

INDIVIDUAL PERSONAL ACCIDENT POLICY

POLICY WORDINGS

IMPORTANT

This Policy has been issued based on information provided by You or on Your behalf. Please read this Policy carefully and make sure that You understand it. If You have any doubts about the Policy, please call Our toll free number or write to Our nearest Policy issuing office.

1. THE INSURANCE CONTRACT

- 1.1. The Policy is an evidence of the contract between You (the Policyholder) and Us.
- 1.2. The proposal and Disclosure to Information Norm and any other information supplied by You forms the basis of this Policy.
- 1.3. The Policy, the Schedule and any endorsement are to be read as one document and any word or expression used with a specific meaning in any of them has the same meaning wherever it appears.
- 1.4. This Policy has been issued on receipt of premium from You for the period stated in the Schedule. Any subsequent Renewal will require Our acceptance of Your proposal and Your payment of premium for the renewal period.
- 1.5. The terms, conditions and exceptions that appear in the Policy or in any endorsement are part of the Policy and must be complied with. Failure to comply may result in the claim being denied.
- 1.6. The Policy extends cover to the person(s) mentioned as Insured Person(s) in the Schedule attached to and forming part of this Policy.

2. Definitions

- 2.1 ACCIDENT or ACCIDENTAL** means a sudden, unforeseen and involuntary event caused by external and visible means.
- 2.2 BIOLOGICAL AGENT** shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.
- 2.3 CHEMICAL AGENT** shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
- 2.4 DEPENDENT CHILD** means a child (natural or legally adopted), who is financially dependent on the primary insured proposer and does not have his/her independent sources of income.
- 2.5 DISCLOSURE TO INFORMATION NORM** means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2.6 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 all the credits (Sum Insured, No claim bonus, Specific waiting periods and waiting period for pre-existing diseases, moratorium period, etc.) accrued under the policy. Coverage will 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.

2.7 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.

2.8 HOSPITALISATION or HOSPITALISED means the admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

2.9 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.

2.10 INSURED PERSON means the person named as insured in the Schedule.

2.11 ILLNESS means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- a. **ACUTE CONDITION** - Acute condition is a medical condition that can be cured by Treatment
- b. **CHRONIC CONDITION** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests—it needs ongoing or long-term control or relief of symptoms—it requires Your rehabilitation or for You to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

2.12 **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 You had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

2.13 **MEDICALLY NECESSARY** treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

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

2.14 **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 licence.

2.15 **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.

2.16 **NOMINEE** means the person named in the Schedule.

2.17 **NOTIFICATION OF CLAIM** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

2.18 **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

2.19 **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.

2.20 **PRE – EXISTING DISEASE** Pre-existing disease means any condition, ailment, injury or disease

- a) That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

2.21 **REASONABLE CHARGES** mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services among comparable providers, taking into account the nature of the illness involved.

2.22 **RENEWAL** defines 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 all waiting periods.

2.23 **SCHEDULE** means the Schedule issued by Us, and, if more than one, then the latest in time.

2.24 **SUM INSURED** means the amount specified in the Schedule for an Insured Person which represents Our maximum total and cumulative liability for any and all claims made by that Insured Person under the Policy.

2.25 **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.

2.26 **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 or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

2.27 **TERRORISM AND/OR ACT OF TERRORISM** shall for the purpose of this endorsement mean an act, including but not limited to the use of force or violence and / or the threat thereof, of any person or group(s) of persons whether acting alone or on behalf of or in connection with any organization (s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.

2.28 **WE/OUR/US** means Raheja QBE General Insurance Company Limited.

2.29 **YOU/YOUR** means the person named in the Schedule who has concluded this Policy with Us.

3. BENEFITS

If at any time during the currency of the Policy, an Insured Person sustains any Injury resulting solely and directly from an Accident caused by external violent and visible means, anywhere in the world, then We shall pay the Insured Person or their Nominee(s)/legal heir(s), the following benefits subject to the Policy terms and conditions.

DEATH:

3.1 If such Accident shall within twelve calendar months of its occurrence be the sole and direct cause of the death of the Insured Person, We will pay the Nominee, the sum stated in the relevant section of the Schedule.

