance or any amendment thereof from time to time in respect of break in policy.

Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of thirty days from date of receipt of the Policy, whether received electronically or otherwise, to review the terms and conditions of the Policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, 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

7.2.12 Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh for the incremental portion of the sum insured.

7.2.13 Nomination:

The policy holder 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 policy holder. 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 claims settlement under reimbursement, the Company will pay the policy holder. In the event of death of policy holder, the company will pay the nominee (as named in the policy schedule/Policy Certificate/Endorsement if any) and incase there is no subsisting nominee, to the legal heirs or legal representatives of the policy holder whose discharge shall be treated as full and final of its liability under the policy.

7.2.14 Terms and condition of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

7.2.15 Withdrawal of Product

The product will be withdrawn only after due approval from the Authority. We will inform the Policyholder in the event We may decide to withdraw the product.

In such cases, where Policy is falling due for Renewal within 90 days from the date of withdrawal, We will provide the Policyholder one time option to renew the existing Policy with us or migrate to modified or new suitable health insurance policy with Us. Any Policy falling due for Renewal after 90 days from the date of withdrawal will have to migrate to a modified or new suitable health insurance policy with Us.

Individual members will also have an option to opt for suitable health insurance Policy with Us subject to applicable Portability norms in vogue.

7.2.16 Group Administrator –

The Group Administrator shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master policy issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master policy.

Group/Master policy will be issued to the group administrator and all members wherever required will be provided with the certificate of

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insurance by Us. We reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions of Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof from time to time. We may also require submission of certificate of compliance from the auditors of Group Administrator.

The Group administrator will provide all possible help to its member and facilitate any service required under the Policy including claims. Notwithstanding this a member of the group covered under the Policy shall be free to contact Us directly for filing the claim or any assistance required under the Policy.

7.3 CONDITIONS APPLICABLE DURING CONTRACT

7.3.1 Continuity

Insured Person would have an option to migrate to Our individual personal accident insurance product if the group policy is discontinued or if Insured Person is leaving the group on account of resignation, retirement, termination of employment or otherwise, subject to Our underwriting guidelines. Dependent children likewise when exiting on account of reaching upper age limit will have an option to migrate to Our individual personal accident insurance plans subject to Our underwriting guidelines. Insured Person will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator.

7.3.2 Portability

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

Portability benefit will be offered to the extant of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on portability, kindly refer the link
http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf

7.3.3 Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company policy by applying for migration of the policy 30 days before the premium due date of his/her existing policy as per extant guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link -

https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf

7.3.4 Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of the claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

7.3.5 Renewal Terms

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person provided that the policy is not withdrawn and also subject to conditions stated under clause 7.2.15. The renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Breakin Policy. Coverage is not available during the grace period.
- v. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

- vi. No loading shall apply on renewals based on individual claims experience.

7.4 CONDITIONS WHEN A CLAIM ARISES

- 7.4.1 Disclaimer of Claim** - If Company shall disclaim liability to the Insured for any claim and if the insured shall not, within twelve (12) calendar months from the date or receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the Policy.
- 7.4.2 Physical Examination** - Any Medical Practitioner authorized by Us shall be allowed to examine the Insured Person in case of any alleged injury / disability. Non-co-operation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the insured person.
- 7.4.3 Complete Discharge** - Payment made by Us to You /Assignee/Nominee/legal representative, as the case may be, in respect of any benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of Us.
- 7.4.4 Claims Process & Management** - In the event of any claim under the Policy, completed claim form and required documents must be furnished to Us within the stipulated time. Failure to furnish this documentation within the stipulated time shall not invalidate nor reduce any claim if You can satisfy Us that it was not reasonably possible for You to submit / give proof within such time.
- 7.4.5 Policyholder's / Insured Person's duties at the time of Claim** - On occurrence of an Event which will eventually lead to a Claim under this Policy, the Policyholder/ Insured Person shall:
- Forthwith intimate the Claim in accordance with Section No. 7.4.6 of this Policy.
 - If so requested by Us, the Insured Person will have to submit himself / herself
 - for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
 - Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
 - Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

7.4.6 Claim Intimation:

Upon the occurrence of any event, that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call center or in writing within seven (30) days

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of occurrence of such event.

