

Prospectus

PRAVASI BHARTIYA BIMA YOJANA

Key Features

- Coverage for Personal Accident covering Death and Permanent Total Disability
- Transportation of Mortal remains of the Insured and air fare expense for one Attendant to accompany the mortal remains.
- Hospitalization expense of Insured person and his family members (Spouse and Children), maternity expense of woman insured person.
- Repatriation cover for insured person for Medical Emergency and “Employment Emergency”
- Litigation expenses relating to insured person’s employment abroad.

Who can take this Policy?

1. This Scheme shall be mandatory for all citizens of India who apply for and obtain an emigration clearance as required under the Emigration Act, 1983 (31 of 1983) as well as emigrants going for overseas employment for various professions falling under work categories covered under Section 2 (o) of Emigration Act, 1983 irrespective of the passport category.
2. Age Limit: For Adult – Minimum - 18 years and For Child: Maximum upto age of 21 Years.

Limit of cover:

Sections		Coverage	Existing Benefits (In Rs.)
Section 1		Personal Accident covering Death and Permanent Total Disability	Rs 10,00,000/-
Section 2		Transportation and Airfare for Attendant	Actual economy class return airfare for attendant and actual transportation cost of mortal remains
Section 3	Part A	Hospitalization Expenses covering injuries/diseases	Rs. 100,000/- (upto Rs. 50,000 Per Hospitalization)
	Part B	Maternity Expenses	Rs 35,000/- for Normal, Rs. 50,000 for Caesarean
	Part C	Hospitalization Expenses of Insured’s Family in India	Rs 50,000/-

Section 4	Part A	Employment Contingencies	Actual economy class airfare
	Part B	Repatriation Expenses on Medical Grounds	Actual economy class airfare
Section 5		Legal Cost	Rs 45,000/-

Period of Insurance: 2 Years and 3 Years

Premium:

For 2 Years: Rs. 275/-

For 3 Years: Rs. 375/-

Renewal: Online renewal available for the further period subject to production of proof of employment.

Coverage & Exclusion Section 1 – Personal Accident

What is Covered	What is not Covered (Exclusion)
<p>If following bodily Injury which solely and directly causes Insured Person's death or permanent total disablement leading to loss of employment abroad, We shall pay to You or Your legal representative the sum(s) set forth in the Schedule, provided that such bodily injury has been sustained during the period of Insured Person's employment abroad as emigrant. However the Accident leading to injury may take place anywhere in the world.</p>	<p>We will not be liable for payment of compensation in respect of Injury as a consequence of: I. Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. II. Whilst racing on wheels or horseback, hunting, mountaineering, skiing or ice hockey or being engaged in winter sports. III. Pregnancy or childbirth. IV. Venereal disease or insanity. V. Any compensation for death or permanent disability happening after 12 months of Insured Person having sustained the accidental bodily Injury.</p>

Section 2: Transportation of Mortal remains and Airfare for Attendant

What is Covered	What is not Covered (Exclusion)
<p>In the event of an accidental death of Insured Person whilst in employment outside India:</p> <ol style="list-style-type: none"> We will reimburse the actual cost of transporting the mortal remains of the deceased back home to India. We will reimburse the additional cost of economy class return airfare for one attendant to accompany the mortal remains from the place of death abroad to back home in India. For both the above expenses, the journey has to be completed through the shortest direct route available. 	<p>We will not be liable for:</p> <ol style="list-style-type: none"> Any claim of reimbursement filed with Us after 90 days of completion of the journey or transportation. Any legal or other incidental cost involved in transportation of mortal remains or that of attendant for the return journey Any reimbursement claimed without proof of original tickets or receipts for means of transport and conveyance.