PERMANENT TOTAL DISABLEMENT:

3.2 If such Injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:

3.2.1 Sight in both eyes, or of the actual loss by Physical Separation of two entire hands or two entire feet, or of one entire hand and one entire foot or such loss of sight in one eye and such loss of one entire hand or one entire foot of the Insured Person, We will pay the sum stated in the relevant section of the

Schedule:

- 3.2.2 Use of two hands or two feet or of one hand and one foot or of such loss of sight in one eye and such loss of use of one hand or one foot of the Insured Person, We will pay the sum stated in the relevant section of the Schedule.
- 3.2.3 If such Accident shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of: Sight in one eye, or of the actual loss by Physical Separation of one entire hand or of one entire foot, of the Insured Person, We will pay fifty percent (50%) of the sum stated in the relevant section of the Schedule.
- 3.2.4 Use of a hand or a foot without Physical Separation of the Insured Person, We will pay, fifty percent (50%) of the sum stated in the relevant section of the Schedule.

Note: For the purpose of clause 3.2.1 and 3.2.3 above, 'Physical Separation' of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

- 3.3 If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely disable the Insured Person from engaging in any gainful employment or occupation of any description whatsoever, then We will pay a lump sum equal to the sum stated in the relevant section of the Schedule.

PERMANENT PARTIAL DISABLEMENT:

- 3.4 If such Accident shall within twelve calendar months of its occurrence be the sole and direct cause of the total and / or partial and irrecoverable loss of use or of the actual loss by physical separation of the following, then We will pay the Insured Person the percentage of the Sum Insured as indicated below:

Table of Benefits			% of Sum Insured
i)	Loss of toes	all	20
	Great	both phalanges	5
	Great	one phalanx	2
	Other than Great, if more than one toe lost	for each toe	1
ii)	Loss of hearing	both ears	75
		one ear	30
iii)	Loss of four fingers and thumb of one hand		40
iv)	Loss of four fingers		35
v)	Loss of thumb	both phalanges	25
		one phalanx	10
vi)	Loss of index finger	one or more phalanges	10
vii)	Loss of middle finger	one or more phalanges	6
viii)	Loss of ring finger	one or more phalanges	5
ix)	Loss of little finger	one or more phalanges	4
x)	Loss of metacarpals	first or second (addl)	3
		third, fourth or fifth (addl)	
xi)	Any other permanent partial disablement		% as assessed by Our Medical Practitioner

TEMPORARY TOTAL DISABLEMENT:

- 3.5 If such Injury solely and directly prevents the Insured Person from engaging in his/her occupation We will pay the Insured Person, the lower of a sum equivalent to 1% of the Sum Insured or Rs 5000/- per week for a period not exceeding 104 weeks since the date of Injury to the time he/she is fit enough to resume his/her occupation as certified by Our Medical Practitioner.

4. SPECIAL BENEFITS:

In addition to the Benefits specified in Section 3, We will pay for the following:

- 4.1 Actual costs incurred on ground ambulance charges for transporting the Insured Person to a Hospital following an Accident subject to the maximum limit as stated in the Schedule.
- 4.2 Loss or damage to the Insured Person's clothing in an Accident subject to the maximum limit as stated in the Schedule.
- 4.3 Actual costs incurred on transporting the Insured Person's mortal remains and for funeral expenses subject to the maximum limit of the lower of 1% of the Sum Insured or the amount as stated in the Schedule.
- 4.4 Costs incurred for educational assistance for the Insured Person's Dependent Children in the event of the Insured Person's death or permanent total disablement subject to the maximum limit as stated in the Schedule, provided that We shall not be liable to provide this assistance for more than two Dependent Children of the Insured Person.
- 4.5 Loss of employment due to permanent total disablement following an Accident subject to the maximum limit of the percentage of the Sum Insured as stated in the Schedule.

5. ADD- ON COVERS:

The following add on covers shall be applicable only if We have received additional premium for the add-on cover and the Schedule specifies that the add-on cover is in force:

- 5.1 **Medical Expenses Extension:** We will reimburse Reasonable Charges for Medical Expenses incurred subject to the maximum amount specified in the Schedule following Medical Necessary treatment of an Injury caused solely and directly due to an Accident provided that there is a valid Personal Accident claim admissible under the Policy.
- 5.2 **Hospitalization Allowance:** We will pay the Insured Person a daily allowance up to the amount and for the number of days stated in the Schedule provided that there is a valid Personal Accident claim under the Policy.

