

Emergency Medical Expenses – Goods carrying vehicle package policy
policy wording

This cover is applicable if it is shown on *Your* policy schedule.

Definitions

- 1) **Hospitalization** means admission in a hospital for a minimum period of twenty-four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
- 2) **Injury** means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner
- 3) **Pre-Existing Disease (PED):** Preexisting 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.
- 4) **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.
- 5) **Policy Schedule** means the Policy Schedule attached to and forming part of Policy.
- 6) **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license
- 7) **Day Care Treatment** means medical treatment, and/or surgical procedure which is
 - i. undertaken under general or local anesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and
 - ii. which would have otherwise required a hospitalization of more than twenty-four hours. Treatment nor

Coverage

The Company shall indemnify the Insured for the reasonable and necessary medical expenses incurred towards treatment of bodily injury sustained by the insured and/or by the driver, cleaner, coolie or conductor of the insured vehicle arising solely and directly out of an accident whilst driving or travelling in the Insured Vehicle, caused by violent, accidental, external, and visible means, and requiring treatment in a hospital, clinic, or nursing home.

Our liability in aggregate during the Period of insurance shall be limited to sum insured as specified in the schedule for persons not exceeding the maximum licensed seating capacity of the vehicle.

1. Accidental Hospitalization cover

In the event that the Insured Vehicle meets with an Accident whilst on road during the Policy Period and the driver or any of the passengers of the Insured Vehicle sustains any bodily injury resulting solely and directly from such Accident, the Company shall indemnify the Insured Person for the Medical Expenses incurred towards Medically Necessary Treatment of such Injury as detailed below:

- Room rent charges
- Nursing expenses
- Intensive Care Unit (ICU) charges
- Medical Practitioner(s) fees
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs, and consumable expenses
- Diagnostic procedure expenses
- Cost of prosthetic and other devices or equipment if implanted internally during a surgical procedure

Provided that:

i. Such Medical Expenses shall be the Reasonable and Customary Charges incurred for In-Patient Hospitalisation or Day Care treatment for such Injury.

ii. To be admissible under this Policy, the Injury must have necessarily occurred as a direct result of a Motor Accident covered under the Policy.

iii. Domiciliary Hospitalisation and/or Out-Patient treatment shall not be covered under this Benefit.

2. Emergency Ambulance Cover (Reimbursement)

In the event that the Insured Vehicle meets with an Accident whilst on road during the Policy Period, and the driver or any of the passengers of the Insured Vehicle sustains any Injury, the Company shall reimburse the Insured up to the amount specified in the Policy Schedule for

expenses incurred towards availing emergency road ambulance services for transferring the injured person to the nearest hospital having adequate emergency facilities for the provision of health services following such Accident.

3. Air Ambulance Cover (Reimbursement / One-time per Policy Year)

The Company shall reimburse expenses incurred towards transportation of the Insured Person by Air Ambulance in the following cases:

- i. From the place of occurrence of the Accident to the nearest hospital in case of an emergency life-threatening medical condition, or
- ii. From one hospital to another hospital which is prepared to admit the Insured Person and provide necessary medical services, only when immediate and rapid transportation is required and cannot be provided by a road ambulance.

Provided that:

- a) The life-threatening medical condition is certified by a Medical Practitioner.
- b) The transportation from one hospital to another hospital has been prescribed by a Medical Practitioner and is medically necessary.
- c) The Air Ambulance shall be duly licensed for operation by the Competent Authorities of the Government of India.
- d) The origin and destination of the Air Ambulance Service shall be within the geographical boundaries of the Republic of India.
- e) This benefit can be availed once during a Policy Year.

4. Limit tied to seating capacity / occupants

The cover is applicable only to the number of occupants up to the registered seating capacity of the Insured Vehicle. Any loss or claim arising out of overloading of the vehicle shall not be admissible under this cover.

5. Exclusions

The Company shall not be liable to make any payment under this cover in respect of:

Raheja QBE General Insurance Company Limited.

- a) Any expenses related to a sickness, disease, or medical disorder not directly consequential to an accident.
- b) Any expenses towards psychosomatic disorders of any kind, whether caused or accentuated by accident or otherwise.
- c) Any physiotherapy treatment.
- d) Any expenses related to pre-existing diseases
- e) Any expense not supported by an original and valid bill/receipt and related prescription of the attending Medical Practitioner / Hospital / Nursing Home.
- f) Expenses if the treatment is commenced after five (5) days from the date of Accident.
- g) Any claim amount exceeding the Sum Insured mentioned in the Policy Schedule during the Policy Period.
- h) Any expense arising or resulting from or traceable to intentional self-injury, suicide or attempted suicide, physical defect or infirmity.
- i) Any expense arising or resulting from or traceable to an accident happening whilst the Insured is under the influence of intoxicating liquor or drugs.

Subject otherwise to the terms, exceptions, conditions, and limitations of the Policy.