Section 3: Hospitalization expenses and Maternity expenses

What is Covered	What is not Covered
<p>We will pay the Reasonable and Customary Charges of Hospitalization expenses actually incurred but upto the limits specified in the Policy Schedule for the following:</p>	<p>We will not be liable for:</p>
<p>Part A Hospitalization expenses: - In case the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalization expenses in Nursing Home/Hospital in India or in the country of employment.</p>	<p>1) Pre-Existing Disease: 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 us. 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 us.</p>

<p>Part B Maternity expenses: In case a woman Insured Person incurs the Hospitalization expenses relating to maternity in Nursing Home/Hospital in India or in the country of employment, arising out of her pregnancy. This benefit is payable after the period of nine months from the commencement of Period of Insurance. The period of nine months relates to normal delivery, as well as caesarean section or abdominal surgery for extra uterine pregnancy.</p>	<p>2) First Thirty Days Waiting Period: 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.</p>
<p>Part C Hospitalization expenses of Insured's Family members: - In case a Family member of Insured Person comprising spouse upto age of 60 years and two children upto the age of 21 years sustains any injury or contracts any disease, and upon advice of Medical Practitioner, any or all of them have to incur Hospitalization expenses in a Nursing Home/Hospital in India. This benefit is payable provided that a claim has been paid or liability has been admitted by Us under Section 1 of this Policy. The Hospitalization expenses for the purpose of this Section will include the following expenses: - Room, Board and Nursing expenses as provided in any of the Hospital/Nursing Home. Medical Practitioner, Anesthetist, Consultant fees: Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses. Expenses on Vitamins and Tonics, only if forming part of treatment as certified by the attending Medical Practitioner.</p> <p>Note: The Hospitalization expenses incurred for treatment of Any One Illness under agreed package charges of the Hospital/Nursing Home will be restricted to 80% of the Sum Insured or actuals, whichever is less.</p>	<p>3) Specific Waiting Period: Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 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.</p>

	<p>List of Ailments:</p> <ul style="list-style-type: none"> • Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma • Hernia, Hydrocele, Congenital Internal Disease. • Fistula in anus, Piles, Sinusitis • Cholelithiasis and Cholecystectomy
	<p>4) Any expenses outside the period of actual Hospitalization as well as incurred outside the Hospital where treatment is taken.</p>
	<p>5) Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury, vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.</p>
	<p>6) Any Maternity Expenses incurred outside India unless the requisite documents are certified by Indian Mission/Post.</p>
	<p>7) Any Maternity Expenses in respect of more than 2 children</p>
	<p>8) Cost of spectacles and contact lens or hearing aids. 9) Dental treatment or surgery of any kind, unless requiring Hospitalization. 10) Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease. 11) Expenses on diagnostic, x-ray, or laboratory examinations, unless related to the treatment of Disease or Injury falling within ambit of Hospitalization expenses as certified by Medical Practitioner.</p>

- 12) Any expense on treatment of Insured Person as outpatient in a Hospital.
- 13) Any expense on Naturopathy
- 14) Any travel or transportation expenses.
- 15) Any expense related to Disease/Injury suffered whilst engaged in 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, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.
- 16) External medical equipment of any kind used at home as post hospitalization care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.

Section 4: Employment Contingencies & Repatriation Expenses

What is Covered	What is not Covered
<p>We will pay to You for actual one way economy class airfare to return back home in India by the shortest direct route available to the under noted circumstances: -</p> <p><u>Part A (Employment Contingencies)</u></p> <ul style="list-style-type: none"> i. Insured Person is/has not been received on behalf of employer, when he/she arrives at his/her workplace or destination abroad i.e. employer refuses the job/employment to the Insured Person. ii. If there is any substantive change in the job/employment contract/agreement to the disadvantage of the Insured Person. iii. If the employment is prematurely terminated within first three months of Period of Insurance for no fault of the Emigrant (Insured Person) <p><u>Part B (Repatriation Expenses on Medical Grounds)</u></p> <p>Emigrant (Insured Person) falls sick or is declared medically unfit to commence or continue or resume working and the service contract is terminated by the Employer abroad within the first 12 months of commencement of cover under this Policy.</p> <p><u>Note:</u> In such cases where the repatriation is arranged by Indian Mission/Post, We will reimburse the actual transportation expenses to the concerned Indian Mission/Post.</p>	<p>We will not be liable for any payment, unless the grounds for repatriation are certified by Indian Mission/Post abroad and original air tickets are submitted.</p>