The following details are to be provided to Us at the time of intimation of Claim:

- a) Policy Number/ Certificate of Insurance Number
- b) Name of the Policyholder
- c) Employee / Member Code
- d) Name of the Insured person in whose relation the Claim is being lodged
- e) Nature of Event
- f) Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- g) Date of Event
- h) Any other information, documentation as requested by Us

7.4.7 Claims Documents

In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately but not later than <<30 days>> of date of Accident, to avail the Claim.

We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give notice or file claim within the prescribed time limit. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred. Requirement of all or any of the following documents will depend on the nature of claim.

Documents required for Claims processing:

- a. Duly filled and signed claim form.
- b. Copy of FIR/ Panchanama /Police Inquest Report (if conducted) duly attested by the Police; Copy of Medico Legal Certificate duly attested by the concerned Hospital/ Police, Final police report attested by Police.
- c. Copy of Death Certificate (issued by the office of Registrar of Births and Deaths)
- d. Copy of Post Mortem report if conducted duly attested by the Police, Copy of viscera report wherever applicable duly attested by the Police.
- e. Copy of Hospital record, if applicable
- f. Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Public Transport (in case of death in a Public Transport). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.

- g. Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.
- h. Disability certificate
- i. Leave/Absence Certificate from Employer (If Employed)
Additional documents required under Copy of Birth Certificate and Copy of School ID Card
- j. Study Certificate from the school of the dependent child mentioning the parent's name
- k. Original bills, prescriptions, investigation reports, discharge card wherever applicable
- l. Loss of Employment/Termination Letter indicating the reason for termination, Salary Slip of last 3 months (for salaried persons).
- m. Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law.
- n. Cancelled cheque copy

7.4.8 Scrutiny of Claim Documents

- a. We shall scrutinize the Claim and accompanying documents. Any deficiency in documents shall be intimated within five (7) days of its receipt.
- b. If the deficiency in the submitted Claim documents is not furnished or partially furnished within ten (10) working days of the first notification, We shall send a reminder of the same every ten (15) days thereafter.
- c. We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from last reminder.

7.4.9 Claim Investigation

We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation may be concluded within thirty (30) days from the date of receipt of last necessary document of the Claim. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/investigation shall be borne by Us.

7.4.10 Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as may be the case, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the Insurer shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).

7.4.11 Payment Terms

- i. All Claims will be payable in India and in Indian rupees.
- ii. We will only make payment to the Insured Person / Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance).
- iii. Our total liability in aggregate for all claims under the Policy for a specific Insured Person shall not exceed the respective Sum Insured of that Insured Person as mentioned in Policy Schedule.
- iv. In case of claims for accidental death of the Insured Person, where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.
- v. If premium is payable in installments and not paid on or before the due date then
- vi. We will not pay for any claim that occurs during the relaxation period unless the installment premium is paid by You within the relaxation period. We shall have the rights to recover and deduct the pending installment premium towards the insured person who has claimed prior to the installment due date from the claim amount due under the Policy.

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Reference Links:

List of TPA link - <https://www.rahejaqbe.com/claims/health-claims>

List of Blacklisted hospitals - <https://www.rahejaqbe.com/hospital-locator>

7.4.12 Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital/Nursing Home, as the case may be, for any benefit under the policy shall in all cases be a full, valid and effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

7.4.13 Disclaimer

If the Company shall disclaim liability to the insured person for any claim hereunder and if the insured person shall not within twelve calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

7.4.14 Payment of Claim

All claims under the policy shall be payable in Indian currency and through NEFT/ RTGS/Cheque or DD only.

8 REDRESSAL OF GRIEVANCE

In case of any grievance the Insured Person may contact the company through

Website: www.rahejaqbe.com

Toll free: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

E-mail: customercare@rahejaqbe.com

Telephone: 022 – 69155050

For Senior Citizen: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

E-mail: seniorcitizenccare@rahejaqbe.com

Courier: Any branch office or the correspondence address, during normal business hours

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:

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Fulcrum, 501 & 502, A Wing, 5th Floor, IA Project Road, Sahar
Andheri East, Mumbai 400059, India

Tel: 022 - 69155050

Website: www.rahejaqbe.com

Email: complaintsofficer@rahejaqbe.com

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.

 Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com

CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

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

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.

