

## INDIVIDUAL PERSONAL ACCIDENT INSURANCE POLICY

### 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 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 other any information supplied by You form 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.

### 2. BENEFITS

If at any time during the currency of the Policy, the Insured named in the Schedule shall sustain 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 or his Nominee(s)/legal heir(s), the following benefits subject to the Policy terms and conditions.

#### DEATH:

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

#### PERMANENT TOTAL DISABLEMENT:

- 2.2. If such Injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and irrecoverable loss of:
  - 2.2.1. 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 of one eye and such loss of one entire hand or one entire foot of the Insured, We will pay the sum stated in the relevant section of the Schedule.
  - 2.2.2. Use of two hands or two feet or of one hand and one foot or of such loss of sight of one eye and such loss of use of one hand or one foot, of the Insured ,We will pay the sum stated in the relevant section of the Schedule.
- 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:

2.3.1. Sight in one eye, or of the actual loss by Physical Separation of one entire hand or of one entire foot of the Insured, We will pay, fifty percent (50%) of the sum stated in the relevant section of the Schedule.

2.3.2. Use of a hand or a foot without Physical Separation of the Insured, We will pay fifty percent (50%) of the sum stated in the relevant section of the Schedule.

Note: For the purpose of clause 2.2 and 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.

2.4. If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely disable the Insured 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:

2.5. 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 the percentage of the Sum Insured as indicated below shall be payable.

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		Percentage as assessed by Our Medical Practitioner

#### TEMPORARY TOTAL DISABLEMENT:

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

### 3. SPECIAL BENEFITS:

In addition to the Benefits specified in Section 2, We will pay for the following:

- 3.1. Actual costs incurred on ground ambulance charges for transporting the Insured to a Hospital following an Accident subject to a maximum limit of Rs 1000/-
- 3.2. Loss or damage to the Insured's clothing in an Accident subject to a maximum limit of - Rs 1000/-
- 3.3. Actual costs incurred on transporting the Insured's mortal remains and for funeral expenses subject to a maximum limit of the lower of 1% of the Sum Insured or Rs 2500/-.
- 3.4. Costs incurred for educational assistance for the Insured's Dependent Children in the event of the Insured's death or permanent total disablement subject to a maximum limit of Rs. 5000 per Dependent Child provided that We shall not be liable to provide this assistance for more than two Dependent Children of the Insured.
- 3.5. Loss of employment due to permanent total disablement following an Accident subject to a maximum limit of 2% of Sum Insured.

### 4. CUMULATIVE BONUS

- 4.1. If no claims have been made under the Policy arising out of an Accident or Injury and the Policy is subsequently renewed in accordance with the terms of the Policy, We will increase the amount payable towards Reasonable Charges per Clause 3.1 and 3.2, 3.3 and 5.1 by 5% for the immediately following period of insurance provided that the Cumulative Bonus over all periods of insurance shall not exceed 25%.
- 4.2. The earned Cumulative Bonus will not be lost if the Policy is renewed within the 30 day Grace Period.
- 4.3. This clause shall not in any way alter the annual character of the insurance, nor Our right to decline or renew or to cancel the Policy.

### 5. ADD- ON COVERS: ( FOR COMPREHENSIVE COVER ONLY)

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 the Reasonable Charges for Medical Expenses incurred subject to the maximum amount specified in the Schedule following Medically 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. **Hospitalisation Allowance:** We will pay a daily allowance of Rs 500/- per day for each day that the Insured is Hospitalised for an Injury up to a maximum of 30 days for the entire period of insurance.

### 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 2.3 and 2.5 and 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 2.1, 2.2 or 2.4 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 any one 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 2.5 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
- 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 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;
- 6.5. 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. Payment of compensation in respect of death of or Injury or any disease or illness to the Insured.
- 6.8. Pregnancy Exclusion Clause: This Policy shall not extend to cover death or disablement caused by or contributed to or aggravated or prolonged by childbirth or from pregnancy or in consequence thereof.
- 6.9. 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.

6.10. 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 Policyholder / Insured Person or Nominee, must notify Us immediately at the call center or in writing within seven ( 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 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 of sight the Insured shall undergo at his own expense such Surgical Procedure or Medically Necessary treatment as We may reasonably deem desirable.

