

RQBE POORNA SURAKSHA BIMA POLICY WORDINGS

A. PREAMBLE

This policy is a contract of insurance issued by Raheja QBE General Insurance Company Limited (hereinafter called the 'Company') to the proposer mentioned in the schedule to cover the person(s) named in the schedule (hereinafter called the 'Insured Person') or Home Building and Contents and/or building, content(s) and stock of Shop (hereinafter called the 'Insured Property'). The policy is based on the statements and declaration provided in the proposal form by the proposer and is subject to receipt of the requisite premium.

The term You/ Your / Insured/ Insured Person/Insured Property in this document refers to all the Individual members and property which will be treated as Insured beneficiary and the term Proposer /Policy Holder in this document refers to Person who has signed the proposal form and in whose name the policy is issued. Also, the term Insurer/ Us/ Our/ Company in this document refers to Raheja QBE General Insurance Company Limited

B. OPERATIONAL CLAUSE

1. The Policy is evidence of the contract between You (the Policyholder) and Us.
2. The proposal and Disclosure to Information Norms and any other information supplied by You forms the basis of this Policy.
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.
4. This Policy has been issued on receipt of premium from You for the period as stated in the Schedule. Any subsequent Renewal will require Our acceptance of Your proposal and Your payment of premium for the renewal period. This Policy becomes void, if we do not receive premium in advance of risk commencement.
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.
6. This Policy covers named Insured Persons.
7. This Policy is issued to You and covers You and/or Your Home Building and/or Home Contents as mentioned in the Policy Schedule.
8. If more than one person is insured under this Policy, each of You is a joint policyholder. Any notice or letter We give to any of You will be considered as given to all of You. Any request, statement, representation, claim or action of any one of You will bind all of You as if made by all of You.
9. If You have mortgaged, pledged or hypothecated Your Home Building and/or Home Contents with a Bank, the Policy Schedule will show an 'Agreed Bank Clause' and the name of such Bank. The terms and conditions of this arrangement will be added to this Policy as an additional clause.

C. GENERAL DEFINITIONS

Special Meanings of certain words: Words stated in the table below have a special meaning throughout this Policy, the Policy Schedule and Endorsements.

1. **Bank** means a bank or any financial institution.
2. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
3. **Commencement Date** means the commencement date of this Policy as specified in the Policy Schedule
4. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
5. **Deductible** means a cost sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A Deductible does not reduce the sum insured.
6. **Disclosure to information norm:** The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
7. **Endorsement** means written evidence of change to the insurance Policy including but not limited to increase or decrease in the policy period, extent and nature of the cover agreed by the Company in writing.
8. **Expiry Date** is the date on which this Policy expires as specified in the Policy Schedule.
9. **Excess** is the amount that You must bear in each and every claim before We become liable to pay.
10. **Material facts** shall mean all relevant information as sought by the company in the proposal form and all other connected documents which form basis on which the policy is issued to enable the Company to take informed decision in the context of underwriting and the risk parameters.
11. **Material Duties** shall mean the essential tasks, functions and operations, and the skills, abilities, knowledge, training & experience, generally required by the Employers from the full-time confirmed employees engaged in a particular occupation and cannot be reasonably modified or omitted.
12. **Material Change:** The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and /or premium, if necessary, accordingly.

- 13. Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 14. Premium** means the amount You pay Us for this insurance. The Policy Schedule shows the amount of premium for the Policy Period and all other taxes and levies.
- 15. Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the Insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
- 16. Proposer** means the person who has signed in the proposal form and named in the Policy Schedule.
- 17. 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.
- 18. Policy period** means the period between the commencement date and earlier of
- The Expiry Date specified in the Policy Schedule
 - The date of cancellation of this Policy by either Policyholder or Insurer in accordance with General Condition F.2.6 below.
- 19. Policy Schedule** means that portion of the Policy which sets out Your personal details, the type and plan of insurance cover in force, the Policy duration and sum insured etc. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
- 20. Policy year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such a twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.
- 21. Policyholder** means the entity or person named as such in the Policy schedule/Certificate of Insurance.
- 22. Reasonable and Customary Charges** means 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, taking into account the nature of the illness/injury involved.
- 23. Sum Insured** means the amount shown in the policy schedule which shall be our maximum liability under the policy for the entire Policy Period mentioned on the Policy Schedule, for the Insured Person or Our maximum liability for each cover or part of cover and for each loss.
- 24. Subrogation** shall mean the right of the Insurer to assume the rights of the Insured person

to recover expenses paid out under the Policy that may be recovered from any other source.

25. We, Us, Our, Insurer, means Raheja QBE General Insurance Company Ltd, that has provided Insurance Cover under this Policy.

26. You, Your, Insured means the Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.

SPECIFIC DEFINITIONS - For Property

- 1. Agreed Value** means an amount agreed between You and Us at the policy Commencement Date for items, the value of which cannot be ascertained.
- 2. Building** means Any building or structure in Your Premises where You carry on Your Business. It includes:
 - a. Basement (if any), all fixtures and fittings permanently attached to the floor, walls or roof like electrical wiring, antennas etc.
 - b. The following 'additional structures' located on Your Premises and used for Your Business, that are shown in the Policy Schedule:
 - i. garage, out-houses, security sheds, towers, verandah or porch, tanks, compound walls, retaining walls, fences, gates and internal roads,
 - ii. lifts, hoists,
 - iii. solar panels, wind turbines and air conditioning systems, central heating systems, security systems and cameras, electrical installations, fire alarm, fire sprinkler systems, power lines, power installations,
 - iv. water, gas and sewage pipeline within Your premises
 - v. or any other structure shown in the Policy Schedule.
- 3. Business** means your commercial enterprise, trade or profession as shown in the Policy Schedule.
- 4. Contents** means those articles or things in Your Premises that are not permanently attached or fixed to the structure of Your Premises.
- 5. Cost of Construction** The amount required to construct Your Home Building at the Commencement Date.