The contact details of Ombudsman offices are mentioned below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: gio.ahmedabad@cioins.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: gio.bengaluru@cioins.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, 1st floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: gio.bhopal@cioins.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: gio.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: gio.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600018. Tel. 044 – 24333668/ 24333678. Email: gio.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel: 011 - 46013992/ 23213504/23232481 Email: gio.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: gio.guwahati@cioins.co.in

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.

 Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com

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Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: gio.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: gio.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel: 0484 – 2358759 Email: gio.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: gio.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdara, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: gio.lucknow@cioins.co.in
<u>List of wards</u> under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N , S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: gio.mumbai@cioins.co.in
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: gio.noida@cioins.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: gio.patna@cioins.co.in

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.
 Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com
 CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: gio.pune@cioins.co.in
Area of Navi Mumbai, Thane District, Raigad District, Palghar District and <u>wards of Mumbai</u> , M/East, M/West, N, S and T."	Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: gio.thane@cioins.co.in

The details of Insurance Ombudsman are available on website: <https://www.cioins.co.in/Ombudsman>

On the website of General Insurance Council: www.gicouncil.in and our website www.rahejaqbe.com or from any of the Our offices.

Annexure- B
List I - Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)

26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sr No	Item
1	Baby Charges (Unless Specified/Indicated)
2	Hand Wash
3	Shoe Cover
4	Caps
5	Cradle Charges
6	Comb
7	Eau-De-Cologne / Room Freshners
8	Foot Cover
9	Gown
10	Slippers
11	Tissue Paper
12	Tooth Paste
13	Tooth Brush
14	Bed Pan
15	Face Mask
16	Flexi Mask
17	Hand Holder
18	Sputum Cup
19	Disinfectant Lotions
20	Luxury Tax
21	Hvac
22	House Keeping Charges
23	Air Conditioner Charges
24	Im Iv Injection Charges
25	Clean Sheet
26	Blanket/Warmer Blanket
27	Admission Kit
28	Diabetic Chart Charges
29	Documentation Charges / Administrative Expenses
30	Discharge Procedure Charges
31	Daily Chart Charges
32	Entrance Pass / Visitors Pass Charges
33	Expenses Related To Prescription On Discharge
34	File Opening Charges
35	Incidental Expenses / Misc. Charges (Not Explained)
36	Patient Identification Band / Name Tag
37	Pulseoxymeter Charges

List III – Items that are to be subsumed into Procedure Charges

Sr No.	Item
1	Hair Removal Cream
2	Disposables Razors Charges (For Site Preparations)
3	Eye Pad
4	Eye Sheild
5	Camera Cover
6	Dvd, Cd Charges
7	Gause Soft
8	Gauze
9	Ward And Theatre Booking Charges
10	Arthroscopy And Endoscopy Instruments
11	Microscope Cover
12	Surgical Blades, Harmonicscalpel,Shaver
13	Surgical Drill
14	Eye Kit
15	Eye Drape
16	X-Ray Film
17	Boyles Apparatus Charges
18	Cotton
19	Cotton Bandage
20	Surgical Tape
21	Apron
22	Torniquet
23	Orthobundle, Gynaec Bundle

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List IV – Items that are to be subsumed into costs of treatment

Sr No.	Item
1	Admission/Registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bipap Machine
6	Cpap/ Capd Equipments
7	Infusion Pump– Cost
8	Hydrogen Peroxide\Spirit\ Disinfectants Etc
9	Nutrition Planning Charges - Dietician Charges- Diet Charges
10	Hiv Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabes
16	Scrub Solution/ Sterillium
17	Glucometer& Strips
18	Urine Bag

Annexure- C

Sr. no.	Day care procedure for accidental injuries (Indicative List)
1	Surgery for ligament tear
2	Surgery for meniscus tear
3	Surgery for Hemarthrosis/Pyoarthrosis
4	Removal of fracture pins/ nails
5	Removal of metal wire
6	Foreign body removal from nose
7	Suturing - CLW -under LA or GA
8	Surgical debridement of wound
9	Closed reduction on fracture, luxation
10	Reduction of dislocation under GA
11	Tennis elbow release
12	Arthroscopic knee aspiration
13	Aspiration of Hematoma
14	Incision and Drainage
15	Foreign body removal from cornea
16	Foreign body removal from posterior chamber of eye
17	Foreign body removal from lens of the eye
18	Foreign body removal from orbit and eye ball
19	Reduction of nasal fracture
20	Foreign body removal from conjunctiva