6. EXCLUSIONS:

We shall not be liable under this Policy for:

- 6.1 Compensation under more than one of the foregoing benefits. This will not apply for benefits 3.3 and 3.5, special benefits and any add on covers, in respect of the same incident.
- 6.2 Any other payment after a claim under one of the foregoing benefits 3.1, 3.2 or 3.4 has been admitted and become payable. This would not apply to any claim under special benefits and add-on covers.

6.3 Any payment in case of more than one claim under the Policy during anyone period of insurance, by which Our maximum liability in that period for death and disablement payable shall exceed the sum stated in the relevant section of the Schedule. This would not apply to any claim admitted under clause 3.5 as mentioned above.

However, in the event of a death claim, the sum payable shall be the Sum Insured under the relevant section of the Schedule after deducting the amount already paid for the earlier disablement claim, if any.

6.4 Payment of compensation in respect of death, Injury or disablement of the Insured Person

6.4.1 from intentional self-injury, suicide or attempted suicide.

6.4.2 whilst under the influence of intoxicating liquor or drugs.

6.4.3 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.

6.4.4 arising or resulting from the Insured Persons committing any breach of law with criminal intent.

6.4.5 any Pre-existing Condition(s) / disability except in case where accident is solely responsible for any liability under the Policy.

6.4.6 In the event the Insured Person is a victim of culpable homicide, i.e. where the Insured Person dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing Injury as is likely to cause death, or with the knowledge that such act is likely to cause death.

6.5 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.

6.6 Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

6.7 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.

6.8 Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel.

Persons engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice-hockey, ballooning, hand gliding, river rafting, polo and activities of similar hazard.

6.9 Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure B.

7. CONDITIONS

7.1 Claim Intimation:

Upon the occurrence of any event, that may give rise to a claim under this Policy, the Policy holder/Insured Person or Nominee, must notify us immediately at the call center or in writing within 30 days of occurrence of such event.

7.2 It is agreed and understood that, proof to Our satisfaction shall be furnished with all necessary supporting documents for all matters upon which a claim is based.

7.2.1 Any Medical Practitioner or Our other agents shall be allowed to examine the Insured Person on sustaining any alleged Injury or disablement when and so often as the same may reasonably be required on Our behalf.

7.2.2 In the event of a claim in respect of loss in sight the Insured Person shall undergo at his own expense such Medically Necessary tests as We may reasonably deem desirable to establish loss of vision.

7.2.3 Such necessary evidence as We may from time to time require shall be furnished and postmortem examination report if necessary be furnished within a period of fourteen days after demand in writing. Provided that all sums hereunder shall be payable.

7.2.3.1 In case of death or permanent total disablement (except for loss of sight of one eye or loss of one limb), only after deleting by an endorsement the name of the Insured Person in respect of whom such amount shall become payable without any refund of premium.

7.2.3.2 In case of any permanent partial disablement and permanent total disablement (for loss of sight of one eye or loss of one limb) only after reduction of sum stated in the relevant section of the Schedule by an endorsement by the amount admissible under the claim in respect of the Insured Person to whom, such sum shall become payable.

The necessary documents generally required in case of death claims are:

- a) Death certificate
- b) Post mortem report.
- c) Chemical analysis report / viscera report.
- d) Inquest Panchanama report issued by the Police.
- e) First information report.
- f) Admission/Discharge/Death summary (if applicable)
- g) English translation of vernacular documents

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h) Legal Heir Certificate/ Succession Certificate where nomination has not been made The necessary documents generally required in case of disablement claims are:

- a) Medical Certificate forming part of the claim form.**
- b) Investigation reports (Laboratory tests, X- rays and reports essential for confirmation of the injury such as MRI report CAT Scan etc.)**
- c) First Information Report where applicable.**
- d) Medical bills and cash receipts.**
- e) Admission/ Discharge summary.**
- f) English translation of vernacular documents.**

7.3 Claim Settlement (Provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, 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 company 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.

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

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a 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 policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

7.5 Cancellation:

- 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 reported 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 reported 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.

7.6 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

7.7 Renewal of Policy

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

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.

7.8 Withdrawal of the Policy

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.

7.9 Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the premium due date of his/her existing policy 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 policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link -

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

7.10 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.rahejqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf

7.11 Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement}

(if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

7.12 Multiple Policies

If two or more policies are taken by You from one or more insurers during the period for which You are covered under this Policy, the contribution clause shall not be applicable and We will make the claim payments independent of payments received under other similar polices in respect of the covered event.