This amount is calculated as follows:

 - a. For residential structure of Your Home including Fittings and Fixtures:**

Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and shown in the Policy schedule.
 - b. For additional structures:** the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You and accepted by Us.
- 6. General Contents means** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature

- i. **Hazardous Activities** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt / obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock limbing /trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/time trials, triathlon, water ski jumping, weight lifting or wrestling any type.
- ii. **Home Contents** means those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
7. **Insurable Assets** means all Buildings, Plant and Machinery, Furniture, Fixture and Fittings, Stock and all other Contents which, for the purposes of Your Business on any one location, You own, or hold as tenant or occupant, or hold in trust or on commission, or are legally responsible for as part of Your trade, even if You have not taken insurance cover for any of them.
8. **Insured Property** means Your Home Building and Home Contents, or any item of property or building where the shop is located, Plant and Machinery, Furniture, Fixture and Fittings, Stocks and any other Contents that are declared and insured by You under this Policy, and are located in Your Premises unless specifically stated in this Policy. The Insured Property is shown in the Policy Schedule.
9. **Kutchia Construction** means building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
10. **Market Value** means new Replacement/Reinstatement Value minus depreciation reckoned as on the date of loss.
11. **Money** means Cash, bank and currency notes, credit cards, telephone cards, cheques, crossed bankers' drafts, postal orders, luncheon vouchers, current postage stamps, trading stamps, National Savings Certificates, Premium Bonds, credit sales vouchers or receipts, unexpired units in franking machines, gift tokens and consumer redemption vouchers belonging to You or for which You are responsible.
12. **Partial Loss** means any loss other than Total Loss.
13. **Plant and Machinery** means All equipment, machinery, pipes and cables, spares, computers, servers and preloaded licensed system software located within any structure or in the open area of Your Premises.
It includes:
- i. machines under repair,
 - ii. machines taken on hire or lease, or through any system of
 - iii. foundation, bedding or setting of machines, or
 - iv. accessories of machines.

- 14. Pucca Construction** means construction other than Kutcha Construction
- 15. Reinstatement/Replacement Value** means the amount at which the Insured Property can be reinstated or replaced by a similar property, without deducting depreciation, and to the extent required to bring that Property to a condition substantially the same as, but not superior, better or more extensive than its condition if it were new on the date, it is damaged or destroyed.
- 16. Stocks** means Any stock of goods or merchandise. It may be:
1. Finished goods, semi-finished goods, stock in process, stock invoiced and ready for dispatch,
 2. Raw materials, packing materials, or
 3. Stock held in trust for which You are responsible.
 4. Stock in Open in the Insured Premises
- 17. Total Loss** means a situation where the Insured Property or item is completely destroyed lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.
- 18. Valuable Contents** of Your Home consist of items such as jewelry, silverware, paintings, works of art, antique items, curios and items of similar nature.
- 19. Your Home Building** Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail of this Policy.

SPECIFIC DEFINITIONS - For Health & Personal Accident

- 1. Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2. Age** means completed years on Your last birthday as per the English Calendar regardless of the actual time of birth, at the time of commencement of Policy Period.
- 3. Associated Medical Expenses** means medical expenses such as Professional fees, OT charges, Procedure charges, etc., which vary based on the room category occupied by the insured person whilst undergoing treatment in some of the hospitals. If Policy Holder chooses a higher room category above the eligibility defined in policy, then proportionate deduction will apply on the Associated Medical Expenses in addition to the difference in room rent. Such associated medical expenses do not include Cost of pharmacy and consumables, Cost of implants and medical devices and Cost of diagnostics.
- 4. Acquired Immune Deficiency Syndrome (AIDS)** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (Dementia) HIV Wasting Syndrome and ARC(AIDS Related Condition).
- 5. Any One Illness** means continuous period of illness and it includes a relapse within forty-five days from the date of last consultation with the hospital where treatment has been taken.
- 6. AYUSH Treatment** refers to the medical and/or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.

7. AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- Central or State Government AYUSH Hospital; or
- Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criteria:
 - Having at least 5 in-patient beds
 - Having qualified AYUSH Medical Practitioner in charge round the clock
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

8. AYUSH Day Care Centre Means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner(s) in charge.
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out.
- Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

(Explanation: Medical Practitioner referred in the definition of "AYUSH Hospital" and "AYUSH Day Care Centre" shall carry the same meaning as defined in the definition of "Medical Practitioner" under Chapter I of Guidelines)

9. Cashless facility means a facility extended by the Insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the Insurer to the extent pre-authorization approved.

10. Co Payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

11. Cosmetic Surgery means Surgery or Medical Treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.

12. Congenital Anomaly means a condition which is present since birth, which is abnormal with reference to form, structure or position.

Internal Congenital Anomaly: Congenital anomaly which is not in the visible and accessible parts of the body.

External Congenital Anomaly: Congenital anomaly which is in the visible and accessible parts of the body.

- 13. Daily Cash Benefit** means the per day Sum Insured Unit opted under the Plan and specified in the Schedule to this Policy.
- 14. Day Care Centre** means any institution established for Day Care Treatment of Illness and/or Injuries or a medical set-up within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-
- a. has qualified nursing staff under its employment
 - b. has qualified medical practitioner (s) in charge
 - c. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - d. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
- 15. Day care treatment** means medical treatment and/or surgical procedure which is
- a. undertaken under general or local anesthesia in a hospital / day care center in less than 24 hours because of technological advancement and
 - b. which would have otherwise required Hospitalization of more than 24 hours
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 16. Dependent Child-** A dependent child refers to a child (natural or legally adopted), who is financially dependent on the Policy Holder, does not have his / her independent source of income, is up to the age of 25 years and unmarried.
- 17. Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 18. Diagnosis** means the identification of a disease/illness/medical condition made by a Medical Practitioner supported by clinical, radiological and histological, histo-pathological and laboratory evidence and also surgical evidence wherever applicable, acceptable to us.
- 19. Diagnostic Test** means investigations such as X-ray or blood tests to find the cause of Your symptoms and medical condition.
- 20. Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured Person's health.
- 21. Excluded hospital** means any hospital which is excluded from the hospital list of the company, due to fraud or moral hazard or misrepresentation indulged by the hospital.
- 22. Franchise** means an arrangement under a health insurance Policy that provides that the Insurer will not be liable up to the specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies but will pay for the entire amount of loss and days/hours when exceeds the agreed amount/days/hours.
- 23. 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.