Section 5: Legal Costs

What is Covered	What is not Covered
<p>We will pay to You up to limits specified in the Schedule in connection with legal expenses incurred by You in any litigation expenses relating to Insured Person's employment abroad.</p>	<p>We will not be liable for:</p> <ol style="list-style-type: none"> 1) Any claim unless the actual expenses incurred are certified by Indian Mission/Post abroad. 2) Any claim unless the necessity of filing such case is certified by appropriate Ministry of that country.

SPECIAL PROVISIONS

1) Limit of liability: The maximum limit of liability under this Policy will be Sum Insured/Limit mentioned against each Section/Subsection/part of the Section. Any claim will reduce the Sum Insured/Limit by such claim amount for the remaining Period of Insurance.

2) Shortest Direct Routes: The benefit available under this Policy for transportation and journey cost is payable only by shortest direct route, unless in Our opinion the longer route was undertaken due to contingencies involved and warranted.

GENERAL EXCLUSIONS (Applicable to All the Sections) We will not pay:

1) For any claim relating to events occurring before the commencement of the cover and after the expiry of the cover as described in the Period of Insurance.

2) For any claim if the Insured Person –

a) Is travelling against the advice of a physician.

b) Is receiving or on a waiting list for specified medical treatment declared in a Medical Practitioner's Report or Certificate.

c) Has received terminal prognosis for a medical condition.

d) Is taking part in a naval, military or air force operation, whether in the form of military exercises or war games, or actual engagement with the enemy, whether foreign or domestic.

3) For any claim, if the Insured Person is working in a different profession/job/occupation and/or in a different country of employment, and/or for a different Employer/Sponsor than what is declared in the Proposal Form and mentioned in the Schedule with regard to profession/job/occupation, country of employment and Employer/Sponsor.

4) Any claim in the event of war or military action occurring against the country or internal conflict in the country to which the Insured Person/Emigrant has gone for the work.

5) Any claim arising after expiry date of passport or visa for Insured Person.

6) For any claim arising out of illness or Accident that the Insured Person has caused intentionally, including committing or attempting suicide or as a result of drug addiction, alcoholism or whilst under influence of intoxicating liquor.

7) For any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno Deficiency Virus) and /or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and /or any mutant derivative or variations thereof howsoever caused.

8) Any claim that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.

9) For any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or

b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.

c) Asbestosis or any related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestosis or products thereof.

10) For any claim relating to any consequential loss

11) For any claim arising in respect of travel by the Insured Person to any country against whom the Republic of India has imposed general or specific travel restrictions, or against whom it may impose such restrictions or any country which has imposed or may impose subsequently such restrictions against travel by a citizen of India to such country.

12) For any claim arising out of Insured Person's attempted engagement in any criminal or other unlawful act.

13) War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.

14) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.

15) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

16) Air travel except as a passenger on a recognized airline operating on regular scheduled air routes and air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.

17) Participation in any kind of motor speed contest (including trial, training and qualifying heats)

18) This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of

a) Biological or chemical contamination

b) Missiles, bombs, grenades, explosives due to any act of terrorism GENERAL CONDITION (Applicable to the whole policy)

1) **Eligibility:** The Policy covers only those Emigrants who have availed this Policy before leaving India and whose passport is endorsed as —Emigration Check Required||. The benefits under the Policy are available after finalization of the Insurance Contract but only during the Period of Insurance.

2) **Reasonable Precautions:** You/Insured Person shall take all reasonable precautions to prevent Injury, Illness, disease and damage in order to minimize claims. Failure to do so will prejudice the Insured Person's claim under this Policy.

3) **Validity:** The Policy will be valid only if the Insured Person commences the journey within 14 days of the first day of insurance as indicated in the Policy Schedule.

