

Product Information Statement

GROUP PERSONAL ACCIDENT POLICY

Why Group Personal Accident Insurance? Group Personal Accident Insurance policy provides financial compensation for an accidental injury or death to any member of the insured group.

What is covered? The Policy provides for defined benefits based on the nature of injury sustained, by you and/or your employee/ group members in an accident during the Policy period.

Coverage:

- **Accidental Death:** This Policy provides for payment of compensation on the Insured Person's death caused by injury arising out of accidental, violent, external and visible means and resulting in death within 12 (twelve) calendar months of occurrence of the accidental injury.
- **Permanent Total Disablement:** This Policy provides for payment of compensation for injury caused by accidental, violent, external and visible means resulting in:
 - Total and irrecoverable loss of 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.
 - 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.
 - 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 Insured.
 - Use of a hand or a foot without physical separation of the Insured Person, we will pay, fifty percent (50%) of the Sum Insured.
 - 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 per the terms of the Policy.
- **Permanent Partial Disablement:** This Policy provides for payment of compensation for injury caused by accidental, violent, external and visible means resulting in Permanent Partial Disablement within 12 (twelve) calendar months of occurrence of such injury.
- **Temporary Total Disablement:** This Policy provides for payment of compensation for injury resulting in Temporary Total Disablement. Such injury should solely, directly and totally disable the Insured Person and prevents him/her from attending to his/her business or occupation (of any and every kind) temporarily.

Coverage is available for individuals between the ages of 5 years to 65 years. For renewals the upper limit on age will be 70 years.

Compensation Benefit: The compensation benefits will depend upon the nature of injury and the Sum Insured under the Policy.

- For accidents resulting in Death or Permanent Total disablement, we will provide compensation equivalent to the full Sum Insured.
- For Permanent Partial Disablement the compensation will depend on the nature of injury and corresponding percentage of Sum Insured as detailed in the 'Table of Benefit' under the Policy document or as per the medical advices of our appointed medical practitioner.
- In respect of Temporary Total Disablement, we will provide compensation at 1% of Sum Insured or Rs 5000/- whichever is less per week for a maximum period of 104 weeks.

Special benefits under the Policy (Available without payment of any additional premium.): In addition to the benefit stated above, we also undertake to provide compensation up to specified limits in respect of the following:

- 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 per the terms of the Policy. Loss or damage to the Insured Person's clothing in an Accident subject to the maximum limit per the terms of the Policy..
- Actual costs incurred on ground ambulance charges for transporting the Insured Person to a hospital following an accident subject to the maximum limit as per the terms of the Policy. 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 per the terms of the Policy, provided that we shall not be liable to provide this assistance for more than two dependent children of the Insured Person .Loss of Employment - Loss of employment due to permanent total disablement following an accident subject to the maximum limit of the percentage of the Sum Insured as per the terms of the Policy..

What can be covered on payment of additional premium?

The Policy can be extended to cover the following by payment of additional Premium:

- **Medical Expenses Extension:** We will reimburse reasonable charges for medical expenses incurred subject to the maximum amount per the terms of the Policy 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.
- **Hospital Confinement Allowance:** Daily allowance of a fixed amount for a maximum of 30 days if you or any of the insured person(s) is hospitalized as a result of an accident resulting in the injury, death or disablement.

Exclusions:

We shall not be liable under this Policy for:

- Compensation under more than one of the foregoing benefits. This will not apply for benefits payable for accidents within twelve calendar months of its occurrence which causes 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, Use of a hand or a foot without physical separation of the Insured Person, and Permanent Partial Disablement.

- Any other payment after a claim under one of the foregoing benefits under death, Permanent Total Disablement or for such injury which is 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 has been admitted and become payable. This would not apply to any claim under special benefits and add-on covers.
- 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 per the terms of the Policy. This would not apply to any claim admitted under permanent partial disablement as mentioned above
- Payment of compensation in respect of death, injury or disablement of the Insured Person
 - from intentional self-injury, suicide or attempted suicide.
 - whilst under the influence of intoxicating liquor or drugs.
 - 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.
 - arising or resulting from the Insured Persons committing any breach of law with criminal intent.
 - any Pre-existing Condition(s)/ disability except in case where accident is solely responsible for any liability under the Policy.
 - 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.
 - 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, restrains and detainment of all kinds.
- 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 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.

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

What to do in the event of a claim?

- Initiate Loss minimization measures.
- Call Raheja QBE Call Centre on Toll Free No: 1800-102-7723 OR
- Report claim on Raheja QBE's Website www.rahejaqbe.com OR
- Send Letter or Fax to Raheja QBE office
- Please provide necessary assistance to surveyor or company officials for finalization of loss.
- Ensure first-aid/medical help for the injured persons.
- Inform incident to Public Authorities.
- Notify loss by email to customercare@rahejaqbe.com OR
- Raheja QBE will depute an IRDA licensed surveyor to attend to the loss
- Please furnish required documents and any clarifications that may be sought.

Renewal of the 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.

- Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- 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.

Necessary Documents required for settlement of claims:

- Completed Claim form.
- Death certificate.
- Doctor's report, bills in case of temporary/permanent disablement.

- Police report/ Inquest Panchanama report issued by the Police/post mortem report in case of accidental death.
- Chemical analysis report / viscera report.
- Legal heir certificate/ Succession certificate where nomination has not been made
- Admission/Discharge/Death summary (if applicable)
- English translation of vernacular documents
- Leave certificate from employer in case of temporary disablement.
- Any other relevant document if any.

Withdrawal of the 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.

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;

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.

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.

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.

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.

Geography

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

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.

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.

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.

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.

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 insurance by Us. Wherever mutually agreed group administrator will issue the certificate of insurance to its member as per agreed terms and conditions and in the format prescribed by Us and shall keep the record of such issuance. We reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions of IRDAI group guidelines contained in circular ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 and any amendments thereto are being adhered. 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.

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.

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Yr
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.

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)

Dispute Resolution:

We will take all steps to settle your claim in accordance with policy terms and conditions. However, since the Policy does not cover all eventualities, there may be disagreement on settlement of the claim.

For resolution of such disputes Raheja QBE has developed an elaborate Grievance Redressal mechanism.

At your request, the claim will be considered afresh by our Grievance Committee. If you are not satisfied with the decision of the Grievance Committee you may refer your case for further legal recourse.

Product Information Statement:

This Product Information Statement is intended to facilitate an easier understanding of the policy terms, conditions and exclusions. It only gives a summary of the significant benefits and risks associated with this product. The policy represents the legal contract between you and us and should be seen for complete details.

If the insured needs any clarification on coverage it may please call our nearest office or its insurance advisor.

Tax Benefits:

You are eligible for tax benefits for premium paid on this insurance policy as per section 80D of the Income Tax Act. Tax benefits are subject to any changes in income tax laws and other taxation statutes and regulations.

Disclaimer

This is only a summary of the product features. The actual benefits shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.

IRDA Regulation No. 17

This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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