- i. 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.
 - ii. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 24. Hospital** means any institution established for inpatient care and day care treatment of illness and/or 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 the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places
 - has qualified medical practitioner(s) in charge round the clock
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
- 25. Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 26. Illness** means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a) **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - b) **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur
- 27. 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.
- 28. In Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 29. Insured means** the Person/s who has/have purchased Insurance Cover under this Policy.
- 30. Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially

equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

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

32. Maternity expenses mean,

- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)
- b. expenses towards lawful medical termination of pregnancy during the policy period.

33. Medical Practitioner:

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 its scope and jurisdiction of license.

34. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

35. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

36. Medically necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

37. 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.

38. Network Provider/ Hospital means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility. The list is available with the insurer and subject to amendment from time to time.

39. Newborn baby means a baby born during the Policy Period and is aged up to 90 days

40. Non- Network means any hospital, day care center or other provider that is not part of the

network.

41. OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

42. Pre-existing Disease means any condition, ailment, injury or disease:

- a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer **OR**
- b. For which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy.

43. Pre-hospitalization Medical Expenses

Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

44. Post-hospitalization Medical Expenses means Medical Expenses incurred immediately after the Insured Person is discharged from the Hospital, provided that:

- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.

45. 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.

46. Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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

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

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

50. Spouse means your legally wedded wife or husband

51. Sub-limit means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit.

52. 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 from suffering and prolongation of life, performed in a hospital or day care center by a medical practitioner.

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

D. COVERAGES

D.1 Base Cover

D.1.1 Home Suraksha

1. What We cover

We cover physical loss or damage, or destruction of Your Home Building because of any Insured Event listed in this Policy. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under this Policy. Further, we pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under this Policy while Your Home Building is not fit for living following loss or damage due to an insured event.

2. Your Home Building

a. Your Home Building is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.

b. Your Home Building includes

i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.

ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:

a) garage, domestic out-houses used for residence, parking spaces or areas, if any

b) compound walls, fences, gates, retaining walls and internal roads,

c) verandah or porch and the like,

d) septic tanks, bio-gas plants, fixed water storage units or tanks,

e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,

iii. any other structure shown in the Policy Schedule.

c. Your Home Building does not include Contents of Your Home

3. Use for residence

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee or employee.
- b. We will not pay if
 - i. Your Home Building is used as a holiday home, or for lodging and boarding, or
 - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self-employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

4. Sum Insured

- a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss is ₹1,00,00,000/- (Rupees One Crore).
- b. The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date.
- c. Restoration of Sum Insured: Except as stated in this Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us a proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1.	Fire	caused by burning of Insured Property by order of any Public Authority.
2.	Explosion or Implosion	-
3.	Lightning	-
4.	Earthquake, volcanic eruption, or other convulsions of nature	-
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
6.	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by <ol style="list-style-type: none"> a. normal cracking, settlement or bedding down of new structures,

		b. the settlement or movement of made-up round, c. coastal or river erosion, d. defective design or workmanship or use of defective materials, or e. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.
	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
7.	Bush fire, Forest fire, Jungle fire	-
8.	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9.	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism (Coverage as per Terrorism Clause)	Exclusions and Excess as per Terrorism Clause.
12.	Bursting or overflowing of water tanks, apparatus and pipes.	
13.	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14.	Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

1. What We Pay

- a. If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, we reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
- b. We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.
- c. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.
- d. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- e. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- f. In addition to this, We will pay You the following expenses:
 - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer.
 - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.

2. Loss of Rent and Rent for Alternative Accommodation: In addition to this We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule) X Period necessary for repairs ÷ Loss of Rent Period opted for.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

D.1.2 Home Contents Cover

1. What We cover:

We cover the physical loss or damage to or destruction of the **General Contents** of Your Home caused by an Insured Event as listed in this Policy. **Valuable Contents** of Your Home are not

covered under this Policy unless You have purchased the optional cover for the **Valuable Contents**.

2. Sum Insured:

- a. The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed/lost completely.
- b. The policy has a built-in cover for the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional premium.
- c. If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- d. The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- e. If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in this Policy.
- f. Restoration of Sum Insured: Except as stated in the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us a proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

3. What We Pay

- a. If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
 - b. The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.
- a. Optional Covers: (Applicable if opted and shown on Policy Schedule) Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):**
- For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, we shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).

- i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, we will pay the cost of repairing the item/s.
- ii. If the Valuable Contents of Your Home are a Total Loss, We will pay the Sum Insured shown in the Policy Schedule for the Valuable item/s. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.

D.1.3 Shopkeeper Suraksha

1. What We cover

We cover physical loss or damage, or destruction of any Insured Property because of any Insured Event stated in this Policy and subject to the exclusions as stated in this Policy subject to a maximum of ₹ 50,00,000/- (Rupees Fifty Lacs) subject to all terms and conditions of this Policy. We also give In-built Covers without charging additional premium which are stated in this Policy.

2. Basis of Sum Insured

- 1) for Building, Plant and Machinery, Furniture, Fixture and Fittings and any other contents: Reinstatement Value
- 2) For Stocks:
 - a. For raw material: landed cost at Your Premises.
 - b. For stock in process: input cost of the stock at the time of loss.
 - c. For finished stock: the manufacturing cost of the Finished Stock or the Contract Price of goods sold but not delivered and more precisely defined below.
Contract Price is in respect only of goods sold but not delivered, for which You are responsible and with regard to which under the conditions of the sale, the sale contract is cancelled by reason of any Damage insured under this Policy either wholly or to the extent of the Damage. The Company's liability shall be based on the Contract Price.
- 3) Bullion or unset precious stones, any curios or works of art or obsolete machinery and the like are to be covered on Agreed Value basis subject to a valuation certificate being submitted and found acceptable by Us.