4) **Mis-description:** The Policy shall be void and all premium paid by You to Us will be forfeited in the event of a misrepresentation or concealment of any material information.

5) **Notice:** You will give every notice and communication in writing to Our office through which this insurance is affected.

6) **Changes in Circumstances:** You must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about the Insured Person and/or his/her job, country of employment and/or employer which may affect the insurance cover provided.

7) **Waiver of conditions:** No waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official.

8) **Withdrawal of Policy:** The product will be withdrawn only after due approval from the Authority. We will inform the Policyholder in the event We may decide to withdraw the product.

In such cases, where Policy is falling due for Renewal within 90 days from the date of withdrawal, We will provide the Policyholder one time option to renew the existing Policy with us or migrate to modified or new suitable health insurance policy with Us. Any Policy falling due for Renewal after 90 days from the date of withdrawal will have to migrate to a modified or new suitable health insurance policy with Us.9) **Fraud:** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without Your knowledge or that of the Insured Person, all benefit(s) under this Policy shall be forfeited.

10) Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

2. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.

3. If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

11) Subrogation:

a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;

b) You shall not do or cause to be done anything that may cause any prejudice to Our right of Subrogation;

c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

12) We will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.

13) **Disclaimer Clause:** If We shall disclaim Our liability for any claim under this Policy and such claim shall not have been made the subject matter of suit in a Court of Law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

14) All claims shall be payable in Indian currency.

15) The provisions of this Policy shall be governed by laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the Courts of India.

16) Free Look Period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of thirty days from date of receipt of the Policy, whether received electronically or otherwise, to review the terms and conditions of the Policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

17) Renewal Terms

(a) This Policy will automatically terminate on the Policy Period End Date specified in the Policy Schedule. All Renewal applications should reach Us on or before the Policy Period End Date.

(b) The renewal premium may be revised upon the approval of the same by the IRDAI as per guidelines issued from time to time. The premium payable on Renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.

(c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which premium is not received by Us and We will not be liable for any claims incurred during such period. The provisions of Section 64VB of the Insurance Act shall be applicable.

(d) We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured Person/Policyholder or their representatives.

(e) We reserve the right to carry out underwriting in relation to any request for increase of the Sum Insured at the time of Renewal of the Policy.

(f) This product may be withdrawn by Us after due approval from the IRDAI. In case this product is withdrawn by Us, this Policy can be renewed under Our then prevailing health insurance product or its nearest substitute approved by the IRDAI. We shall duly intimate the Policyholder regarding withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.

(g) Any revision or modification in a policy which is approved by the Authority shall be notified to You at least three months prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification, in particular the reason for an increase in premium and the quantum of such increase.

18) Cancellation/Termination

a) The policyholder may cancel this policy by giving 7 days written notice.

b) In case the Policyholder requests cancellation of the Policy, where no claims are reported under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorata basis.

c) In case the Policyholder requests for cancellation of the Policy, where there are claims reported under the Policy, then there shall be no refund of premium for the unexpired policy period.

d) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud or non-cooperation by the insured person by giving 15 days' written notice. There would be no refund of premium upon cancellation on the abovementioned grounds.

(e) In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder.

(ii) Where the Policy covers other Insured Members, this Policy shall continue till the end of Policy Period. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:

I. Written notice in this regard is given to Us before the Policy Period End Date; and

II. A person over Age 18 who satisfies Our criteria to become a Policyholder.

Material change

Insured Person shall disclose to Us in writing of any material change in the health condition at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and conditions of the existing policy will not be altered.

Sanctions Limitation And Exclusion

We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provisions of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, or United States of America or any other applicable national economic or trade sanction law or regulations.

Claims Procedure

A. Procedure in the event of an Accident or Illness: In the event of an Accident or sudden illness, You or the Insured Person shall immediately contact Our office stating the details given on the Policy, but not later than 14 days from date of Accident in case of Accident claims and/or within 7 days from the date of Hospitalization in case of Hospitalization claims.

i) Hospitalization Claims:

A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit.