7.13 No Constructive notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of Us other than that information expressly disclosed in the Proposal Form or otherwise in writing to Us, shall not be held to be binding or prejudicially affect Us.

7.14 Records to be maintained

The Policyholder/Insured Person/claimant shall keep an accurate record in relation to claims made under the Policy including all relevant medical records and shall allow Us and Our representatives to inspect such records. The Policyholder/Insured Person/claimant shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy Period End Date, or until final adjustment (if any) and resolution of all claims under this Policy.

7.15 Material Change

It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business at his own expense. We may, as per board approved

Underwriting Policy, adjust the scope of cover and/or the premium paid or payable, accordingly.

7.16 Geography

This Policy only covers medical treatment taken within India. All payments under this Policy will only be made in Indian Rupees within India.

7.17 Policy Dispute

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

7.18 Limits of Liability

Any claim under this Policy for which the notification or intimation of claim is received 12 calendar months after the event or occurrence giving rise to the claim shall not be admissible, unless the Policyholder proves to the Our satisfaction that the delay in reporting of the claim was for reasons beyond his control.

7.19 Communication

- a) Any communication meant for Us must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by Us to his last known address or the address as shown in the Policy Schedule.
- b) All notifications and declarations for Us must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Our behalf.
- c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

7.20 Alteration in the policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by a written endorsement signed and stamped by Us. However, change or alteration with respect to increase/decrease of the Sum Insured shall be permissible only at the time of Renewal of the Policy.

7.21 Disclosure of information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

(Note: —Material facts for the purpose of this policy shall mean all important, essential and relevant information sought by the company in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk)

8. Disputes Settlement

- 8.1 If any difference shall arise as to the claim or quantum thereof, such difference shall be governed in accordance with Indian law and subject to the jurisdiction of the Indian Law.

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8.2 Redressal of Grievance

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

Website: www.rahejqbe.com

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

E-mail: customercare@rahejqbe.com

Telephone: 022 – 69155050

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

E-mail: seniorcitizen@rahejqbe.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.rahejqbe.com

Email: complaintsofficer@rahejqbe.com

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.

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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	<p>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.</p> <p>Tel.: 079 - 25501201/02/05/06,</p> <p>Email: bimalokpal.ahmedabad@cioins.co.in</p>
Karnataka	<p>Office of the Insurance Ombudsman, Jeevan soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1stPhase, Bengaluru 560078. Tel.: 080- 26652048/26652049, Email: bimalokpal.bengaluru@cioins.co.in</p>
Madhya Pradesh and Chhattisgarh	<p>Office of the Insurance Ombudsman, 1st floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462011. Tel.: 0755- 2769201/2769202, Email.: bimalokpal.bhopal@cioins.co.in</p>
Odisha	<p>Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674-2596461/2586455. Email.: bimalokpal.bhubaneswar@cioins.co.in</p>
Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh),, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	<p>Office of the Insurance Ombudsman, Jeevan Deep Building, SCO 20-27, Ground Floor, Sector- 17 A, Chandigarh - 160017 Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>

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Tamil Nadu, UT-Puducherry Town and Karaikal (which are part of UT of Puducherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/ 24333678. Email.: bimalokpal.chennai@cioins.co.in
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011-23239633/23237532, Email.: bimalokpal.delhi@cioins.co.in Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205, Email.: bimalokpal.guwahati@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	
Andhra Pradesh, Telangana and UT of Yanam-apart of the UT of Puducherry	Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, "Moin court", Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040 - 23312122, Email.: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141-2740363/2740798, Email.: bimalokpal.jaipur@cioins.co.in
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Puducherry	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Kochi- 682011., Tel.: 0484–2358759 Email.: bimalokpal.ernakulam@cioins.co.in

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West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.. Tel. 033 - 22124339 / 22124341
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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 – 226001. Tel.: 0522-2231330/2231331. Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevan seva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022 - 69038800/27/29/31/32/33. Email: bimalokpal.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, Bhagwansahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in

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Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding 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- 411030 Tel: 020-24471175, Email: bimalokpal.pune@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.rahejqbe.com or from any of the Our offices.

List I – Non Payable Items

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

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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

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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	AMBULANCE
68	VASOFIX SAFETY

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

SI 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

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

Sl 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, HARMONICS CALPEL, 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

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION 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