3. Restoration of Sum Insured

Except as stated in this Policy, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sums Insured subject to a maximum of ₹ 50,00,000/- (Rupees Fifty Lacs). This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

Notwithstanding the above, the Sum Insured shall stand reduced by the amount of loss in case You, immediately on occurrence of the loss, exercise Your option not to restore the Sum Insured.

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1.	Fire	caused by burning of Insured Property by order of any Public Authority.
2.	Explosion or Implosion	-
3.	Lightning	-
4.	Earthquake, volcanic eruption, or other convulsions of nature	-
5.	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
6.	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by f. normal cracking, settlement or bedding down of new structures, g. the settlement or movement of made up round, h. coastal or river erosion, i. defective design or workmanship or use of defective materials, or j. demolition, construction, structural alterations or repair of any property, or groundworks or excavations.
7.	Bush fire, Forest fire, Jungle fire	-
8.	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9.	Missile testing operations	-
	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.

11	Acts of terrorism (Coverage as per Terrorism Clause)	Exclusions and Excess as per Terrorism Clause.
12.	Bursting or overflowing of water tanks, apparatus and pipes.	
13.	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14.	Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

4. In-built Covers

If We agree to pay Your claim for loss or damage to Insured Property, We will also pay for the following loss or damage and expenses

4.1 Additions, alterations or extensions:

We cover Buildings, Plant, Machinery, and Furniture and Fittings, or other Contents which You will erect, or acquire, or for which You will become responsible, after the Commencement Date, in the Insured Premises. We will pay, for that item as follows:

- i. You inform Us of the item so erected or acquired within 7 (seven) days of it becoming known to You,
- ii. such item of Property is not otherwise insured,
- iii. maximum limit under this cover is 15% (excluding stocks),
- iv. subject to Underinsurance provision of this Policy.

4.2 Temporary removal of stocks

We cover stocks temporarily removed to any other premises for the purposes of fabrication, processing or finishing, or other similar purposes as follows:

- i. maximum cover will be 10% of the Sum Insured of Stock,
- ii. such stock is not otherwise insured.

4.3 Cover for Specific Contents: We cover the following, as applicable:

- I. Money for an amount not exceeding ₹50,000 (Rupees Fifty Thousand) during the policy period.
- II. Deeds, manuscripts and business books, plans, drawings, securities, obligations or documents of any kind, but only for the cost of the materials and clerical labor expended in reproducing such records for an amount not exceeding ₹50,000 (Rupees Fifty Thousand) during the policy period.
- III. Computer programs, information and data but only for the cost of the materials and clerical labor expended in reproducing such records for an amount not exceeding ₹ 5 Lakh (Rupees Five Lakh) during the policy period.

- V. Employees', Directors', visitors' personal effects of every description (other than motor vehicles) for an amount not exceeding ₹15,000 (Rupees Fifteen Thousand) per person for a maximum of 20 (twenty) persons during the policy period.

4.4 Start-Up Expenses:

We cover start-up costs necessarily and reasonably incurred by the insured in respect of the insured risk consequent upon a loss or damage covered by this policy for an amount not exceeding subject to a maximum of ₹50,000/- (Rupees Fifty Thousand). during the policy period.

4.5 Professional fees:

We will pay the expenses that You incur towards reasonable fees of Architects, Surveyors and Consulting Engineers as follows:

- I. The fees are paid for preparing plans, specification tenders and quantities, and services in connection with the superintendence of the reinstatement of the Insured Building, Machinery, Accessories or Equipment;
- II. The maximum We pay is 5% of the claim amount;
- III. We do not cover fees or costs for preparing any claim or estimate of loss or damage by the Insured Perils.

4.6 Costs for removal of debris:

We will pay reasonable expenses You incur towards removal of debris of any Insured Property from Your Premises, and dismantling, demolishing, shoring up or propping up of Insured Building or Machinery. The maximum amount We pay is 2 % of the claim amount.

4.7 Costs compelled by Municipal Regulations:

We pay such additional cost of reconstruction or reinstatement of the Insured Property that is incurred solely because You must comply with any regulations or bye-laws of any municipal or local authority, or any provision of any State or Central Act, Rules or regulations. The total amount recoverable under any item of the policy shall not exceed the sum insured thereby. We cover these costs on the following conditions:

- I. You must commence the repairs, or reconstruction or reinstatement of the Insured Property, within a reasonable time after the date of damage or destruction. You must complete the repairs, reconstruction or reinstatement within reasonable time, in any case not beyond 12 months from the date of damage or destruction, or within such time as We may allow in writing.
- II. If Our Liability is reduced under any term or condition of this Policy, Our liability under this extension will also be proportionately reduced
- III. All other terms and conditions of this Policy will apply to this extension.
- IV. These costs will not include
 - a) the costs incurred for complying with such regulations, for destruction or damage occurring before Commencement Date, for destruction or damage not insured under this Policy under which You have received notice before the destruction or damage occurred.
 - b) any additional cost required to repair or reconstruct the Insured Property to a condition equal to its condition when new, had the need to comply with the regulation not arisen.
 - c) the amount of any rate, tax, duty, development or other charge or assessment arising out of capital appreciation which may be payable in respect of the Insured Property or by the owner thereof by reason of compliance with any of the aforesaid regulations or bye-laws.

5. What We Pay

If any Insured Property is physically damaged, lost or destroyed subject to a maximum of ₹ 50,00,000/- (Rupees Fifty Lacs), We will pay You as follows:

1. Partial Loss:

I. If any Insured Property is a Partial Loss, We will reimburse to You the cost of repairs to the extent required to bring that Property to a condition substantially the same as, but not superior, better or more extensive than its condition if it were new on the date it was damaged.