You/Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/ Hospital/ Chemist/ Laboratory as required by Us in the manner and form as We may prescribe. In such claims, Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease or Maternity situation requiring Hospitalization if and when We may reasonably require.

ii) Accident Claims:

An event, which might become a claim under the Policy, must be reported to Us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/cremation and in the event of Permanent Disability, written notice thereof must also be given within one calendar month after such disability. A written statement of the claim will be required and a Claim Form will be provided for completion.

All certificates, information and evidence from a Medical Practitioner as required by Us shall be furnished by You, Your personal representative/ assignee in the manner and form as We may prescribe. In such claims, Your legal representative, nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when We may reasonably require and in the event of death, get the post mortem examination done in respect of body of Insured Person. In the event of claim in respect of Permanent Disability, the Insured Person shall undergo at his/her expense such operations or treatment as We may reasonably deem desirable.

B. The following documents are required to be submitted in support of claims under different Sections of the Policy:

i) Hospitalization Expense claims: The requirements have already been mentioned above under the item Claim procedure (A)(i) (as mentioned).

ii) Personal Accident claims:

a) Death: Police Report, Post Mortem Report, Death Certificate and the Report from Indian Mission/Post abroad.

b) Permanent Total Disability: Medical Reports of the treatment undergone and disability certificate from the Medical Practitioner.

iii) Transportation claims: All necessary proofs, substantiating the reason, along with supporting documents. The documents must include the transportation cost receipt and other related documents

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- iv) Airfare for Attendant claims: Original air ticket along with other ticket receipts and copy of passport.
- v) Employment Contingencies & Repatriation claims: Certificate from Indian Mission/Post abroad mentioning the grounds of termination/repatriation. Any letter or correspondence from Employer along with Service Agreement copy and air tickets along with other travel vouchers in original.
- vi) Legal Cost claims: Certificate from Indian Mission/Post abroad in respect of litigation cost incurred along with Lawyer's Certificate and a Certificate from the appropriate Ministry of the country abroad in respect of necessity of filing such case.

C. Cashless Claims Process:

Cashless Claim facility will not be provided for Personal Accidental claims; Intimation related to Personal Accident is to be provided directly to the Insurance Company shall be focused directly by the company subject to completion of formalities detailed in point ii(Personal Accidental Claims)We provide the following cashless claim service in case of Hospitalization:

Cashless service: You can avail cashless hospitalization facility at a hospital in the network of the TPA. We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person

wishes to avail cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalization or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).

In case if you want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.

- Carry the Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can also fax the form to TPA
- Once the Form has been faxed. TPA will send the authorization to the Hospital
- On receipt of cash less approval patient need not pay the bill to the hospital for covered expenses
- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card issued to you. You can alternatively call our Call Centre for guidance and assistance.

D. Claims Processing

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within fifteen days of the receipt of the last necessary claim document

2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.

3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control* For all claims Policy document (Original Bond) are required for claim settlement.

Position after claim:

The maximum liability of the Company for each of the benefit opted is limited to its Sum Insured as reflected in the Schedule of the Policy and if a claim is made for more than one of the covered benefits resulting from any Accident, only one benefit amount which is the largest among the admissible benefits, will be paid. Regardless of one or more claim during the Policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to Sum Insured for the Death/Permanent total disability benefit as reflected in the Schedule of the Policy

Our Obligations:

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document.

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

Claim Disclaimer

In the unfortunate event of any medical contingency resulting into a claim on this Policy, please intimate the mishap IMMEDIATELY to Our Call Centre at Toll Free Numbers 1- 800-102- (RQBE) 7723 or email at claims@rahejaqbe.com. Please note that no delay should be allowed to occur in notifying a claim on the Policy as the same may prejudice

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

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

2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Ten Lakh Rupees.

IRDAI Regulation

This policy is subject to regulation - 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 from time to time.

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSUREDS ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.