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.

- a) 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 in respect of whom such amount shall become payable without any refund of premium.
- b) 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 to whom, such sum shall become payable.

The necessary documents 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
- h) Legal heir certificate/ Succession certificate where nomination has not been made

The necessary documents 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 Insured may cancel this Policy by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

<b>Refund %</b>	
<b>Refund of Premium (basis Policy Period)</b>	
<b>Timing of Cancellation</b>	<b>1 Yr</b>
Up to 1 Month	75%
Above 1 month and up to 3 months	50%
Above 3 months and up to 6 months	25%
Above 6 months	0%

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

b) The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts ,fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud..

#### 7.6. **Renewal of Policy**

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. 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 Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period of 30 days after due renewal date, the Policy shall terminate.

#### 7.7. **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. For Claim settlement under reimbursement, the Company will pay the policyholder. 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

#### 7.8. **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future with due approval of IRDAI, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the Policy has been maintained without a break as per extant regulatory framework.

7.9. **Assignment:** This Policy and the benefits under the Policy cannot be assigned by You or the Insured.

**7.10. 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 fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

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;

**7.11. Condition Precedent to Admission of Liability**

The due observance and fulfilment of the terms and conditions of the policy by the insured person shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

**7.12. 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.

**7.13. 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.

**7.14. 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.

**7.15. Geography**

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

#### 7.16. 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.

#### 7.17. 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.

#### 7.18. 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.

#### 7.19. 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.

#### 7.20. 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 Courts.

8.2. Redressal of Grievance

#### REDRESSAL OF GRIEVANCE

Grievance—In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link <http://www.rahejaqbe.com/grievance-redressal>

IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman –The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A

## 9. DEFINITIONS

- 9.1. **ACCIDENT or ACCIDENTAL** means a sudden, unforeseen and involuntary event caused by external and visible means.
- 9.2. **CUMULATIVE BONUS** shall mean any increase in the sum assured / Mallus granted by the insurer without an associated increase in premium.
- 9.3. **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.
- 9.4. **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.
- 9.5. **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 a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.
- 9.6. **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.
- 9.7. **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.
- 9.8. **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.
- 9.9. **INSURED** means the person named as the insured in the Schedule.
- 9.10. **ILLNESS** means a sickness or a disease or pathological condition leading to the impairment o f normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- 9.10.1. **ACUTE CONDITION** - Acute condition is a medical condition that can be cured by Treatment

- 9.10.2. **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.
- 9.11. **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.
- 9.12. **MEDICALLY NECESSARY** treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- is required for the medical management of the illness or injury suffered by the insured;
  - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - must have been prescribed by a medical practitioner,
  - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 9.13. **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. **NOMINEE** means the person named in the Schedule.
- 9.14. **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.
- 9.15. **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.
- 9.16. **PRE-EXISTING DISEASE** Preexisting disease means any condition, ailment, injury or disease
- a) That is/are diagnosed by a physician within 48 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 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 9.17. **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.
- 9.18. **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.
- 9.19. **SCHEDULE** means the Schedule issued by Us, and, if more than one, then the latest in time.

- 9.20. **SUM INSURED** means the amount specified in the Schedule for an Insured which represents Our maximum total and cumulative liability for any and all claims made by that Insured under the Policy.
- 9.21. **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.
- 9.22. **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.
- 9.23. **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.
- 9.24. **WE/OUR/US** means Raheja QBE General Insurance Company Limited.
- 9.25. **YOU/YOUR** means the person named in the Schedule who has concluded this Policy with Us.

#### Annexure A

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu	AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal_ahmedabad@ecoi.co.in">bimalokpal_ahmedabad@ecoi.co.in</a>
Karnataka	BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>
Madhya Pradesh and Chhattisgarh	HOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>
Odisha	BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>
Punjab , Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>

Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>
Delhi	DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>
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Rajasthan	JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>
Kerala , UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253

	Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>
Bihar, Jharkhand.	PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a>

### Annexure B

#### 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
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	AMBULANCE
68	VASOFIX SAFETY

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

<b>Sl No</b>	<b>Item</b>
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

<b>Sl No.</b>	<b>Item</b>
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

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



**RAHEJA QBE GENERAL INSURANCE CO. LTD.**