II. If any Insured Stock is a Partial Loss We will pay You to the extent of the loss of such Partial Loss.

2. If Building or Plant and Machinery or Furniture, Fixture,

I. The Reinstatement/Replacement Value of the Building or Plant and Machinery or Furniture, Fixture, Fittings.

II. Reconstruction of the new building on the same site, or another site. If You reconstruct the new Building or Reinstatement the Plant and Machinery or Furniture, Fixture, Fittings on another site We will not pay You more than what We would pay to reconstruct or replace on the same site.

III. Reinstatement using standard material readily available and in common use for similar type of Building.

3. If the Stock is a Total Loss, We will pay You as follows:

I. landed cost at Your Premises for Stock of raw materials,

II. total manufacturing cost for Stock of finished goods,

III. the input value of Stock in process at the time loss,

The Contract Price in case of goods sold but not dispatched, and lying within Your premises for which You are responsible under the terms of a contract of sale. We will pay Your claim on the basis of the Contract Price, if the sale is cancelled wholly or to the extent of loss or damage caused by an Insured Event covered by this Policy. For the purposes of this para, the value of all goods to which this basis of settlement could apply in the event of loss or damage will also be ascertained on the same basis.

4. You must commence the repairs or Reinstatement within a reasonable time after the date of the damage or destruction. You must complete the repairs or Reinstatement within reasonable time, in any case not beyond 12 months from the date of damage or destruction, or within such time as We may allow in writing.

5. If You fail to start the work of the repairs or Reinstatement within reasonable time, or to complete the repairs or Reinstatement within time We will pay Your claim based on the Market Value of the Building, Plant and Machinery, Furniture, Fixture, Fittings as the case maybe.

6. We will pay the Market Value of the Building, Plant and Machinery, Furniture, Fixture and Fittings at the time it is a Total Loss, but not more than the relevant Sum Insured,

i. if the Building cannot be Reinstated or rebuilt due to Municipal, State or Central law, rules, regulations or bye-laws,

ii. if You do not wish to Reinstatement the Building, Plant and Machinery, Furniture, Fixture, Fittings.

D.1.4 Daily Hospital Cash Benefit (Sickness & Accident)

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Illness or Accidental injury that occurred during the Policy Period, We will pay the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization.

A deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable. Our maximum liability shall be restricted to the daily allowance till the opted length of stay and Waiting Period mentioned in the Policy Schedule/Certificate of Insurance

Additional Covers:**i. ICU Double Cash Benefit**

If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary treatment of an Illness Or an Injury that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization.

Coverage under this benefit is limited to a maximum of 7 days per Policy Year. A deductible of 1 day will be applicable.

ii. Accident Hospital Cash Double Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment due to an accidental injury that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization.

Coverage under this benefit is limited to a maximum of 7 days per Policy Year. A deductible of 1 day will be applicable.

D.1.5 Accidental Death

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in death of the Insured Person within 365 days from the date of the Accident, We will pay the Accident Sum Insured as specified in the Policy Schedule to the Nominee.

Additional Covers:**i. Permanent Total Disability Cover**

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the

Policy Period and such Injury solely and directly results in Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the Policy Schedule to the Insured Person.

For the purpose of Permanent Total Disability

- Limb means a hand at or above the wrist or a foot above the ankle;
- **Physical separation** of one hand or foot means separation at or above wrist and/or at or above ankle, respectively.
- **Type of Permanent Total Disablement**
 - i. Total and irrecoverable loss of sight of both eyes
 - ii. Loss by physical separation or total and permanent loss of use of both hands or both feet
 - iii. Loss by physical separation or total and permanent loss of use of one hand and one foot
 - iv. Total and irrecoverable loss of sight of one eye and loss of a Limb
 - v. Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
 - vi. Total and irrecoverable loss of hearing of both ears and loss of speech
 - vii. Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
 - viii. Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever

The benefits as specified above will be payable provided that:

- a. The Permanent Total Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board; and
- b. The Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement; provided that We must be satisfied at the expiry of the 180 days that there is medically no reasonable scope of improvement.
- c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however, it will be payable under Accidental Death and will be payable as per the coverage opted provided such intimation of death has been made to Us.
- d. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies.
- e. Once a claim has been accepted and paid under this Benefit then cover under this Section of the Policy shall immediately and automatically cease in respect of that Insured Person. In case the Claim is in respect of Accidental Death, full coverage under the Policy will cease.
- f. If a claim arises under Accidental Death & Permanent Total Disability under this Policy and the Insured Person has changed his occupation without Us being notified in writing, then Our maximum liability under this Benefit will be limited to the amount of Sum Insured that would have been available for the actual premium paid as per the new occupation.

ii. **Permanent Partial Disability Cover**

If the Insured Person suffers any Injury due to an Accident that occurs during the Policy Period and 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	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

iii. Road ambulance Cover

In the event of We making payment for a claim for Accidental Death or Permanent Total Disablement, We will also make payment towards ambulance charges for transfer of the Insured Person to a Hospital from the location of Accident or Injury or from one Hospital to other Hospital or from hospital to place of residence in case of death or PTD.

iv. Loss or damage to clothing

In the event of We making payment for a claim for Accidental Death or Permanent Total Disablement, We will also make payment towards loss or damage to the Insured Person's clothing in the Accident subject to the maximum limit as stated in the Schedule.

v. Transportation of mortal remains and Funeral Expenses

If an Insured Person suffers an Injury due to an Accident during the Policy Period which is the sole and direct cause of his death within (365) days from the date of the Accident. In the event of We making payment for a claim for Accidental Death, We will pay one-time payment towards Transportation of Insured Person's Mortal Remains to a Hospital, cremation ground or burial ground or to the Insured Person's residence and funeral expenses. The benefit payable will be the 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.

E: Exclusions

E.1 Exclusions for Property

For Home Suraksha and Shopkeeper Suraksha Section,

- i. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed
- ii. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.

For Shopkeeper Suraksha Section,

- i. Excess of 5 % of each claim, subject to a minimum of ₹ 10,000 (Rupees Ten Thousand). This means that We will deduct 5 % of each claim, subject to a minimum of ₹ 10,000 (Rupees Ten Thousand) for each and every loss suffered by You under the terms of this policy
- ii. For terrorism risk the excess shall be as per the clause attached to this policy.
- iii. Your deliberate, willful or intentional act of omission, or of anyone on Your behalf, or Your connivance.
- iv. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
- v. Loss or damage to any Insured Property removed from Your Home to any other place.
- vi. For **Shopkeeper Suraksha Section**, loss or damage to any Insured Property removed from Your Premises to any other place, except
 - I. machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days,
 - II. Stock covered under this Policy.
- vii. For **Shopkeeper Suraksha Section**, any loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed. However, any ensuing loss or damage to other insured property due to operation of an insured peril is covered.
- viii. For **Shopkeeper Suraksha Section**, any loss, destruction or damage to the stocks in cold storage premises caused by change of temperature.
- ix. For **Shopkeeper Suraksha Section**, any reduction in market value of any Insured Property after its repair or reinstatement.
- x. For **Shopkeeper Suraksha Section**, loss or damage to any Insured Property or any claim which is covered by a marine policy in force at the time of loss or damage, except in excess of the limits of that policy.
- xi. **Underinsurance:**

For **Home Suraksha and Shopkeeper Suraksha section** In any claim, We will not pay more than the relevant Sum Insured, subject to Underinsurance as stated in this Policy:

1. The Sum Insured for each item of Insured Property must be sufficient to pay for Reinstatement/Replacement of that Property on the date of loss. If the Reinstatement/Replacement Value of the Insured Property, in totality, including additions, alterations, erections and new acquisitions, is more than the Sum Insured, except to the extent waived in Clause F (3) of this Policy, it amounts to underinsurance, and will reduce proportionate to the difference from the amount that We will pay for Your claim.
2. Every item of Insured Property is subject to this condition separately.
3. Under this **Home Suraksha and Shopkeeper Suraksha section**, We will waive underinsurance upto 15%.
4. If at the time of damage the Sum Insured applicable to the relevant Buildings, Plant and Machinery, Furniture, Fixture, Fittings, Stocks and other contents is less than 85% of the value of Insurable Assets, You will be responsible for the difference and You will bear a proportionate share of the loss.
5. Underinsurance will not apply to Cover for Specific Contents.
 - i. Costs, fees or expenses for preparing any claim.
 - ii. Your Premises or any Insured Building remaining continuously unoccupied for a period of more than 30 days, unless You have obtained prior written approval from Us and such approval is recorded as an endorsement on the Policy.
 - iii. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
 - iv. Any reduction in market value of any Insured Property after its repair or reinstatement.
 - v. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.

E.2 Exclusions for Health

i. Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

ii. Pre-Existing Diseases (Code- Excl01)

Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

List of applicable diseases for 36 months waiting period are:

- Pre-Existing Diseases
- Age-related Osteoarthritis & Osteoporosis
- Schizophrenia (ICD code: F20 to F29)

- Psychosis (IDC code: F29)
- Dissociative and conversion disorder (ICD Code: F44.9)

iii. Specific Waiting Period: (Code- Excl02)

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of applicable disease for 24 months waiting period are:

- Pancreatitis and stones in biliary and urinary system
- Cataract, glaucoma and other disorders of lens, disorders of retina
- Hyperplasia of prostate, hydrocele and spermatocele
- Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
- Hemorrhoids, fissure or fistula or abscess of anal and rectal region
- Hernia of all sites,
- Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
- Chronic kidney disease and failure
- Varicose veins of lower extremities
- All internal or external benign or in situ neoplasms/tumors, cyst, sinus, polyp, nodules, swelling, mass or lump
- Ulcer, erosion and varices of gastrointestinal tract
- Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
- Internal Congenital Anomaly
- Surgery of Genito-urinary system unless necessitated by malignancy
- Spinal disorders

iv. First Thirty Days Waiting Period (Code- Excl03)

- Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

v. Maternity Expenses (Code-Excl 18):

Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

vi. Investigation & Evaluation (Code- Excl04)

Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

vii. Rest Cure, rehabilitation and respite care (Code- Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

viii. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

ix. Change-of-Gender treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

x. Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

xi. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

xii. Breach of law (Code-Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

xiii. Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS about the updated list being uploaded in the website.)

xiv. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)**xv. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)****xvi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)****xvii. Refractive Error: (Code- Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

xviii. Unproven Treatments: (Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

xix. Birth control, Sterility and Infertility: (Code- Excl17)

Expenses related to Birth Control, sterility and infertility. This includes:

- Any type of contraception, sterilization
- Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- Gestational Surrogacy
- Reversal of sterilization

E.3 Exclusions for Personal Accident

The following exclusions shall be applicable in respect of the Benefit specified under Accidental Death & Permanent Total Disability Section.

This Policy does not provide benefits for any death, disablement, expenses or loss incurred as a result of any Injury attributable to the following:

- i. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured stated in the relevant section of the Schedule. However, in the event of 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, if any.
- ii. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
- iii. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
- iv. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- v. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- vi. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
- vii. Pollution or contamination, unless
 - 1) the pollution or contamination itself has resulted from an Insured Event, or
 - 2) an Insured Event itself results from pollution or contamination.
- viii. Benefit under Accidental Death, Permanent Total Disablement arising from
- ix. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound due to Accident).
- x. Benefit under Accidental Death, Permanent Total Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- xi. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
- xii. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal Intent.
- xiii. Death or disablement arising from or caused due to or as a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
- xiv. Death or disablement resulting, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;
- xv. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- xvi. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation unless specifically declared and accepted under the Policy.

- xvii. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities unless specifically declared and accepted under the Policy.
- xviii. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- xix. 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.
- xx. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

F: General Terms and Clauses

1. CONDITION PRECEDENT TO THE CONTRACT

- 1.1 Condition precedent** - This Policy requires fulfilment of the terms and conditions of this Policy, payment of premium and disclosure of information norm at all times by You or anyone acting on Your behalf. This is a precondition to any liability under the Policy.
- 1.2 Disclosure to Information Norm** - The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any Material Fact.
- 1.3 Electronic Transactions** - The Policyholder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions that we may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and conditions of the contract. However, the terms and conditions shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholders' interests.
- 1.4 No Constructive Notice** - Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

2. CONDITION APPLICABLE DURING THE CONTRACT

- 2.1 Free Look Period** (Applicable for Health & Personal Accident section)- 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.

2.2 Alterations to the Policy - The Proposal Form, Declaration, Certificate and Policy constitute the complete contract of insurance. For any change(s) / alteration/ modification in contract You are requested to give us in writing. Any change that We make will be communicated to You by a written endorsement signed and stamped by Us. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

2.3 Migration (Applicable for Health & Personal Accident section) - The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the Company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI 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 Insured Person will get all the accrued continuity benefits in waiting periods as per the IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link:

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

2.4 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 and the premium paid shall be forfeited.

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such

misstatement of or suppression of material fact are within the knowledge of the insurer.

2.5 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.

2.6 Cancellation of Policy –

- a) The policyholder may cancel this policy by giving 7 days written notice.
- b) In case the Policyholder requests cancellation of the Policy, where no claims are made under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorata basis (Applicable for Health, Personal Accident & Home Suraksha).
- c) For Shopkeeper Suraksha Section, the refund of premium will be as per grid below:

Time for which Policy in force	Refund of premium
	Balance premium after charging the premium as per short period scales mentioned below
Up to 15 days	Pro-rata premium for 15 days + loading of 10%
Not exceeding 1 month	Pro-rata premium for 1 month + loading of 10%
Not exceeding 2 months	Pro-rata premium for 2 months +loading of 15%
Not exceeding 3 months	Pro-rata premium for 3 months + loading of 20%
Not exceeding 4 months	Pro-rata premium for 4 months + loading of 20%
Not exceeding 5 months	Pro-rata premium for 5 months + loading of 20%
Not exceeding 6 months	Pro-rata premium for 6 months + loading of 20%
Not exceeding 7 months	Pro-rata premium for 7 months + loading of 20%
Not exceeding 8 months	Pro-rata premium for 8 months + loading of 20%
Not exceeding 9 months	Pro-rata premium for 9 months + loading of 10%
Not exceeding 10 months	Pro-rata premium for 10 months + loading of 10%
Not exceeding 11 months	Pro-rata premium for 11 months + loading of 5%
Exceeding 11 months	Nil refund

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

2.7 Communication & Notices –

- 1) Any notice, direction or instruction under this Policy shall be in writing and if it is:
 - a. To any Insured Person, then it shall be sent to You at Your last updated address as shown in Our

records and You shall act for all Insured Persons for these purposes.

- b. To Us, it shall be delivered to Our address specified in the Schedule.
- 2) No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- 3) Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.
- 4) You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
- 5) You shall immediately notify Us in writing in regard to change in occupation / business at Your own expense and We may adjust the scope of cover and/or premium after analyzing the risk of such a change, if necessary, accordingly.

Note: Please include Your Policy number for any communication with Us.

2.8 Your Obligations

1) Make true and full disclosure in the proposal and related documents

- a) You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.
- b) We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

2) Obligation to take care : You must:

- a) keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b) take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c) ensure that unauthorized persons do not occupy Your Home Building.

3) Inform change in circumstances : You must inform Us immediately if

- a) You change Your address,
- b) You make any addition, alteration, extension to the structure of Your Home Building,
- c) You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d) You change the use of Your Home Building

4) Make true and full disclosure in the proposal and related documents

- i. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover

and on what terms. You owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declarations given by anyone else on Your behalf

- ii. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, the Building, Plant and Machinery, Furniture, Fixture, Fittings, Stocks and other Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, the Building, Plant and Machinery, Furniture, Fixture, Fittings, Stocks and other Contents.

- 5) Allow inspection and investigation of claim:** You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorize, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.
- 6) Follow claim procedure** When You suffer any loss or damage to any Insured Property, and wish to make a claim, You must follow all steps stated in this Policy about immediate reporting to Us and to the appropriate Legal Authorities as per Clause G (IV) of this Policy.

2.9 Geography –

This Policy covers for events within the territorial limits of India except for cover Accidental Death Benefit. However, all payments under this Policy will only be made in Indian Rupees.

2.10 Territorial Limits and Law

- a. This cover is offered to Resident of India and persons of Indian Nationality
- b. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
- c. The 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 an endorsement on the Policy Schedule

2.11 Protection of Policy Holders Interest - This Policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof

2.12 Policy Dispute

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

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

the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

2.14 Revision & Modification of Product - Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the product including premium.

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

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

2.16 Withdrawal of Product - The product will be withdrawn only after due approval from the Authority. We will inform the Policyholder in the event We may decide to withdraw the product. In such cases, where Policy is falling due for Renewal within 90 days from the date of withdrawal, We will provide the Policyholder one time option to renew the existing Policy with us or migrate to modified or new suitable health insurance policy with Us. Any Policy falling due for Renewal after 90 days from the date of withdrawal will have to migrate to a modified or new suitable health insurance policy with Us.

2.17 Moratorium Period (Applicable for Health & Personal Accident Section)
After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the Sum Insured is enhanced, the completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits.

2.18 Entire Contract
The Policy and the Proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, for which approval shall be evidenced by an endorsement on the Policy Schedule

2.19 Authority to Obtain Records
The insured must procure and cooperate with us in procuring any medical records and information from the hospital relating to the treatment for which claim has been lodged. If required, the Insured Person should give consent to us to obtain Medical records / opinion from the Hospital directly relating to the treatment for which claim has been made.
If required, the Insured / Insured Person must agree to be examined by a Medical Practitioner of Company's choice at our expense.

2.20 Automatic Termination
This policy shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule.
Upon the demise of the Insured, in which case the Company will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
Upon exhaustion of the Sum Insured.

2.21 Due Care
The Insured Person shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

3. CONDITIONS FOR RENEWAL OF CONTRACT

3.1 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 2.16. 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. **End of Policy:** This Policy will expire at the end of the Policy Period.
- ii. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.
- iii. **Renewal is not automatic,** We may seek relevant information from You for the purpose of renewal. We can reject Your renewal only on grounds of mis- representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- iv. **Application for renewal:** If You wish to renew the Policy, You must apply for renewal before the end of the Policy Period and pay the required premium amount.
- v. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- vi. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- vii. 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 which is only applicable for Section 3 and Section 4 only. Coverage is not available during the grace period for which no premium is received.
- viii. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
- ix. No loading shall apply on renewals based on individual claims experience.

4. CONDITIONS WHEN A CLAIM ARISES(FOR HOSPITAL DAILY CASH AND PERSONAL ACCIDENT)

1. **Complete Discharge** - Payment made by Us to You /Assignee/Nominee/legal representative, as the case may be, in respect of any benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of Us.
2. **Disclaimer of Claim** - If Company disclaim liability to the Insured for any claim and if the insured within twelve (12) calendar months from the date or receipt of the notice of such disclaimer does not, notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the policy.
3. **Physical Examination** - Any Medical Practitioner authorized by the Us shall be allowed to examine the Insured Person in case of any alleged disease/illness/Injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

5 Claims Process & Management

In the event of any claim under the Policy, completed claim form and required documents must be furnished to Us within the stipulated time. Failure to furnish this documentation within the stipulated time shall not invalidate nor reduce any claim if You can satisfy Us that it was not reasonably possible for You to submit / give proof within such time.

1. Policyholder's / Insured Person's duties at the time of Claim On occurrence of an event which will eventually lead to a Claim under this Policy, the Policyholder / Insured Person shall:
 - a) Forthwith intimate the Claim in accordance with claim intimation section of this Policy.

- b) If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
- c) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
- d) Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

Reference link:

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

6 Claim Intimation:

Upon the occurrence of any event, that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call Centre or in writing within seven (7) days of occurrence of such event.

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

- Policy Number
- Certificate Number
- Name of the Primary Insured
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Hospitalization period
- Details of report to the police that You made
- Details of report to any Authority that You made,
- Details of the Insured Event,
- A brief statement of the loss,
- Particulars of any other insurance of Your Home Building or any of Your Home Contents,
- Details of loss or damage under any Optional Cover or Add-ons,
- Submit photographs of loss or physical damage, wherever possible.
- Any other information as requested by Us

7. Claims Documents

In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately but not later than 15 days of event, to avail the Claim.

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

Documents required for Claims processing:

1. Claim Form Duly Filled and Signed (Original)
2. Copy of attested Hospital summary / Discharge Summary / Death Summary wherever applicable.
3. Final Hospital Bill with Bill break up and receipt (photocopy)

4. Copy of attested Death Certificate issued by Hospital and Local Authority, if applicable.
5. MLC/FIR Report/Postmortem Report (if applicable and conducted) duly attested by concern authority.
6. Copy of KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
7. Cancelled cheque for NEFT payment
8. Proof of loss of income (Applicable for Loss of income cover, if opted). Salary Slip for Salaried person and proof of occupation for self-employed person.
9. Chemical analysis report / viscera report
10. Legal Heir Certificate/ Succession Certificate where nomination has not been made
11. Disability certificate from local municipal body confirming the extent and nature of disability

a. Scrutiny of Claim Documents

- a) We shall scrutinize the Claim and accompanying documents. Any deficiency in documents shall be intimated within five (5) days of its receipt.
- b) If the deficiency in the submitted Claim documents is not furnished or partially furnished within ten (10) working days of the first notification, We shall send a reminder of the same every ten (10) days thereafter.
- c) We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from last reminder.

8. Claim Investigation

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

9. Settlement & Repudiation of a Claim

We shall ordinarily settle a Claim including rejection within 15 days of the receipt of the last "necessary" documents. However, where the circumstances of a claim warrant an investigation 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, we shall settle the claim within 45 days from the date of receipt of last necessary document / information.

In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at the rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of the receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment.

10. Payment Terms

- a) All Claims will be payable in India and in Indian rupees.
- b) We will only make payment to the Insured Person / Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance). In case where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.

11. 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 policies in respect of the covered event.

12. Grievances Redressal Procedure

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

Website: www.rahejaqbe.com
Toll free: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)
E-mail: customercare@rahejaqbe.com
Telephone: 022 – 69155050
For Senior Citizen: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)
E-mail: seniorcitizencare@rahejaqbe.com
Courier: Any branch office or the correspondence address, during normal business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

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

Tel: 022 – 69155050 **Website:** www.rahejaqbe.com

Email: complaintsofficer@rahejaqbe.com

Grievance may also be lodged at IRDAI Integrated Grievance Management System

<https://bimabharosa.irdai.gov.in>

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of Ombudsman offices are mentioned below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in
Karnataka	Office of the Insurance Ombudsman, Jeevansoudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 th Main Road, JP Nagar, 1 st Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: oio.bengaluru@cioins.co.in
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, 1st floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in

Odisha	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674 - 2596461 / 2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, Chennai 600018. Tel. 044 – 24333668/ 24333678. Email: oio.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel: 011 - 46013992/ 23213504/23232481 Email: oio.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A.C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: oio.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel: 0484 – 2358759 Email: oio.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: oio.kolkata@cioins.co.in
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, Raebareilly,	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: oio.lucknow@cioins.co.in

<p>Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	
<p><u>List of wards</u> under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.co.in</p>
<p>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.</p>	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in</p>
<p>Bihar, Jharkhand</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: oio.patna@cioins.co.in</p>
<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region</p>	<p>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.: 020-24471175 Email: oio.pune@cioins.co.in</p>
<p>Area of Navi Mumbai, Thane District, Raigad District, Palghar District and <u>wards of Mumbai</u>, M/East, M/West, N, S and T."</p>	<p>Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasant Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: oio.thane@cioins.co.in</p>

The details of Insurance Ombudsman are available on Website: <https://www.cioins.co.in/Ombudsman>; on the website of General Insurance Council: www.gicouncil.in and our website www.rahejaqbe.com or from any of the Our offices.